Plymouth Hospitals NHS
NHS Trust

Broken Hip
(Fractured Neck of Femur)

Information to help patients, relatives and carers prepare for their treatment and recovery from a broken hip

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Welcome to Derriford Hip Fracture Unit

You are in hospital because you have broken your hip; this is known as a fractured neck of femur. This booklet explains

- what a hip fracture is
- the different types of surgery
- what will happen to you during your stay in hospital

We aim for you to have your surgery within 36 hours of being admitted to hospital, if you are fit enough for the anaesthetic and operation. You should only wait longer than this if you need to have treatment for acute illness or need further X-rays or scans.

Once admitted to the ward you will be under the joint care of a named consultant surgeon and consultant physician. You will be cared for by a whole team of healthcare professionals.

Who's Who in the Team

Ward manager
Dark blue

Sister
Light blue

Staff nurse
Royal blue

Health Care Assistant
Green

Doctor's Assistant
Brown

Physiotherapist
Blue trim

Occupational therapist
Green trim

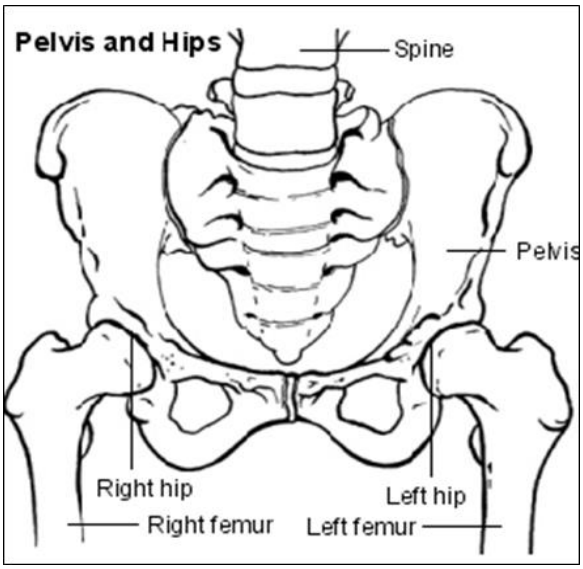
Housekeeper
Blue and green

Matron
Purple

If at any time, you or your family / carers, have any concerns or questions about your fracture or your care, please do not hesitate to talk to a member of the team.

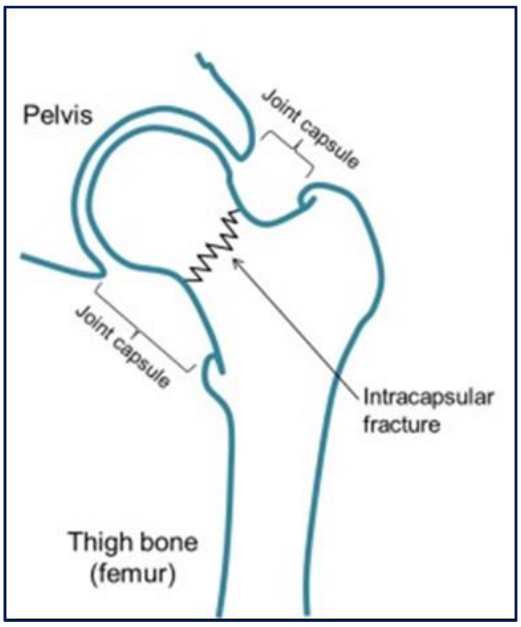
What is a Fracture Neck of Femur (Broken Hip)

A fractured neck of femur (broken hip) is a serious injury, especially in older people. It is likely to be life changing and for some people life threatening. It occurs when the top part of the femur (leg bone) is broken, just below the ball and socket joint.



There are two main types of hip fracture, intracapsular and extracapsular.

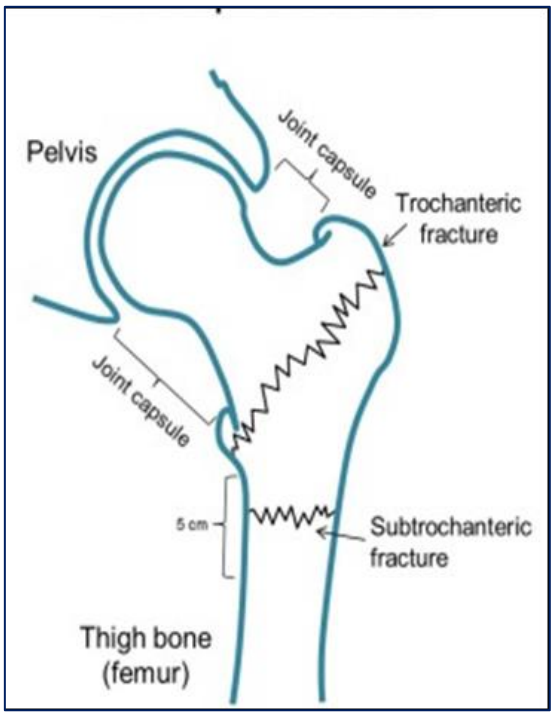
• Intracapsular Fracture



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

Occasionally, it is possible to re-attach the ball, but it is usually removed and replaced with half a hip replacement (called a hip hemiarthroplasty) or a total hip replacement, if appropriate.

• **Extracapsular Fracture**



This break is further down the femur, outside the hip joint and is fixed using metal work. The surgeon will explain which type of fracture you have.

Benefits and Risks of Treatment Available

Benefits of having surgery

The aim of surgery is to repair the fracture to provide long term pain relief. This will allow you to sit out of bed and start walking the day after your operation. You will be much more comfortable following your operation, so you will be able to start your recovery immediately.

Risks of having surgery

Risks include pain, infection, bleeding, damage to blood vessels and nerves around the hip, clots in the legs or lungs, further fractures, failure of the device (leading to further surgery) and **not** surviving the operation.

Alternative to surgery

Without an operation, the bone will take at least three months to heal or possibly longer. During this time, you would be nursed flat in bed. Staying in bed for this long has its own problems, including chest infection, blood clots in the leg or lung, urine infection and bed sores. Controlling pain is difficult. These problems together can make it more dangerous than having an operation.

Admission to Hospital

You will be assessed by one of the orthopaedic doctors in the Emergency Department (A&E) or on the ward. The doctor will discuss the operation and risk factors. If you are happy to proceed with surgery you will be asked to sign a consent form.

Depending on the time of day you are admitted to hospital, you will be seen by your consultant orthopaedic surgeon on the early morning or early evening 'ward round'. The consultant will discuss the type of surgery you require and let you know when the operation is likely to be.

Pain Relief

Hip fracture can be very painful, especially when the hip is moved. The nurses will offer you pain relief medicines (as tablets or liquid medicine) at least 4 times per day. You may also be offered a pain control (nerve block) injection which goes around the site of the fracture. This is very effective at controlling pain and means you will need less tablets/medicine. **If you are in pain please tell your nurse.**

Intravenous Fluids (a drip)

You will have a cannula (thin plastic tube) placed in a vein for a drip – this gives you fluid to prevent dehydration. You will also be encouraged to eat and drink normally, *unless* your surgery is expected to be in less than 6 hours.

Catheter

When you need the toilet you will need to use a bed pan or urine bottle. If you find it difficult or too painful to pass urine, a temporary catheter (a small tube) may be placed in your bladder. The catheter should be removed after 24 hours.

Prevention of Pressure Sores

Due to the risk of developing pressure sores, you will need an air mattress. We will put cloth or plastic boots on your feet to protect your heels. It is important that you move your position in bed frequently. If you can not move yourself, the nursing team will help

you. To be able to move around it is important that any pain is well controlled. **If you are in pain, please let the nurses know**.

Prevention of blood clots

You will be risk assessed and treated to prevent blood clots in the legs, with inflatable cuffs around your calves and/or daily injections of a blood thinning medicine (clexane). You will need to have the daily injections for 28 days following your operation.

Medical check and preventing further fractures

The specialist ward you have been admitted onto is managed by both Orthopaedic and Medical specialists.

A consultant doctor who specialises in Elderly Care Medicine (an ortho-geriatrician) and their team will also look after you on the ward. They will manage any medical issues you have. In particular, they will:

- Review you before surgery to ensure you are as medically fit as possible for your operation
- Investigate and treat any underlying medical conditions that may have caused your fall and if necessary arrange review in the falls clinic on discharge or other appropriate follow up
- Oversee your treatment if you become medically unwell
- Assess whether your bones are fragile and consider osteoporosis treatment

Acute Confusion

Some patients may experience a period of confusion after their operation. This can be caused by a number of factors such as being away from home, medication, blood imbalance, an infection or low oxygen levels. Whilst this can be distressing, it is usually short term and will be monitored, investigated and treated as necessary

Day of Surgery – Before Your Operation

Due to the nature of a trauma surgery service, the time of your operation may unfortunately be changed *if* an emergency occurs. If this happens, the team will keep you informed and give you a new expected time for surgery.

In the morning, you will have an Echocardiogram. This is a test to assess the function of your heart and helps the anaesthetist to plan the anaesthetic for your operation.

You can eat up to 6 hours and drink clear fluids up to 2 hours before your operation. You will then need to remain 'nil by mouth' until after your operation.

Usually, you will be able to take your normal tablets and medicines but the ward nurse will discuss this with you. If you take warfarin, it will be stopped temporarily to prevent excess bleeding during the operation.

We will assist you to wash and put on a surgical gown.

We will ask you to remove any jewellery. You can wear plain band rings but they will need to be taped.

You can keep dentures, glasses or hearing aids with you until you get to the operating theatre.

You will be taken to the operating theatre, on your bed, by members of the theatre team.

The theatre team will check your details on the ward and in the theatre suite. As part of the Surgical Safety Checklist there will be a final check of your details before you are given your anaesthetic and have your operation.

Day of Surgery - After Your Operation

After your operation you will be taken to the recovery area near the operating theatre. Nurses will look after you here and will continue to monitor your blood pressure, oxygen levels and pulse rate. They will treat any pain, sickness or nausea that you might have. If you feel up to it you can start drinking.

Once the team are satisfied with your condition you will be taken back to the ward to continue your recovery.

The ward team will continue to monitor your condition at least hourly following your operation. The monitoring will reduce in frequency as you recover. They will check your pain levels regularly and ensure you have regular pain relief.

It will help if you can start drinking and eating as soon as possible after your operation, to help keep up your strength and recover faster. You may find eating little and often easier.

Constipation

It is quite common after surgery to become constipated because you are less active and using more painkillers. To help prevent constipation you should drink plenty of fluids and eat a diet high in fibre. In addition, we can give you medication that will relieve the symptoms. Please let the nursing team know if your normal bowel habit changes.

Day One After Operation Onwards

The table on the next page outlines the key goals which we will aim to achieve with you each day. These goals are based on helping you to heal well and recover quickly and safely.

We aim to get you back on your feet as soon as possible after surgery, to aid your recovery and reduce the risk of post surgery complications such as chest infection, pressure sores and blood clots. To achieve this:

- your pain needs to be well controlled
- any nausea and vomiting needs to be managed
- you need to drink plenty and eat well (you may prefer to eat little and often)
- we will remove any drips and tubes as soon as possible to reduce obstacles to your moving around freely
- aim to get dressed in day clothes rather than nightwear as soon as possible to help you feel you are getting back to your normal

Time for Treatment, Care and Therapy

Members of the team will need to treat and support you throughout the day, including 'visiting hours'.

If a member of the team needs to see you when you have visitors, we ask that they give you the time, privacy and physical space needed to do your exercises, receive your treatment or complete a consultation. The member of staff will be able to provide you and your visitors with an idea of how long you will need.

	First Day After Operation	Second Day After Operation	Third Day Onwards
Observations	Minimum 4 times a day	Minimum 4 times a day	Minimum 4 times a day
DVT Prevention	Clexane injection and calf pumps.	Clexane injection and calf pumps	Clexane injection and calf pumps.
Pain Control	Regular tablets at least 4 times a day **If you are still in pain let the team know**	Regular tablets at least 4 times a day **If you are still in pain let the team know**	Regular tablets at least 4 times a day **If you are still in pain let the team know**
Eating & Drinking	Aim to eat well and drink plenty. You may find it easier to eat 'little and often'. If you feel sick let the team know.	Continue eating and drinking well to encourage healing and recovery. You will be encouraged to sit in a chair to eat all your meals. This aids digestion and helps prevent constipation. If you feel sick, let the team know	
Movement	Sit out of bed Start physio bed exercises	Sit out of bed Aim to walk to the toilet or use the commode Physio exercises	Each day you should be able to walk a bit further. You will use a walking frame first and then start to use crutches Aim to move frequently through out the day.
Drips and Catheters	If drinking well, drip will be removed. If urinary catheter in place, it should be removed.		
Wound Care	Wound checked. Dressing will only be changed if wound leaking,		
Blood Test	You will have a routine blood test.		
Personal Care	Team will assist you to wash.	Aim to wash yourself Aim to get dressed in loose comfortable **day** clothes	Aim to get dressed and manage your personal care (to *your* normal level of independence)
Discharge Planning	OT review	OT review	

Physiotherapy

Physiotherapists wear blue trousers & white top with blue trim

Following your operation the aim is to start moving and walking as soon as possible. The physiotherapists will work with you towards achieving a level of mobility safe for discharge.

Physiotherapy will begin the day after your operation. It will include increasing your walking distance on a daily basis with a walking aid (if able), leg exercises and stair/step practice if required.

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.

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 operated leg.

It is important that you take regular pain relief to enable you to participate in physiotherapy and mobilise regularly.

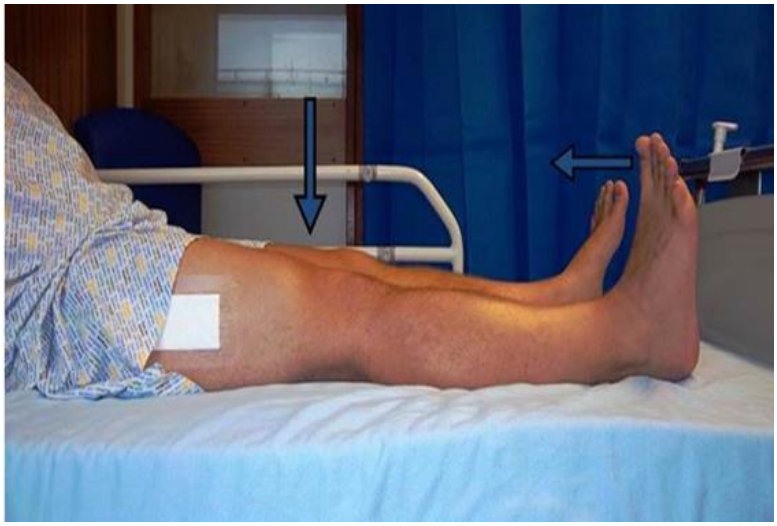
Exercise

It is very important to begin your exercise programme 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 the main bed exercises we will practice with you. Try to perform each exercise 10 times, at least 3 times per day. You can increase the frequency that you perform the exercises over time as your pain allows.

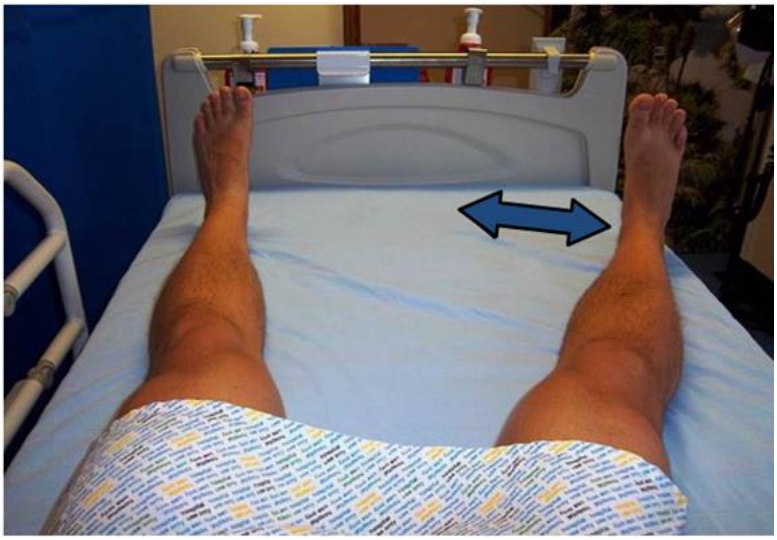
1.

Clench your bottom cheeks together and hold for a count of 5 seconds. You can do this in a sitting or lying position.



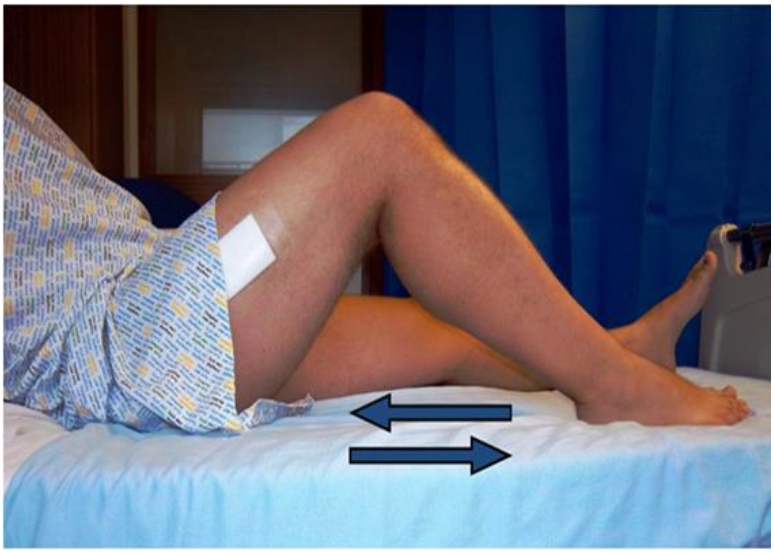
2.

Lying on your bed with your operated leg straight, pull your toes up towards you and push the back of your knee into the bed. Hold for a count of 5.



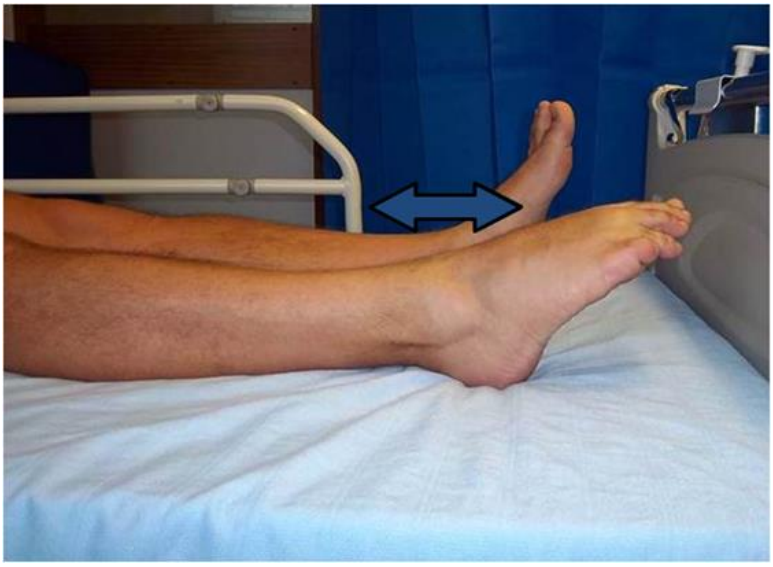
3.

Lying or sitting up in bed, keep your operated leg straight and slide it out to the side and then back to the middle.



4.

Lying on your back, bend your knee and hip of your operated leg sliding your heel towards you and then slowly straighten. Keep your heel in contact with the bed.



5.

While you are sitting in your chair or in bed, briskly pump your ankles up and down regularly.

Discharge From Hospital

Right from the start, the team will be thinking about how you can cope after your broken hip is fixed. They will ask you questions about your home circumstances and start working out what help you will need. The team will assess your progress and will discuss with you and your family/carers the most appropriate destination for you to fully recover once you leave hospital.

Occupational Therapy

Occupational therapists wear green trousers and a white top with green trim

The occupational therapist (OT) will meet with you to discuss your home situation to ensure a safe discharge plan. Appropriate family and carers should be involved. The OT will discuss and sometimes assess your ability to manage “essential activities of daily living” that you will need to do when home. These may include; washing and dressing, drink preparation and getting on and off the toilet, bed and chair.

Following the assessment the OT may provide equipment or minor adaptations such as rails, chair rises or toileting equipment. Where possible this will be done before your discharge. We will aim to get you straight back home if possible but some people will need to go for further rehabilitation or to a care setting.
You may be given an additional leaflet advising you about your ongoing recovery. Depending on your mobility needs and discharge destination you may be referred for therapy in the community. This may be in an outpatient department or in your own home. The OT will discuss this with you during your stay and refer you as appropriate.

Who to Contact After Discharge

Within the first 24 hours of discharge from hospital contact Sharp Ward on 01752 792174

After 24 hours contact your own GP

In an emergency dial 999

This leaflet is available in large print and other formats and languages.
Contact: Patient Services
Tel: 01752 437035

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