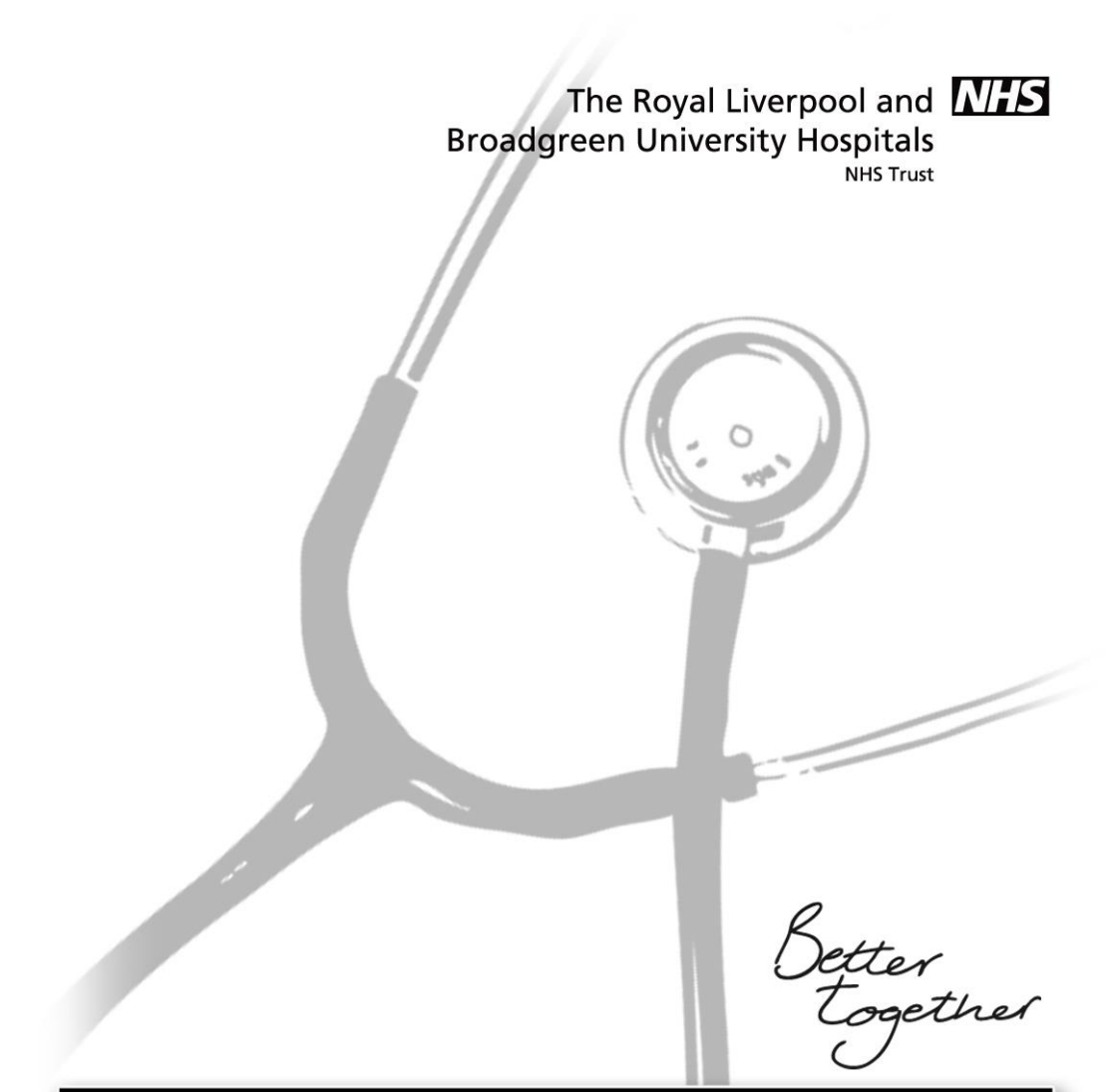
The Royal Liverpool and Broadgreen University Hospitals NHS Trust




# Patient information

## Enhanced Recovery Programme For Hip Fracture

## Trauma and Orthopaedic Directorate

## Welcome to the Orthopaedic Unit.

You are in hospital because you have broken your hip; dependent on the area broken this is sometimes called a fractured neck of femur. Whenever you break a bone this is always known as a fracture.

This leaflet explains what will happen to you during your stay in hospital and discuss the most common concerns. Our plan of care is based upon national guidelines which reflect best practice for the management of hip fracture and surgical care. It is estimated that length of stay within the hospital will be ten days.

While you are in hospital you will have a team of healthcare professionals, including doctors, nurses, physiotherapists and occupational therapists assigned to you who will be responsible for planning and monitoring your care. The type of surgery you need will be discussed with you by the doctor who admits you, they will then discuss your case with the consultant at a trauma meeting after which the consultant will come and see you and further discuss the options with you. If you wish to have a family member with you for this please speak to the staff on the ward who can tell you when this will be.

If you or your relatives have any questions or concerns about your treatment please speak to the ward nurses who will attempt to deal with any concerns you have. Alternatively you can speak to the ward manager, the hip fracture nurse practitioner, or your medical team, ask the ward nurse to arrange this for you.

## What are the benefits of having surgery?

The aim of surgery is to stabilise the fracture providing long term pain relief, therefore allowing you to sit out of bed the day after your operation and to have physiotherapy to regain mobility.

## What are the risks of having surgery?

Risks are pain, bleeding, infection, clots in the legs or lungs, limb swelling which can result in loss of sensation or movement of the leg and failure of the fixation device.

## Are there any alternatives available?

You will need to discuss this with your consultant. The alternative to surgery will be to remain on bed rest for four to six weeks to allow the fracture to heal. The risks of remaining on bed rest include pain, constipation, blood clots in the legs and lungs, pneumonia, water infections, bed sores and serious illness.

## Long term outcomes

Many hip fracture patients are already frail and for them the injury has the greatest risk of long term adverse outcomes such as loss of independence and inability to return home. Through our multidisciplinary hip fracture service we aim to maximise recovery, independence and return to own home.

## What will happen if I decide not to have treatment?

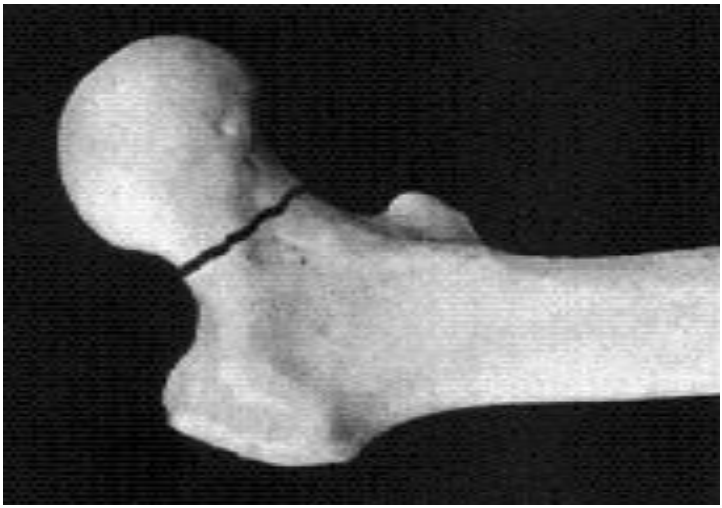
You will not be able to walk as you will have to remain on bed rest for four to six weeks

## What is a hip fracture ?

Hip fracture refers to a break at top of the thigh bone, the hip. Almost all patients with hip fractures benefit from surgery; the type of surgery required is generally dependent on the part of the hip that is fractured.

**There are two main types of hip fracture:**

- **Intracapsular (neck of femur)**

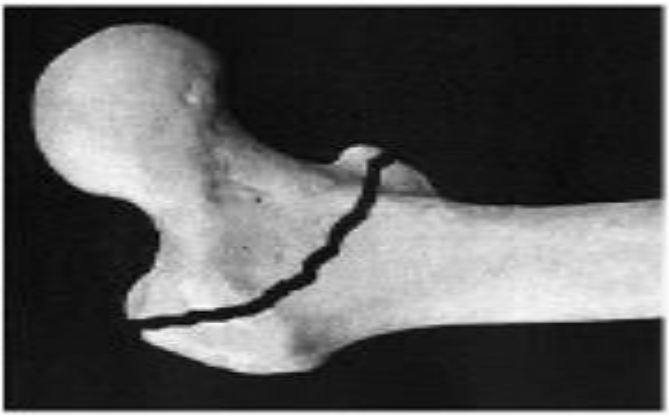


In this injury the ball on the top of the femur has broken off at its junction with the narrow neck of the upper thigh bone.

Occasionally it is possible to fix the ball back, but it is usually removed and replaced with a hemiarthroplasty (half a hip replacement) or a total hip replacement.

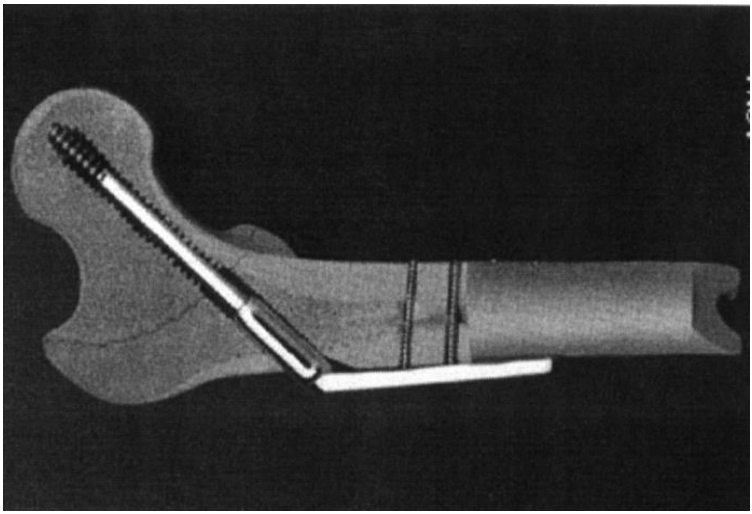
- **Hemiarthroplasty**

- **Extracapsular**

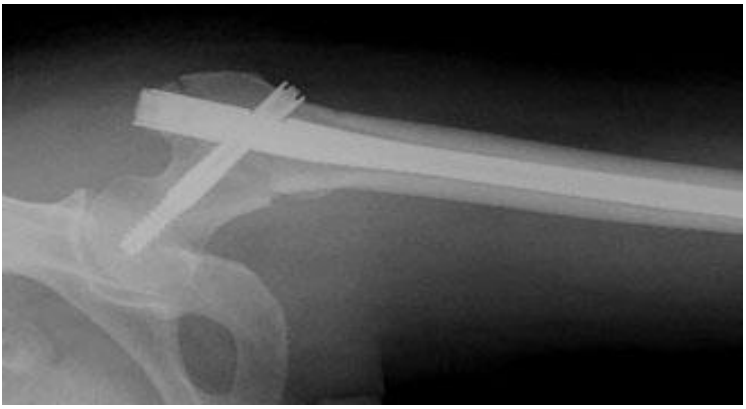


This injury is further down the femur, Surgery involves replacing the bones in the correct position and it is usually fixed with a pin and plate, or nail and screw.

- **Dynamic hip screw (pin and plate)**



- **Intermedullary hip screw (nail and screw)**



The doctor will explain to you which group of fracture you fall into.

**Pain management**

Your pain will be assessed regularly throughout your stay; by explaining your pain to the nurse they can complete a pain score, you will be given regular effective painkillers which can be through a drip and by mouth, there will also be other painkillers available if your pain is not controlled between medicine rounds.

It is very important that you let a member of staff know if you need more pain killers or if you feel they are not working, as they may need to be changed.

**Prevention of Deep Vein Thrombosis and Thromboembolism**

What is a Thromboembolism? Thromboembolism can be described as the blocking of a blood vessel by a clot that has moved from its original site. Most clots (thrombi) occur in the deep veins of your legs; this is called Deep Vein Thrombosis (DVT).

Dislodged clots (thrombi) can travel to your lungs and this is called Pulmonary Embolism (PE). The development of clots can cause long-term damage to your veins, may cause serious complications and in some cases may even be fatal. In most cases however, thromboembolism can usually be prevented.

On admission to hospital, you will be assessed for your risk of a developing a clot. Following this assessment you will be offered preventative treatment. This is daily heparin injections - this is a tiny amount of fluid given through a small needle and is injected under your skin

**Before your operation**

- You will have been assessed by one of the orthopaedic doctors in the Emergency Department or on the ward and asked to sign a consent form after the doctor has explained the surgery to you.
- You will be admitted to the Orthopaedic Admissions Unit after you leave the Emergency Department.
- When you are admitted the ward staff will let you know when you must stop eating and drinking.
- If you normally take warfarin you will be told to stop taking it, this is to prevent your blood being too thin for the operation. A blood sample will be taken to test your clotting levels and you may be given medication through a drip to ensure your levels are safe for surgery. After you have had your operation your doctor will restart your warfarin when it is safe to do so. During this time you will be given a daily heparin injection.
- It is likely that you will need to be given intravenous fluids through a “drip” to stop you becoming dehydrated until after your operation.

- You will need to use a bed pan or a urinal for toilet purposes, the ward staff will ensure your nurse call button is close to hand. If you are not able to pass water in this way a tube (catheter) may need to be placed into the bladder. This catheter will be removed after your operation when you are able to get out of bed.

- Due to the risk of pressure sore development you will be placed on a special mattress, the ward staff will also assist you to reposition frequently, we therefore advise you to ask for painkillers if you continue to feel pain to ensure you have adequate levels in your system. In addition your leg will be placed in a foam “gutter” to keep it supported, help control the pain and to relieve pressure.

- Our medical Consultant or a member of this team will see you before or after your operation, they will look at your medical condition, review all your medication and look into whether you need treatment for osteoporosis.

**Day of surgery**

- Usually on the day after you come in you will be assessed with all the other new patients by a Consultant Orthopaedic Surgeon who will discuss the type of surgery you require with you and let you know when your operation is likely to be. If your operation is booked for the afternoon you may then be allowed breakfast before fasting again, the ward staff will inform you about this.

- Occasionally your surgery may have to be delayed if for example you have any existing medical conditions that need to be managed by a specialist team of doctors, this will be to ensure you are in the best possible condition for surgery.

- The anaesthetist will see you on the day of your operation, they will discuss different types of anaesthetics with you such as general or spinal and which will be most appropriate for you.
- On the day of your operation you will not be allowed to eat for six hours before your operation. The nurses will inform you when to stop eating.
- You will be allowed to drink water up to two hours before your operation then must remain completely nil by mouth. The nurse will inform you when to stop drinking. You will have a drip up to ensure you do not get dehydrated.
- Most people are able to take their regular medication but the ward nurse will discuss this with you.
- You will be asked to remove jewellery, plain band rings can be worn but they will be taped.
- You will be assisted to put on a gown and disposable underwear.
- A bracelet with your personal details will be attached to your wrist.
- You may be prescribed some medication to take before your operation by the anaesthetist. A member of the nursing staff will give this to you.
- A nurse and porter will take you to the operating theatre.
- Your dentures, glasses or hearing aid can stay with you on your journey to the operating theatre.
- When you arrive in the theatre area, the ward nurse will leave you, and you will be asked to put on a disposable hat.

- You will then be taken to the anaesthetic room and a member of theatre staff will check your details with you

**The list you are placed on is a trauma list. The order can be changed at any time if an emergency occurs.**

**What should I expect after my operation?**

- After your operation you will be kept in the theatre recovery room before being transferred to the ward.
- A nurse will check your pulse, blood pressure, and breathing rate regularly. It is important that if you feel any pain you tell the nursing staff, who can give you painkillers to help.
- The nursing staff will also advise you when you can start taking sips of water. Anaesthetics can make some people sick. If you feel sick we advise you not to drink until this feeling has passed. The nursing staff may offer you an injection to help this sick feeling go away.

**After your operation**

**Day one**

- You will be assisted to wash and the nursing staff will help you get out of bed to sit in a chair.
- **It is very important that you sit out today as it can help to prevent complications such as chest infections, DVT and pressure sores.**
- The Physiotherapist will also see you and give you some exercises to do (see physiotherapy section). You may also meet the Occupational Therapist who will discuss your normal daily routine before admission; this will help us to plan your discharge with you.

- It is important that you take painkillers regularly so that you are not in pain. We aim to get you back on your feet as soon as possible and if you are sore when you move, this will slow down your recovery.

- Once you are eating and drinking properly your drip can be taken down. It is important you try to eat your meals and drink plenty of fluids as this will help with your recovery and healing. If you feel sick inform a member of staff who will be able to give you something to help with this. It is important to eat well to maintain your strength, helping you to recover quickly.

- The nurses will continue to check your observations and will also check your wound dressing for leakage. We do not routinely change dressings if they are clean and dry to reduce the risk of introducing infection to your wound.

- You may have some blood tests taken today to ensure everything is within normal limits after your operation.

- You may be moved to another orthopaedic ward within the hospital today or any subsequent day, this to further your rehabilitation.

**Day two**

- You will be encouraged to wash yourself as much as you can; sit out of bed and either walk to the toilet or use a commode rather than a bedpan. Obviously, everyone is different and you will not be expected to do everything at once.

- It is natural to feel tired and it is important that you rest and eat and drink enough. Always ask if you are not sure of anything, we are here to help you in whatever way we can.

- You may require a hip X-ray to ensure everything is satisfactory with your operation.

- Continue to take your regular painkillers and inform the staff if they are not working.

- Sometimes the effects of reduced mobility and painkillers can cause constipation, if you are having any problems with moving your bowels please inform the staff who will give you some laxatives. Eating fruit and dinking plenty of water will help with this.

**Following days until discharge**

- Your mobility will gradually improve over the next few days and at first you may use a walking frame to help you. The physiotherapist will decide when you are ready to progress to crutches. Some patients continue to use a walking frame even after they are discharged. Each day you will be encouraged to mobilise a little further **and it is important to move frequently throughout the day.**

- Your wound dressing will be checked daily to ensure it is clean and has not become wet or unstuck. The clips or stitches will be taken out 14 days after your operation; if you have been discharged at this point an appointment will be made for this to be done in the community.

- You will continue to be nursed on a special mattress until you are able to sit out of bed for long periods. You will be encouraged to change position in bed, or stand regularly when you are sitting out.

- Continue to take your painkillers regularly and inform the staff if your pain is not controlled.

- Inform the staff if you are constipated and they will give you something for this.

## Physiotherapy

Following your operation the aim is to get moving and walking as soon as possible.

Although moving around initially will cause some discomfort and your leg may feel heavy, this is perfectly normal. Do not let this stop you becoming active again.

**It is important that you take regular pain relief to enable you to perform the exercises and mobilise regularly.**

The amount of weight that can be placed on the operated leg depends on the type of surgery performed. The staff will advise you on how much weight you can place on your injured leg. For the majority of fractures you will be allowed to fully weight bear through your injured leg.

**Your physiotherapy program will include:**

- increasing your walking distance on a daily basis with a walking aid.
- lower limb exercises.
- stair/step practice.

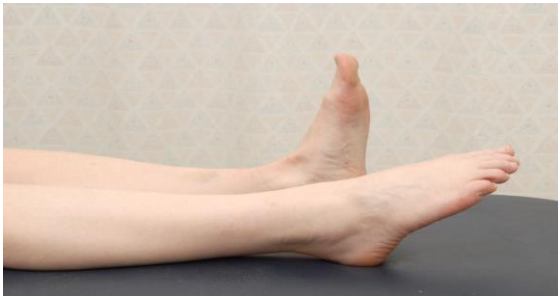
**Lower limb exercise program**

It is very important to begin your exercise program to regain movement, muscle strength and the ability to walk. The exercises should be performed several times a day. At first you will feel stiff, sore and weak. This is perfectly normal and will improve with regular exercises and walking.

This section contains a variety of exercises for you to do. Aim to start with five repetitions of each exercise and increase as you are able.

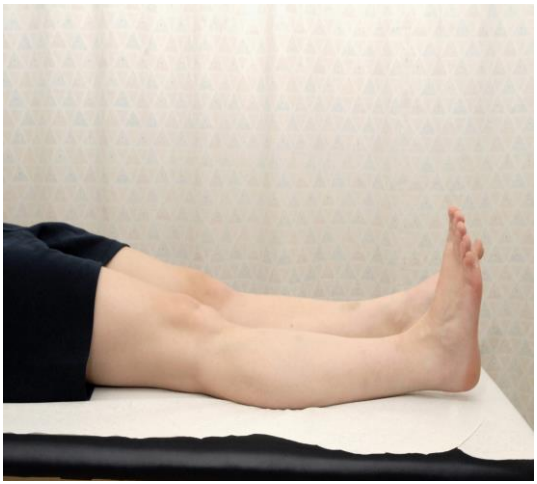
## Bed exercises

1) While you are sitting up in bed, pump your ankles up and down



2) Sitting upright in bed, place a pillow or rolled up towel below the knee of your operated leg. Contract your thigh muscles and straighten you knee. Keep your toes and ankles pulled up. Hold for five seconds then slower lower down.

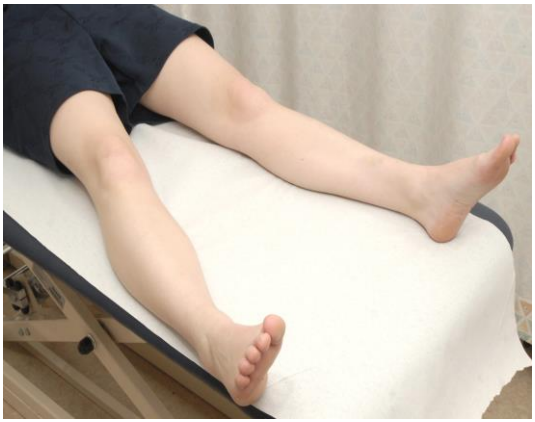
3) Sitting upright in bed, squeeze buttocks firmly together and push your operated leg down into the bed as if leaving an imprint on the bed.



4) Lying on your back bend and straighten your knee and hip of your operated leg. Keeping your heel in contact with the bed or placing a tray below your heel will make it easier. Do not slide your heel on the bed/tray if you have a pressure sore on your heel.

5) Lying on your back or sitting upright in bed, keep your operated leg straight and bring it out to the side and then back into the mid position.

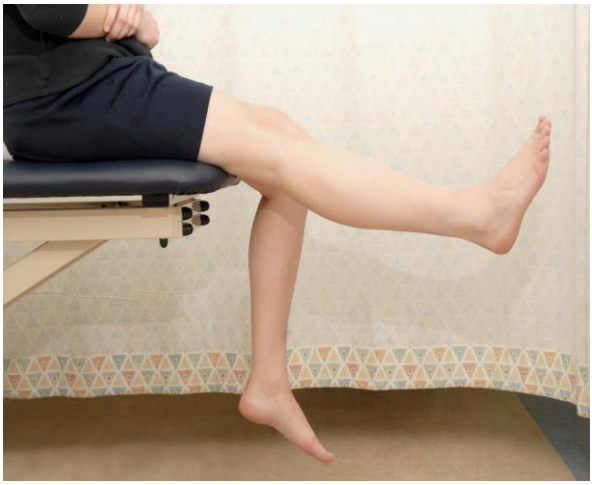
6) You can place a tray under your leg to make it easier. Do not slide your heel on the bed if you have a pressure sore on your heel.

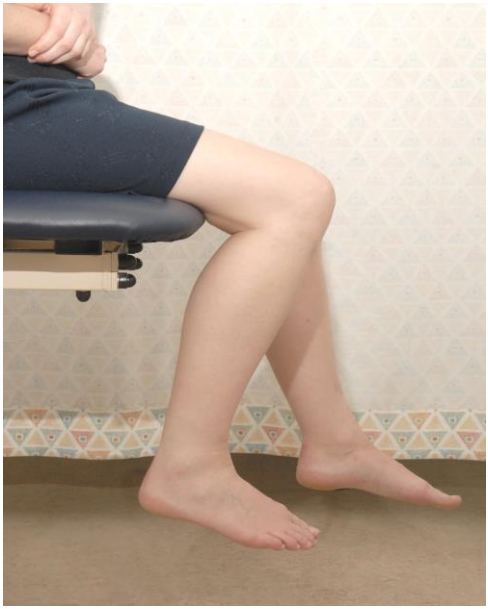


7) Lying on your back, bend both knees up and place your feet on the bed. Bridge up by squeezing your buttocks together and lift your bottom off the bed.

**Exercises while you are sitting in the chair**

Pull your toes up, tighten your thigh muscles and straighten your knee. Hold for five seconds and return to the starting position. Then bend you knee back as far as possible.





## Rehabilitation and discharge

We start planning your discharge as soon as you are admitted to hospital, and aim to discharge you from this hospital **as soon as the team are sure you are safe to do so**.

The Occupational Therapist (OT) will provide advice on how you can manage with day to day activities such as washing and dressing, toileting, preparing a hot drink/snack**. To assist towards this goal we will ask your main carer to bring in your day clothes and sensible shoes**.

In certain circumstances you may be provided with assistive equipment to help you manage daily activities.

**To assist us with this we may ask your main carer to measure the height of your bed, chair and toilet at home. This information is required as soon as possible.**

The nursing staff, case managers, physiotherapists, occupational therapists and doctors will continue to assess your progress and will discuss with you about the most appropriate destination for you.

- Our aim is to get patients directly home once they are medically fit and safe with their mobilising. You **may** require some support from social services or community services and this will be discussed with you.
- You may need to be transferred to another unit for ongoing rehabilitation or support. Once your doctor has said that you are medically well we will aim to transfer you as soon as possible, again this will be discussed with you.
- If you are from a nursing home when you are medically fit then you will be transferred back there anytime after your operation.
- If you are from a residential home you may need to be reassessed by them before you can return there.
- Ongoing therapy in these places of residence may be provided by community services.

## After discharge from hospital

Follow up arrangements

Following a hip fracture patients do not generally need to return to outpatient clinics, this is because the fixation used is generally very stable and your consultant will have reviewed your X-ray during your stay to ensure this is the case. Occasionally your consultant may wish to see you in clinic; if this is required you will receive a clinic appointment in the post.

## Your surgical wound

It is important to remember that it can take up to a year after your stitches are taken out for the tissue surrounding your wound to heal fully. Itchiness and aching underneath your scar is normal.

## Things to look out for:

- Swelling.
- Redness.
- Bleeding/leaking .
- Nasty smell.

Contact your family doctor (GP) or attend a walk-in centre if any of these happen.

If you have gone home with clips or stitches in your wound, they will be removed by your district nurse or we will give you the information to arrange this at a treatment centre in your area. This will be 10- 14 days post-surgery. Some stitches dissolve and you will be told if you do not need them removing.

## Leaving hospital

Do not worry; it is normal to feel tired after being in hospital. It is important to make sure you have a rest during the day and slowly your strength will return.

After being in hospital, you may have some questions to ask about what happens when you get home especially if you have had an operation. Your doctor or nurse may have answered some of these questions. Here are some of the most frequently asked questions asked by our patients. If you have any worries, do not be afraid to ask for advice.

### Q. Can I have a shower or bath if I have a wound?

A Yes, depending on the type of operation you have had.

Your doctor or nurse will advise you if you cannot bathe or shower.

In hospital, wounds are kept covered to prevent infection. You will be sent home with your wound covered, as it will prevent your clothes from rubbing on it.

Dressings should be kept as clean and dry as possible. Do not use perfumed soaps, talcum powder or lotions near your wound.

### Q. When can I drive a car? When can I go on an airplane?

A. Discuss this with your consultant during your hospital stay; they will advise you when you are safe to undertake these activities. Alternatively you can ask your family doctor.

**Q. What if something isn't 'right' what warning signs should I look for?**

A. Please contact your doctor immediately if you have **:**

- Increased pain
- Vomiting or diarrhea
- Difficulty in passing urine.

**Please attend your nearest Emergency Department if you have :**

- Red swollen painful calves.
- Breathlessness

**Q. What if I need help after hours?**

A. You can contact the NHS 111 Service direct 24 hours a day 365 days a year
Tel: 111.

A. NHS walk-in clinics are open until 10pm and trained members of staff are available to help and advise you.

**Q. What if I have got home but have a question about my ongoing care?**

A. You can use the contact the Neck of Femur Unit
Tel: 0151 706 2340
Textphone Number: 18001 0151 706 2340, alternatively you can contact the Specialist nurse for Hip Fracture Tel: 0151 706 2000 and ask for bleep 5010.

## Further Information

**If you need any further information please**
**Tel: 0151 706 2000 and ask for:**
**Specialist nurse for hip fracture on bleep 5010**
**Text phone number: 18001 0151 706 2000**
**Bleep 5010**
**Or**
**Neck of Femur Unit (NOFU)**
**Tel: 0151 706 2340**
**Text phone number: 18001 0151 706 2340**

**Author: Therapies and Trauma and Orthopaedics Directorates**
**Review Date: May 2017**

All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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