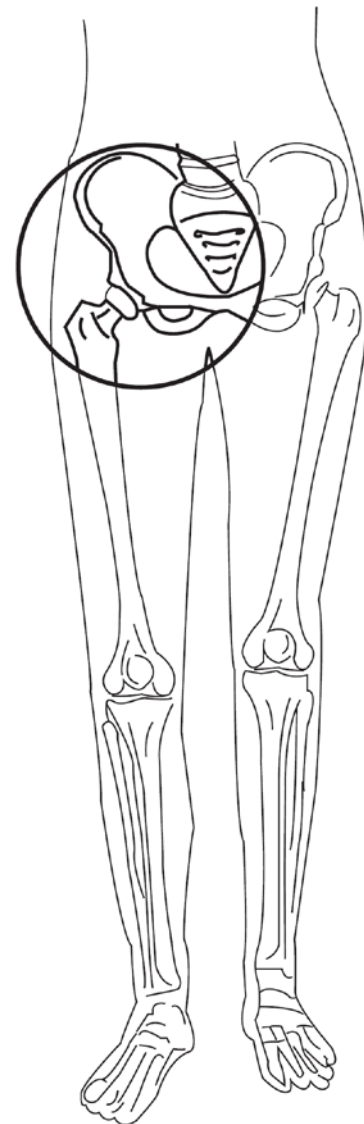
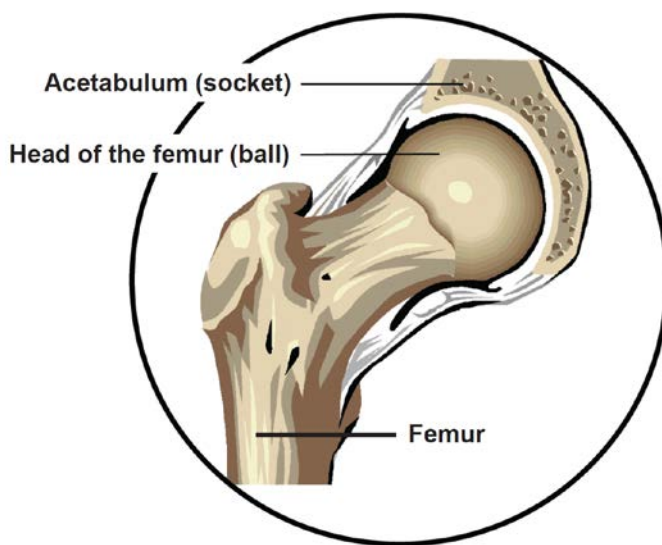




When You're Having Surgery for a Fractured Hip

The hip includes the head or “ball” of the thigh bone (femur). The thigh bone fits into the socket of the pelvis. Ligaments and muscles hold the joint in place.



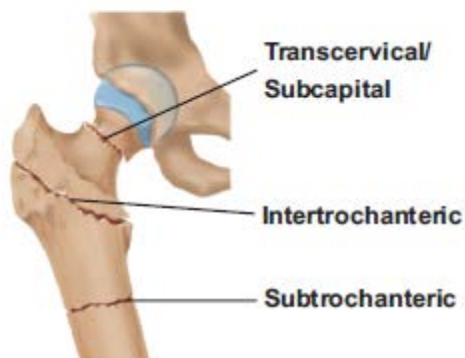
Why did it happen?

Hip fractures almost always mean that your bones aren't strong. This is called osteoporosis.

What types of hip fractures are there?

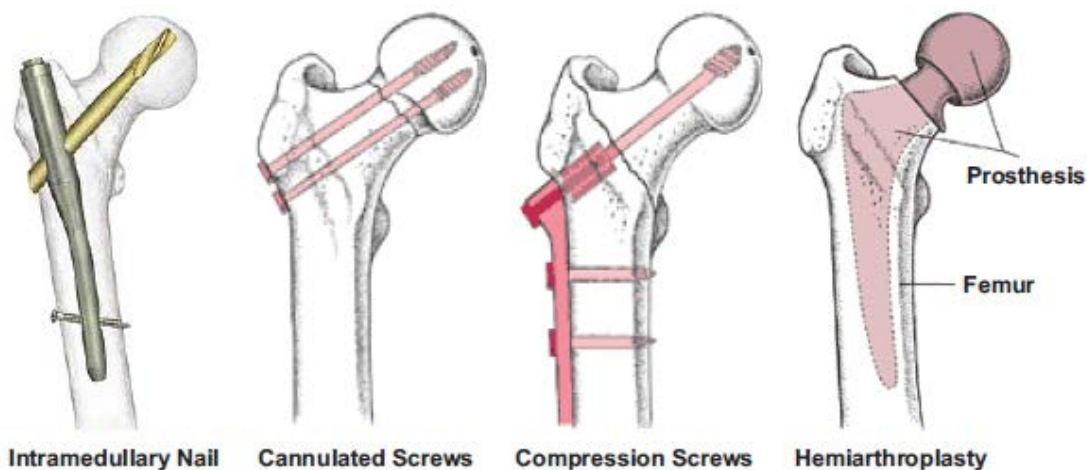
The hip can break:

- across the neck (transcervical/subcapital)
- below the neck of the bone (intertrochanteric)
- across the shaft of the bone (subtrochanteric)



How are hip fractures fixed?

It depends on the type of hip fracture. The x-rays of your hip will help the surgeon decide what type of hip fracture you have and what type of repair you need. Some of the ways to fix a hip fracture are shown below.



Pictures of trochanteric nail, sliding hip screw, and cannulated screws courtesy of AO Principles of Fracture Management, 2nd Expanded Edition, 2007. Copyright AO Publishing Davos, Switzerland.

Your surgeon will talk to you about the repair you need. If you have questions, please ask your surgeon or your nurse. If you can, have someone with you to help you remember what's said. If no one is there when the surgeon speaks with you and you want someone else included, please ask your surgeon to call them.

Confusion/Delirium

Some people become confused or delirious after a hip fracture. Family members and friends can help by letting the doctor or nurse know if you're not acting like your usual self.

Before Your Surgery

A patient pathway will be posted in your room. The pathway shows you what path your day-to-day recovery should take. Please go over it and share it with your family. If you have any questions, please ask your nurse or surgeon.

You will have blood drawn. You may also have other tests done before surgery as needed.

Deep Breathing and Coughing

Before and after surgery, your breathing can be shallow because you aren't active. This may cause problems like pneumonia. You'll be shown deep breathing and coughing exercises to do before and after surgery to keep your lungs clear. Do these exercises 5 to 10 times every hour while you're awake.

Managing Your Pain

It's normal to have pain with a broken hip. You'll be offered pain medicine. Please tell your nurse when you're having pain. Don't be afraid to ask for pain medicine. You're the only person who knows how much pain you're in.

What if I'm on call for surgery?

Surgery to fix a fractured hip is usually done "on call". This means that a time has not been set for your surgery. When you're on call it means that you're on a list with other patients waiting for a block of time when your surgeon can operate. Sometimes the wait can be longer than expected. You will be given a handout that explains more about being on call if you want to know more.

If your surgery is postponed, an order will be left for you to have something to eat and drink. Please try to eat and drink if you're allowed, as you'll usually feel much better with something in your stomach. You'll be offered something light, such as a sandwich, soup, or small snack (e.g., cheese and crackers with a drink).

After Your Surgery

Managing Your Pain

Tell your nurse when you're having pain. Taking your pain medicine before walking and doing your exercises will help you recover faster.

Getting Up after Surgery

Your surgeon will leave an order about how much weight you can put on your repaired hip as well as when you can begin moving. A physiotherapist will see you and make a plan for you. This plan will include both bed exercises and movement.

The goal is for you to get back to the activities that you were able to do before you fractured your hip. The exercises and movement will help you to reach that goal.

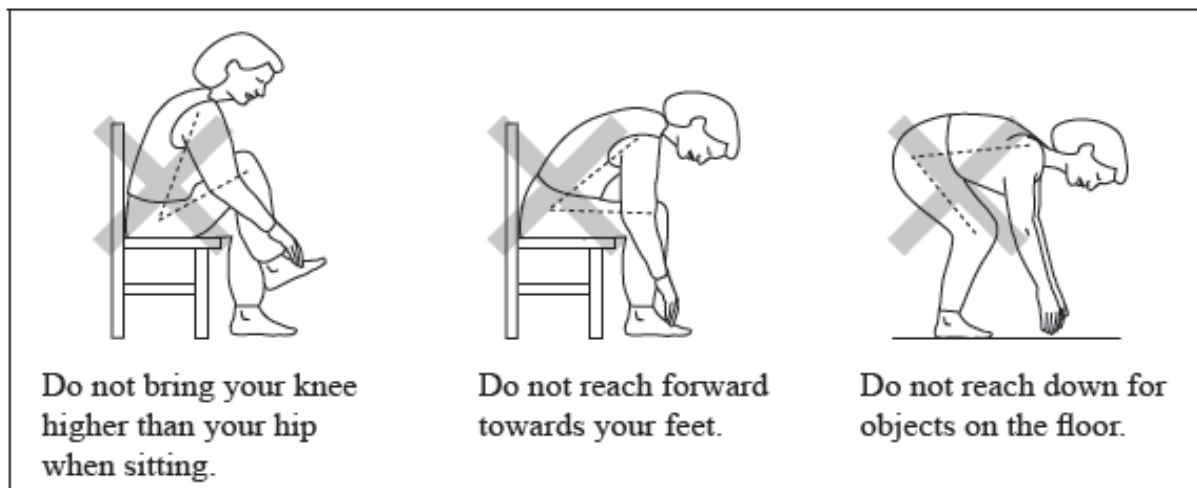
Movement Precautions

If You Had a Hemiarthroplasty

If you had a hemiarthroplasty or joint replacement, there are some movements that you **must not** do to keep your new hip from slipping out of the joint (dislocating).

You'll be taught the hip movement precautions below:

DO NOT bend your hip more than 90°:



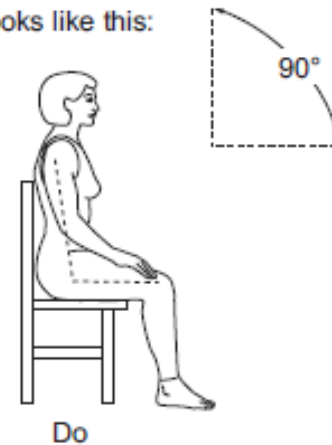
DO NOT cross your legs or your ankles:

- Don't cross your legs or your ankles as this could cause your hip to dislocate.
- Always use a pillow between your legs when you're lying in bed.

DO NOT twist your body:

- Don't reach across your body; organize your things in a way that you can easily reach them when you're in bed.
- When walking, make sure that you take small steps when turning.
- Keep your shoulders and hips in line at all times and don't twist your leg inwards or outwards.

90° looks like this:



As you move around the unit, you'll be reminded how you need to move to protect your hip.

If Pins, Nails, Screws, or Plates were Used

If pins, screws, nails, or plates were used to repair your broken hip don't put more weight on the side that was fixed than your nurse or therapist say you can.

It's important to follow the directions of your nurse and-therapist when you walk. They'll teach you to walk with your aids, as well as move in and out of bed and up and down to your chair. If you have any questions, please ask.

Your surgeon will tell you the amount of weight that you can put on your operated leg.

- Use a walker or crutches **at all times** until your healthcare team says you don't need to use them anymore.
- Your physiotherapist will give you a copy of the exercises that you will need to do to move more easily and get stronger. It's very important that you follow the instructions.

Getting Ready for Discharge

The goal is for you to go home as soon as it is safe for you to do so. Some people go home from the hospital, while others go to another setting first.

As you recover, you will be assessed to see how well you're able to do everyday activities (for example, getting in and out of bed on your own, getting dressed, walking with an aid, managing meals, and so on). The sooner you can manage on your own, the sooner you'll go home. The staff will help you, but the real work is yours.

It's important to arrange to have someone stay with you if you live alone. How long they stay will depend on your recovery and how your home is set up. You'll also need someone to prepare some meals for you or you can arrange for Meals on Wheels.

Getting Your Home Ready

It's important that all recommended equipment is in place before you go home. Your therapist will assess you before you go home and let you know what you need. You may need equipment like:

Raised Toilet Seat



Bath Seat and Grab Bars



Reacher



You may need help from family or friends because some activities will be hard to manage on your own (for example, laundry, buying groceries, vacuuming, meals, or driving). Have someone go to your home and make sure there are no **tripping hazards** (like throw rugs). It's a good idea to move the things that you use often so that you don't have to bend or reach for them.

Once You're Home

Managing Osteoporosis

Make sure you make an appointment with your family doctor so your medical care can be updated now that you've had a broken hip. If a simple fall caused your hip fracture it means that you have osteoporosis.

Tell your family doctor that you are taking calcium and vitamin D. Ask if you need to take medicine to make your bones stronger. It's also a good idea for your doctor to review your medications to make sure they're still the right ones for you.

Preventing Falls

If you feel less steady than before or are afraid of falling, ask your Home Care office if an occupational therapist can come to your home to suggest simple changes that can make your home safer for you.

Ask your doctor, Home Care, or other healthcare providers if there are balance classes or exercise groups to help you work on your balance, muscle strength, and stamina. Some places have pool exercises or fitness classes for people recovering from surgery or illness.

There are also alert systems that you can activate if you do fall. These systems can give you and your family peace of mind if you live alone.

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Author: Bone & Joint Health Strategic Clinical Network, Alberta Health Services

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