

Fractured Neck of Femur (Broken Hip) Post-operative care & Rehabilitation

This is an information leaflet explaining the postoperative care and rehabilitation for all patients following a fractured neck of femur (broken hip). When someone suffers a hip fracture it can cause significant impairment; physically, socially and emotionally. It is hoped that this booklet will support you through a difficult time, and highlight the importance of post-operative rehabilitation for your recovery.

WHAT HAPPENS AFTER SURGERY?

First 24 hours following Surgery:

The recovery room:

You will wake up in the recovery room following surgery, where the nurse will frequently check your vital signs and level of pain. An oxygen tube or mask will be on your nose or mouth. When you have fully woken up from the anaesthetic you will be transferred back to the ward. You should expect to be off the ward for a minimum of 4 hours. A combination of injections and tablets may be used to control your pain following surgery.

Durbin ward / Robin Ling ward:

On return to the ward you will continue to receive oxygen treatment, usually for up to 24 hours, depending on your oxygen levels. Your blood pressure, pulse, respiratory rate, temperature and pain score will initially be recorded hourly, later reducing to 4 hourly.

It is important to tell the nurse if you have any pain. Your pain can be controlled by using a combination of injections, tablets or an infusion. If you have had a spinal anaesthetic you may find that your legs feel numb. This will resolve over 6-12 hours.

A catheter tube may have been inserted into your bladder to drain urine away. This will be removed within 48 hours unless there is a need to keep it in for longer time.

Fluids will be administered via a plastic tube (cannula) inserted in to a vein in your hand/arm. Once you feel able to you can start drinking and eating. These fluids will be stopped once you are drinking enough. Some people experience nausea and sickness after surgery, if you feel unwell please let the nurse know. Anti-sickness medication can be given to help reduce these symptoms.

You will be given your first blood thinning injection (heparin) 6 hours after surgery. This is a tiny injection, given daily, into the stomach area and is administered to prevent blood clots developing during your hospital stay. You will continue to receive these until you return home.

The nursing staff will help you turn in bed every 2 to 4 hours to prevent pressure sores developing from being in the same position for too long.

After the operation there is a possibility that you may become confused and disorientated. This is not uncommon in older adults following an operation, particularly if they have had memory problems beforehand. This usually settles over a few days



Progress with Rehabilitation:

Please remember that it is normal to have good and bad days as you continue to recover from your operation. You should expect these to last for up to 12 months following surgery. Plan and pace your activities carefully on these days and don't be afraid to take pain killers. If you are concerned, please contact your GP or the Physiotherapy team on the telephone number at the end of this booklet.

Walking aids:

It is likely you will need additional support as you start to walk again following your operation. Walking frames and crutches are examples of walking aids used. If your surgeon is happy that you put full weight through your hip and your pain is controlled, you may stop using your walking aid.

It is important that you are walking well before discarding your walking aid completely. Indeed, it is far more beneficial to continue using a walking aid for longer if it enables you to walk better. This will enable your muscles to recover from the operation.

Later Rehabilitation:

Your rehabilitation will continue if you are transferred to your local hospital. Physiotherapists and Occupational Therapists at the hospital will continue to maximise your mobility and increase your strength, balance and independence.

If you are discharged home, the ward physiotherapist will refer you for ongoing rehabilitation. Depending on your level of independence and your social set-up, this may take place either in your home or at your local outpatient Physiotherapy department. You will be contacted once you are home to arrange your first appointment.

Bed Exercises:

- Pull feet up and down vigorously. Repeat 10 times every hour.

- Straighten knees fully, pushing the backs of your knees into the bed whilst tensing the muscles on the front of your thigh. Repeat 10 times every hour.
- Tense your buttock muscles. Repeat 10 times every hour.
- Take 5 deep breaths every hour, followed by a strong cough.

Seated Exercises: To be done when sitting out of bed

Exercise 1

With feet flat on the floor, tap toes and lift heels alternately.

Repeat times on each foot

Exercise 2

Pull your toes up, tighten your thigh muscle and straighten your knee. Hold for approximately 5 seconds and then slowly relax your leg.

Repeat times on each leg

Exercise 3

Marching feet on the spot, lifting knees up and down.

Repeat **times**

on each foot

Exercise 7

Exercise 4

Lift each leg up and out to the side, then back to the middle. Repeat with other leg.

Repeat **times**

on each leg

Exercise 5

Sit tall with your arms at your sides. Lift both shoulders up to your ears, draw them back, then press them down.

Circle **times**

Exercise 6

Place your right hand on your left knee, then turn your upper body and head towards your left arm. Repeat on the opposite side.

Repeat **times**

Exercise 11

Practice pushing up into a semi-standing position.

Repeat times

How
to
go
up/

down stairs

- **For safety reasons, avoid stairs as far as possible.**
- Use a bannister if one is available and carry the spare crutch in the fingers of the other.
- **Going up** - step with the 'good' leg first, follow with the injured leg and crutches.
- **Going down** - crutches down first then step down with the injured leg, follow with the 'good' leg.

To help you remember:

- 'Good' leads up to heaven
- 'Bad' leads down to hell!

Occupational Therapy Rehabilitation

Following your hip operation you may have difficulty doing some everyday activities. These pages offer advice on managing at home and returning to functional activities following your hip operation. If you have any queries please do not hesitate to ask your Occupational Therapist (OT).

Your OT will have seen you on admission and discussed what you are normally able to manage and what support you may already have at home. Once you start to mobilise after your operation your OT will practice transfers and dressing with you and discuss any equipment needs you may have.

Sitting:

It may be difficult to get in and out of a low chair, so to make it easier your chair at home may need to be raised by adding extra cushions. Sometimes equipment may be needed to raise your chair height. You will also find it easier to have a chair with armrests.

How to stand up

- Shuffle your bottom to the front of your chair as far as you can
- Lean your head forwards over your knees
- Rock back and forth three times
- On the final rock forwards, push up on the arms of the chair and drive upwards through your knees
- Once standing, steady yourself before attempting to walk away

How to sit down

- Walk to your chair; slowly turn around using your walking aid
- Feel the back of your legs touching the cushion
- Put your hands down onto the chair arms
- Ease yourself down onto the chair

Sleeping:

Getting in and out of bed may be difficult following your operation. If your bed is very low, it may need to be raised or an alternative bed found. It is advisable to rest on the bed, regularly at first, until any swelling subsides.

How to get into bed

- Sit down on the bed
- Lift yourself back as far as you can
- Once your operated leg is fully supported on the edge of the bed, turn yourself to face down the bed
- Reverse the procedure to get out of bed.

Toileting:

Following your operation you may find toilet transfers difficult. Your OT will discuss any equipment needs with you.

Before you are discharged home your OT will check that you are independent with your bed, chair and toilet transfers.

Bathing and Washing:

Strip-wash – This is the most appropriate mode of washing for the first six weeks following your operation. It is advisable to sit at the basin whilst washing.

Shower (cubicle/wet room) – may be safe to do so if your wound has healed and appropriate seating available. Discuss this with your OT.

Bath – getting in/out can be very difficult, therefore we advise against doing this for six weeks after your operation.

Shower over bath – getting in/out can be very difficult, therefore we advise against doing this for six weeks after your operation.

Dressing & Clothing Advice:

Most people find it easier to get dressed whilst sitting on the edge of the bed. You may find that you need help or some equipment to dress your lower half i.e. long handled shoe horn or sock aid. You can puult-iix weeks after yolower over bath

Driving:

Once you have been told it is safe to place full weight through your operated hip you should wait a minimum of six weeks before you drive again. We recommend you notify your insurance company before you attempt to drive again.

The Trust cannot accept any responsibility for the accuracy of the information given if the leaflet is not used by RD&E staff undertaking procedures at the RD&E hospitals.

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