Informing us of your concerns – the first step

If you have a concern about the care or treatment you received, or are still receiving, the first step is to bring this to the attention of staff (you can ask to speak to the manager, if necessary) in the department as soon as possible. If you are unable to get the support you need, then contact the Patient Advice & Liaison Service.

PALS is a confidential, on-the-spot advice and support service for patients, relatives and carers. PALS can refer your concerns to our Complaints Department, as appropriate.

PALS@ulh.nhs.uk
PALS opening times (all sites)
Monday to Friday: 8.00am – 4.00pm

Lincoln County Hospital
(Near main reception) Tel: 01522 707071

Pilgrim Hospital, Boston
(In main reception) Tel: 01205 446243

Grantham & District Hospital
(By Ward 6) Tel: 01476 464861

The information in this booklet follows NICE guidelines for the treatment of Fracture Neck of Femur in England, Wales and Northern Ireland.

http://guidance.nice.org.uk//CG124/guidance/pdf/E

The Trust endeavours to ensure that the information given here is accurate and impartial.

Health & care information you can trust
The Information Standard Certified Member

If you require this information in another language, large print, audio (CD or tape) or braille, please email the Patient Information team at patient.information@ulh.nhs.uk

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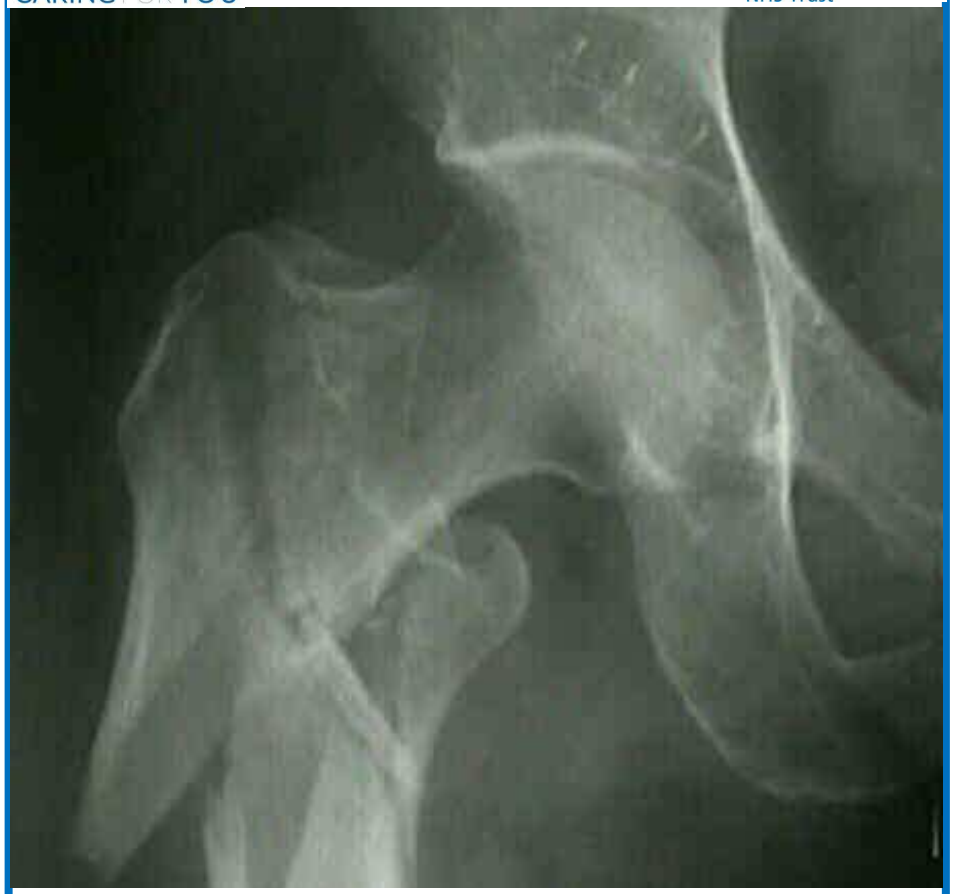
ULHT-LFT-2325 Version 1

CARING FOR YOU

United Lincolnshire Hospitals NHS
NHS Trust



Recovering from a Broken Hip

A Patients' Guide

Orthopaedic Departments
www.ulh.nhs.uk

Introduction

You have been admitted to hospital with a fracture of your hip. This leaflet is designed to help you and your relatives/carers have a better understanding of the type of injury you have sustained and the operation you will require.

You will be cared for by a multi disciplinary team led by a Consultant Orthopaedic Surgeon specialising in hip fracture. Our goal is to return you to your previous level of independence, mobility and confidence wherever possible. To achieve this we need you and your relatives/carers to work with us.

Our aim is to provide any necessary surgery within 36 hours of your admission to hospital. You are likely to stay in hospital for approximately 10 days, however, everyone is different and this depends on how well you do following surgery.

What is a Hip Fracture?

Hip fracture or fractured neck of femur are terms used for a break at the top of the thigh bone. It is a very common injury with about 75,000 people breaking their hips in the UK every year with the average age being 80 years old. About 8 out of 10 people who sustain a fracture are women and it is the main reason for elderly people being admitted to an Orthopaedic Trauma ward. A hip fracture is often referred to as a fragility fracture because there is usually some underlying osteoporosis (thinning of the bones).

The Anatomy of your Hip

The hip is a ball and socket joint. The ball of the thigh (head of femur) sits in the socket of the pelvis (acetabulum). There is a strong capsule surrounding the joint that gives stability and provides lubrication to help movement.

If you have any concerns after discharge, please contact your GP or any of the following numbers for advice:

Pilgrim Hospital……..01205 364801

Ward 3B…… ……01205 445632
or 01205 446396
Trauma Nurse…….. 01205 446281
Physiotherapy.....……...01205 446412
Occupational Therapy..……01205 446412

Lincoln County Hospital……01522 512512

Shuttleworth Ward……01522 573155
or 01522 597727
Trauma Nurse……...01522 512512 *bleep* 2515
Physiotherapy……...01522 512512 *bleep* 3095
Occupational Therapy……01522 512512 *bleep* 2006

Grantham & District Hospital……...01476 565232

Ward 2.....01476 464420
Physiotherapy……01476 464253
Occupational Therapy……...01476 464360
or 01476 565232 *bleep* 204

Whilst every effort has been made to ensure the information given in this leaflet is accurate, there will be slight variations in the services offered at each hospital site within ULH Trust.

If you have any questions or comments about any of the information contained in this leaflet, please contact the relevant ward or department using the numbers above.

Follow-up treatments

You may not necessarily need an outpatient follow up but this will be determined by the Consultant. You will be informed of any clinic appointments prior to discharge. Every patient will have a telephone follow up by one of the Trauma nurses at 1 month, 4 months and 1 year after your operation when they will talk to you about your progress and try and answer any of your questions.

Discharge advice

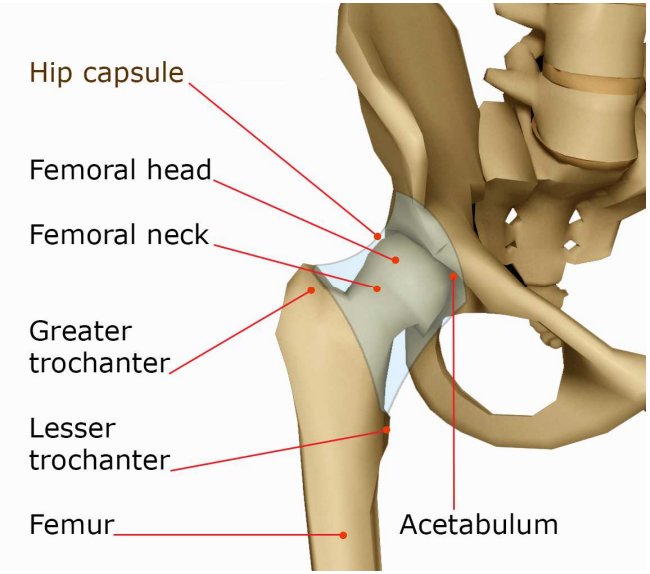
- ***Swelling*** It is not uncommon to have swollen ankles for at least 3 months after surgery. You can sit with your leg elevated for periods during the day when you are resting. If your calf becomes swollen, tender to touch and painful on moving your ankle, you may have developed a deep vein thrombosis (DVT). If this is the case contact your GP urgently

- ***Medication*** Only take tablets given to you on discharge. As the pain eases you can gradually reduce the number of painkillers you take. For any other advice on medication contact your GP

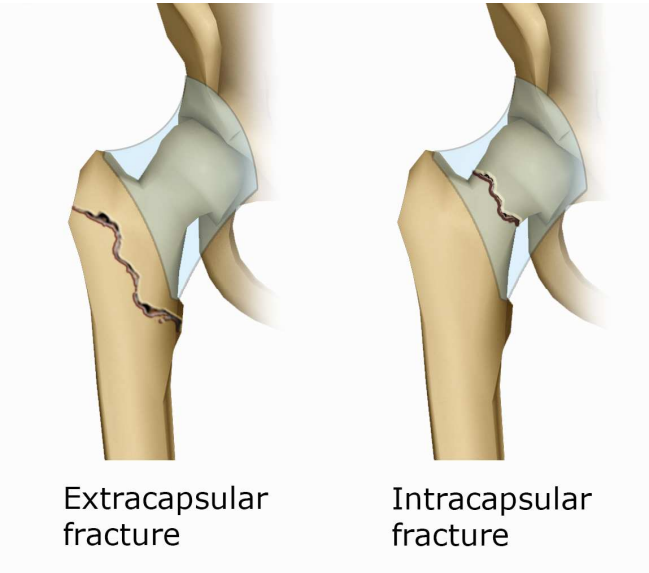
- ***Clips/stitches removal*** These will be removed 12 to 14 days after the operation, on the ward if you are still in hospital, or by the District or Practice Nurse if you have gone home

- ***Exercises*** Please continue the exercise regime given to you by the physiotherapists. Go for short walks regularly and gradually increase the amount you do each day

- ***Driving*** Your consultant recommends that you do not drive your car for at least 6 weeks after your operation. You are advised to let your insurance company know about your surgery to ensure that your policy is valid for driving

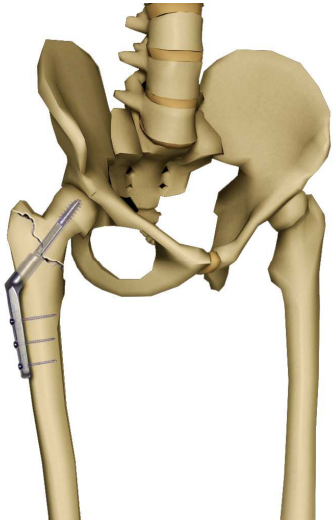


The hip can be broken in different places. The position of the break is described as INTRA CAPSULAR (inside the joint capsule) or EXTRA CAPSULAR (outside the joint capsule). It is recommended that all people with a hip fracture have an operation to fix the bones or to replace the hip joint either partially or fully.

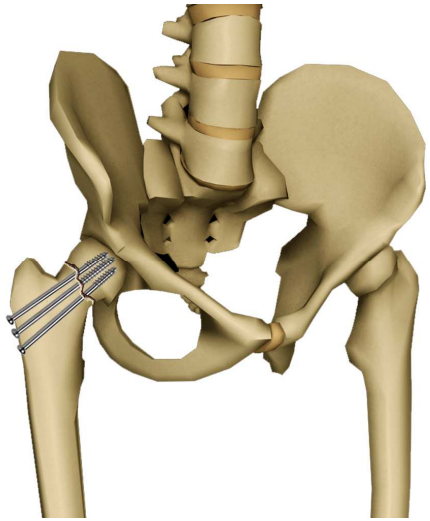


Methods of Fixation

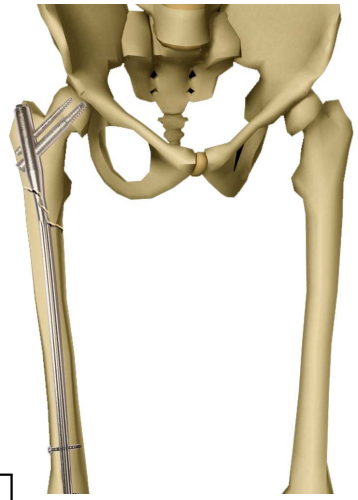
There are various methods available depending on the type of fracture you sustained



☐ Dynamic hip screw



☐ Cannulated screws



☐ Intramedullary hip screw

Your discharge

A broken hip is a serious injury and you have undergone a major operation to fix it. Although some may return to normal life afterwards many find things more difficult. Recovery is likely to take several months. Muscles, bones and ligaments need time to heal after surgery and you will need to build up your strength. Rehabilitation is hard work and you are the key to its success.

There are various options for discharge depending on your personal circumstances and the speed of your recovery. You will be assessed by the multi disciplinary team regarding the best possible option and this will be discussed with you, your family or carer.

- Discharge to pre-admission residence e.g. home, residential home, nursing home

- Discharge home with support. This will vary depending on where you live and how long you are likely to need it. You will not be discharged until we are confident that you have enough support to enable you to manage safely

- Transfer to a smaller hospital local to you. This may be arranged if you are medically fit for discharge from the acute ward but require further rehabilitation prior to going home

- Discharge to Residential or Nursing home accommodation. Some of our patients will have been frail and struggling to manage at home before they broke their hip and do not recover well enough to be able to return home. For this reason we will sometimes suggest going into a Residential or Nursing home. Such a major change in lifestyle will only be considered following extensive discussion with you, your family and any other relevant parties

Occupational Therapy (OT)

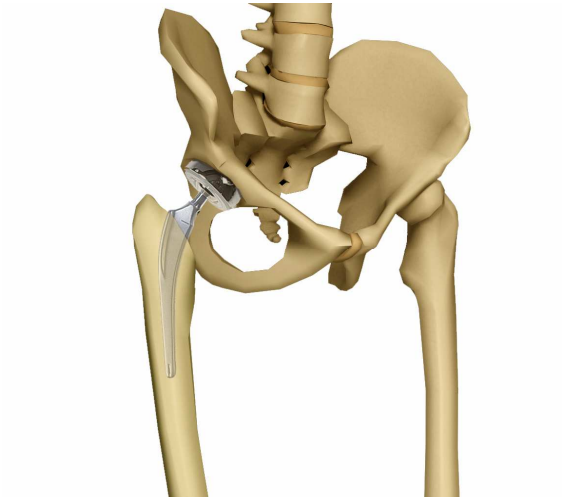
Occupational Therapists recognise that being able to perform daily activities is crucial to health and wellbeing and aim therapy towards activities a person undertakes, enjoys and values.

Occupational Therapy interventions may include:

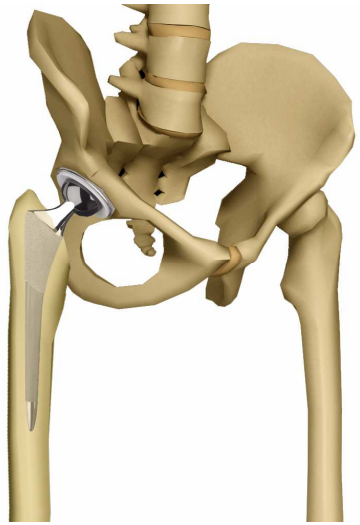
- Helping to restore strengths and abilities to look after yourself following your operation
- Enable you to do things by changing environmental factors e.g. provision of equipment
- Finding new ways of doing things

Your Occupational Therapist will work in partnership with you to ensure your priorities, choices and concerns are respected. The team can also liaise with people you identify as important to you and with Community teams as needed, to ensure your safe discharge from hospital.

Methods of Replacement



☐ Hemiarthroplasty (socket not replaced)



☐ Total hip replacement (ball and socket replaced). This is a major operation only suitable for medically fit people

Who will look after me during my hospital stay?

A multi disciplinary team of health care professionals will look after you, led by a Consultant Orthopaedic Surgeon.

The Orthopaedic Surgeon will arrange for your operation to be performed after discussing the best fixation/replacement and possible complications with you. They will ask you to sign a consent form.

ORTHOGERIATRIC CONSULTANT
This Physician specialises in the care of older people and has a specific interest in hip fractures. They will assess you within 72 hours of your admission, to review your current medications, address any medical issues, assess your bone health and review your risk of falls, all intended to optimise your recovery.

ANAESTHETIST
A senior medical doctor who will assess you and discuss with you the options available for an anaesthetic.

TRAUMA NURSE
A nurse who will schedule your surgery and co-ordinate your stay in hospital.

WARD NURSING TEAM
Your day to day nursing needs will be met by the Ward Nursing Team led by the Ward Sister/Charge Nurse. They will support you during recovery and encourage independence wherever possible.

PHYSIOTHERAPISTS
Working with members of the Physiotherapy Team will help you to regain your mobility and confidence. They will show you exercises that you can practise and assist you with your walking. The quicker you get back on your feet the better your future mobility is likely to be.

Chair Exercises

Knee Extension
Sitting in a chair, pull your foot up towards you then lift your leg out in front of you and straighten the knee, hold for 5 seconds then slowly lower foot back down to the floor.

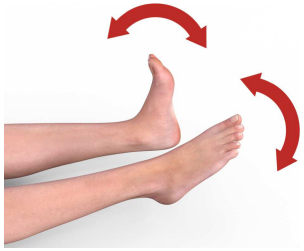
Standing Exercises
The following exercises should be completed standing up straight whilst holding onto a support such as a kitchen worktop or window ledge.

Hip Extension
Without leaning forwards, move your leg backwards keeping your knee straight. Hold for 5 seconds then bring your leg back to the starting position.

Hip Abduction
Keeping your trunk straight throughout the exercise, lift your leg sideways, hold for 5 seconds then bring it back to the starting position.

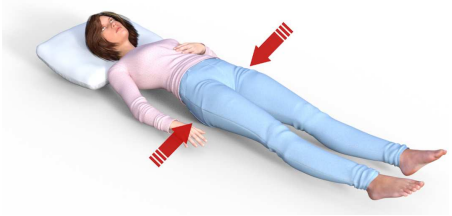
Hip Flexion
Keeping your trunk straight, bend your hip bringing your knee up towards your chest. Hold for 5 seconds then return to the starting position.

Bed Exercises



Ankle Pumps

Lying on your back or sitting in the chair, bend and straighten your ankles briskly.



Buttock Clenches

Lying or sitting, squeeze your buttocks firmly together. Hold for 5 seconds then relax.

Static Quads

Lying or sitting up in bed with your leg supported, pull your foot towards you and push your knee down firmly to tighten up your thigh muscles. Hold for 5 seconds then relax.

Hip Flexion

Lying in bed, slide your heel up towards your bottom, bending your hip and knee and then straighten your leg back out again.

Hip Abduction

Lying in bed, slide your leg out to the side and then back to the mid position keeping your toes pointing up to the ceiling.

OCCUPATIONAL THERAPISTS
Occupational Therapists assess your abilities and needs with everyday tasks. They will assess you for any aids or equipment which will assist you in gaining your previous level of independence.

DISCHARGE LIAISON NURSE
A nurse specialist may work with you and your family/carers to help ensure a safe and timely discharge from hospital.

SOCIAL WORKER
The Social Worker helps to advise and organise any continuing care needs you may have when you are discharged from hospital.

DIETICIAN
The Dietician may assess your diet and nutritional requirements.

OTHER HEALTH CARE PROFESSIONALS
There are many other health care professionals who may be asked to assist with your care if you have a particular problem.

What can I expect before my operation?

You will most likely have been admitted to the Orthopaedic Trauma Ward. The doctors will take a full medical and social history. This will enable them to identify any potential issues that may need addressing before surgery and assist us in making a plan for a safe and timely discharge.

- You will not be allowed to eat for at least 6 hours and drink for 2 hours before your operation
- You may need an intravenous infusion (IVI), otherwise known as a drip, setting up to prevent dehydration
- You will have your observations taken e.g. blood pressure, pulse rate, temperature
- You will require blood tests and an ECG (a tracing of your heart)

- You may have a catheter inserted into your bladder if you are having difficulty passing urine
- You will have routine swabs taken from the nose and groin to screen for MRSA (a bacterium commonly found on the skin and in the nose of healthy people)
- You may be assessed regarding suitability for compression stockings to be applied to your legs to help prevent deep vein thrombosis (DVT) or blood clot
- You will be seen by an anaesthetist who will establish whether you are fit for the surgery and discuss the types of anaesthetics available and the best options for you

Please note that there is a possibility of your operation being cancelled if a more urgent case is admitted, or if the anaesthetist feels that you require other treatment to ensure you are fit enough to have the anaesthetic.

What can I expect after my operation?

Immediately following surgery you will be cared for in the Recovery area of the operating theatres until you are ready to return to the ward.

- You will have a drip to give you intravenous fluid
- You will have oxygen via a mask or nasal spectacles to ensure you have an adequate supply of oxygen to your blood. This may be left in place for a few days
- You may have a catheter to drain your bladder
- You may have Flowtron boots on your lower legs. These are cuffs which wrap around your calves with a pumping mechanism to help increase the blood flow through your legs and around your body whilst you are less mobile and so reduce the risk of blood clots
- You may have a PCA. This is a pump that provides additional pain relief, usually morphine, via a button that you can press. It has a lock out to ensure you cannot receive too much

You will be encouraged to mobilise to the toilet once you have achieved this distance with the Physiotherapists. Until you are safe and confident enough to go on your own you should ask the nursing staff to accompany you. The more practise you get the easier it will become!

Before you are discharged home the Physiotherapist will check you can safely manage basic activities such as:

Getting in and out of bed

Sitting to standing from a chair and standing to sitting to a chair

Walking a suitable distance to manage in your home environment with appropriate walking aid or aids

Balancing safely unsupported if required

Negotiating a step and/or stairs as required

If you are worried about managing the stairs at home, you could consider having a bed downstairs for a few weeks until you feel stronger, but this is not always necessary.

After discharge home

You may require further Physiotherapy to progress your walking and activities at home but this is not always the case. You will be informed if anything has been or will be arranged.

Physiotherapy

Members of the physiotherapy team will aim to treat every patient on a daily basis wherever possible. This will help to increase your confidence and abilities to enable you to return home as quickly as possible. We will work with you until you are safe enough to be discharged or until your mobility has reached a point where it is no longer improving.

Before the operation

The Physiotherapists may show you some leg exercises and breathing exercises to practise in bed to help maintain your circulation and reduce the risk of complications.

After the operation

On the first day after the operation, providing you are medically fit, you will be assisted out of bed to sit in a chair. You will most probably require a frame to help you stand and walk. You may progress onto other walking aids during your stay e.g. crutches, walking sticks.

You should be able to take *full weight* through your affected limb but this is at the discretion of the surgeon who performed the operation. You will be informed of your weight bearing status before getting up for the first time.

The Physiotherapists will teach you exercises to regain the strength and mobility in your leg. These exercises are illustrated on pages 14 and 15. You will be encouraged to continue these exercises on a regular basis on your own or with the help of family and friends. At first we will advise repeating the exercises every hour. On discharge you should aim to do them at least 2-3 times a day.

Post-op confusion

After the operation there is a possibility that you may become confused and disorientated. This can last for several days. Normally this is nothing to be concerned about and will rectify itself, but it can be very frightening and distressing for you and your relatives. Nurses will be on hand for reassurance and exploration into other possible causes of the confusion (e.g. urine infection) if the symptoms persist.

Post-op ward care

- The nursing staff will continue to monitor your vital signs e.g. blood pressure, pulse, temperature etc to check they are within normal ranges
- You will have further blood tests. It is possible you may require a blood transfusion if your red blood cell count is found to be low. Please discuss any concerns you may have related to blood transfusion with the nursing staff as soon as possible
- You will have antibiotics. These are given routinely to reduce the risk of infection. If any infection occurs you will require a longer course of antibiotics
- The dressing over the hip wound will be assessed regularly and changed as required
- Anticoagulants. You will be given a Clexane injection into your abdomen each evening to thin your blood to help prevent a Deep Vein Thrombosis (DVT). This will continue for 30 days following your surgery, so you or your relative may be required to administer this after discharge. If this is not possible, we can arrange for a district nurse to do this for you at home. If you normally take Warfarin, the injections may only last a few days. Your bloods will be monitored to check when you may recommence Warfarin in place of these injections

Pain relief

All fractures are painful and the pain can become worse on movement. Evidence shows that early mobilisation helps to reduce the risk of complications following surgery. It is therefore essential that you have adequate pain relief (analgesia). Please do not be afraid to raise any concerns about your pain with any member of the team.

Osteoporosis

Most hip fractures in the elderly are associated with osteoporosis, a condition which thins the bones. To reduce the risk of further fractures the Orthogeriatrician will assess your bone health and prescribe some bone strengthening medication wherever possible. This will usually be a daily dose of calcium and Vitamin D as well as a once weekly tablet. Some additional investigations such as a bone scan may be suggested at this time, but this could be completed as an outpatient.

Are there any side-effects or complications?

All surgery carries the risk of possible complications. Some of these are listed below with advice on how to prevent them.

- Pressure ulcers. Specialist pressure relieving equipment e.g. mattresses and cushions may be used whilst you are in hospital. Changing your position as frequently as possible during the day will also help

- Chest infection. Do regular deep breathing exercises and try and sit as upright as possible in the bed but preferably in the chair

- Deep Vein Thrombosis (DVT) or blood clot. Keep moving your feet up and down and in circles regularly and keep as mobile as possible. You will also have been assessed for compression stockings and Clexane injections as mentioned earlier to prevent this

- Wound oozing. It is not unusual for a little bleeding to occur onto the dressing and this should not cause concern. The nurses will review this regularly whilst you are on the ward

- Poor wound healing/wound infection. Try and maintain a balanced diet and inform the staff if you lose your appetite. Do not touch your wound. Wash your hands after toileting. Inform the staff if your wound feels hot or itchy

Your journey to recovery

We start to plan your discharge immediately following your admission to hospital knowing that most people are keen to return home as soon as possible. To achieve a safe and timely discharge we need your help and that of your relatives or carers.

To promote dignity we encourage independence and would ideally like you to be up out of bed wearing light-weight clothes and comfortable, well-fitting slippers or shoes as soon as possible. Relatives, carers and friends will be asked for their help in supplying and washing these as there are no personal laundry facilities in the hospital. They also need to supply you with personal toiletries, tissues etc. You will be encouraged to sit out in your chair for meals. This aids digestion and helps to prevent constipation which can be a problem due to reduced mobility and the tablets you are taking to reduce the pain.

It is a good idea where possible to dedicate one member of the family to call for updates on your progress, but do be aware that we can only give limited information over the phone for reasons of confidentiality. The ward telephone numbers are listed at the back of this leaflet.