

HIP FRACTURE CARE



THE HUMAN MOTION INSTITUTE AT RANDOLPH HOSPITAL
www.randolphhospital.org

HIP FRACTURE CARE

Table of Contents

General Information

Hip Fracture Care Overview	1
Frequently Asked Questions	2-4

Surgery Process

What to Expect During Your Hospital Stay	5-8
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Hospital Stay

After Surgery	9
First Day After Surgery	10
Second Day After Surgery	10-11
Third Day After Surgery and Beyond.....	11

Post Hospital Stay

Preparing to Leave the Hospital	12-14
General Information	14-19
Preparing Your Home for Your Return.....	19-21



HIP FRACTURE CARE

General Information

Hip Fracture Care Overview

The Hip Fracture Care Team consists of:

- Orthopedic Surgeon
- Anesthesiologist
- Medical Doctor
- Nurses
- Therapists
- Resource Management Staff (assist with discharge)
- Other Hospital Staff

The Hip Fracture Care Team will:

- Help you make the best choices about your care.
- Help you create your own plan of care while you are in the hospital and when you go home.
- Keep you up-to-date on how you are doing while you are in the hospital.
- Help you find resources and services you will need when you leave the hospital.
- Answer your questions.



HIP FRACTURE CARE

Frequently Asked Questions

How long will I be in the hospital after surgery?

Usually after hip surgery you will be in the hospital 3 to 4 days. Your family doctor needs to let the surgeon know you are stable for surgery. This may take a couple of days from the time you are admitted, until you have surgery. Your total hospital stay will most likely be 4 to 7 days. You will meet with a staff member to help you plan for leaving the hospital.

Will I be asleep for the surgery and how long does the surgery last?

The complete surgery usually lasts 4 hours, with some of this time being used to get you ready for surgery.

How much pain will I have after surgery?

Your comfort is very important to our staff. We will be asking you to “rate” your pain. The scale will be 0 to 10, with 0 being no pain, and 10 being the worst pain possible. This rating will give the staff an idea of how you feel and how to treat your pain.

Common side effects of pain drugs:

There are side effects to taking drugs to help with your pain.

- Constipation
- Blood pressure changes
- Nausea/vomiting
- Itching
- Fatigue
- Dry mouth
- Rash/hives



How can I get better after hip surgery while in the hospital?

Let the staff help you the first day or two after surgery. You can help by:

- Drinking plenty of fluids.
- Doing ankle pumps and deep breathing often while awake.
- Being active in your therapy program.

HIP FRACTURE CARE

Frequently Asked Questions

How long is the scar and where will it be?

The length of the scar will vary depending on the type of surgery. Please talk with your surgeon.

What equipment will I need?

You will need a wheelchair, walker, crutches, or cane for a few weeks as ordered by your surgeon. Other equipment you may need includes:

- Raised toilet seat
- Tub bench
- Shower chair
- Three-in-one bedside commode
- Grab bar
- Elastic shoe laces

Your care team will help you decide which items you need before you return home. We will train you on how to use any of these items for your safety and comfort. A Case Manager will help you to obtain needed items for discharge.

When will therapy begin?

Therapy will begin while you are in the hospital and will continue as ordered by your surgeon after you are sent home.

When can I return to normal activities?

This will depend on what your surgeon determines for each situation and your progress.

- **Driving** - Your surgeon will decide when you can drive. It will depend on which leg the surgery was performed and if your car is manual or automatic. If you are still taking pain drugs it may affect your driving.
- **Work** - Your surgeon will decide when you can return to work. It will depend on the kind of job you have and your progress. Your surgeon will decide when you can return to any activities.



HIP FRACTURE CARE

Frequently Asked Questions

After my surgery, how often will I need to visit my surgeon?

Your surgeon will schedule follow-up office visits with you. How well you do will determine how often you will need to see your surgeon. You may have a doctor visit if you are on a blood thinner after surgery to check your blood.

Is there anything that I cannot do after my surgery?

There may be some movements you cannot do after surgery. Your surgeon and therapy staff will talk with you about these movements.

Will I notice anything different about my hip?

Many people say they feel numb around the area of their scar. Please talk with your surgeon to see which changes are expected and which need more attention.

Can I have an MRI (Magnetic Resonance Imaging) after my surgery?

Yes, please let the people who are going to perform the MRI know that you have had hip surgery.



HIP FRACTURE CARE

Surgery Process

What to Expect During Your Hospital Stay

Day of Admission

A hip fracture is an unplanned event. You will most likely be admitted to the hospital from the Emergency Department. Once you have been admitted to the hospital, you can expect several things to happen.

- The main goal before surgery is to prepare you for surgery and keep you as comfortable as possible.
- Your surgeon may order traction before your surgery. This is a boot around the foot of your injured leg connected to a weight at the end of your bed. It will help to reduce pain and muscle spasms.
- A doctor will see you and complete an assessment before surgery is scheduled.
- You will be asked for an up to date list of drugs you are taking.
- You will be asked if you have any drug allergies (especially to antibiotics).
- You will be asked if you have diabetes or high blood sugar.

Before Surgery

Before surgery can be scheduled, a doctor will need to decide whether you should have surgery. To make this decision, the doctor may need:

- Physical and cardiac exams including some tests.
- Anesthesia approval
- Lab work
- Review of current drugs (use of some drugs may delay your surgery)



HIP FRACTURE CARE

Surgery Process

What to Expect During Your Hospital Stay Continued

The Day of Surgery

- An IV will be started and the nurse will make sure that all of your paperwork is in order.
- Any necessary lab work will be completed and reviewed by your doctor and nurses.
- Your surgery nurse will ask many questions you may have been asked before. This is for your safety to make sure all the information is correct.
- The doctor who will put you to sleep, anesthesiologist, will meet with you to ask you questions and to make sure you have not had anything to eat or drink.
- The surgeon will verify the site of your surgery and mark the correct site with a skin marker before your surgery.
- A person taking you to the surgery room will allow time for hugs and kisses from your family. Your family wait in the waiting room during your surgery. There are drinks and a TV for them while they wait.

The Operating Room

While lying on your bed, you will be taken through some doors and down a hall to your operating (surgery) room. You will notice that everyone in the operating room will be wearing scrubs, masks, caps and gowns.

- You will be asked your full name, birthdate and the kind of surgery you are having several times. This is for your safety.
- You will be asked to move onto another bed and will be helped as needed. If the operating room feels cold, warm blankets will be given to you.
- There will be several staff in the room. They will use a heart monitor, blood pressure cuff and other equipment in surgery to watch how you are doing.



HIP FRACTURE CARE

Surgery Process

What to Expect During Your Hospital Stay Continued

Anesthesia in the Operating Room

- The doctor putting you to sleep may perform a nerve block to lessen your pain after surgery.
- During surgery the surgical team will keep a close eye on how you are doing during surgery.

Recovery After Surgery

- You will be awakened by the doctor who put you to sleep when your surgery is over. You will then be taken to a recovery room. You may not remember this.
- While you are in recovery your surgeon will talk to your family and let them know your surgery is complete.
- In recovery a nurse will watch your vital signs closely.
- If you have a hip replacement, a hip pillow may be placed between your legs to keep your legs in proper position.
- You should begin performing ankle pump exercises as soon as you wake up.
- You will be moved to your hospital room after your stay in recovery (about 1 hour) where your family and friends can join you.
- The nursing staff will check your vital signs and help you change positions while you are in bed during the day and at night.
- Therapy will begin soon after surgery depending on the doctor's orders.
- Your Case Manager will begin your plan for going home.



HIP FRACTURE CARE

Surgery Process

What to Expect During Your Hospital Stay

You May Have the Following After Surgery

- Frequent checks of your blood pressure, pulse, breathing, pain and condition.
- A tube into your bladder.
- An IV in your arm.
- A drain in your surgery site.
- Air pump on one or both legs to reduce the risk of blood clots.
- A cold pack on the surgical hip.
- Confusion due to drugs given during surgery may occur and last for several days.

You should:

- Use a trapeze bar to assist with changing positions.
- Deep breathe and cough every two hours.
- Use a breathing device as instructed to prevent pneumonia.
- Do not try to get out of bed without help.
- Call for the nurse when you have pain. Do not wait. Pain drugs will be given based on your need and the doctor's orders. You may have a machine with a button you push to give IV pain drugs.
- Notify the nurse if you are sick on your stomach.



HIP FRACTURE CARE

Hospital Stay *After Surgery*

This section will help you know what will happen each day while you are in the hospital.

Equipment in Your Room

IV

Needle placed into your vein where fluids and drugs are given.

Hemovac

Tube placed at the incision area to drain and collect extra fluid.

PCA Pump

A machine where you can push a button to give yourself pain drugs when needed.

Abduction Pillow

Will help you keep your legs in the right position and remind you to not cross your legs.

Compression Stocking

Special stockings that provide pressure on your legs to decrease the risk of blood clots.

Compression Pump

A pump that uses air to give more pressure on your legs to reduce the risk of blood clots.



Trapeze Bar

An overhead bar you will use to move yourself in bed.

Incentive Spirometer

A breathing device to help your lungs.

HIP FRACTURE CARE

Hospital Stay

First Day After Surgery

Lab Tests

- Early morning lab tests will be done to check your blood.

Activity

- Physical Therapy will teach you how to begin moving again now that your hip fracture is repaired.
- Occupational Therapy will teach you how to use equipment to help you dress and bathe.
- Staff will help you get up to a chair at bedside once or twice a day with help.
- Staff will help you decide on equipment and home safety needs.
- Pain drugs will be given based upon your needs and doctor's orders.
- Continue to turn, cough and deep breathe. Use breathing device as directed while awake.

Second Day After Surgery

- Pain drugs will be given based upon your needs and doctor's orders.

Lab tests

- Early morning lab tests will be done to check your blood.



Activity

- The doctor may take out the drain if you have one and the old dressing will be changed to a clean dressing.
- A Case Manager will meet with you to discuss your discharge plan.
- Physical and Occupational Therapy will continue to work with you.

HIP FRACTURE CARE

- You will sit up in the chair for longer times.

Hospital Stay

Second Day After Surgery Continued

You should:

- Continue to cough and deep breathe.
- Use the breathing device as instructed while awake.
- Get up to go to the bathroom or bedside commode with help.

Third Day After Surgery and Beyond

- Lab work will be completed as ordered by your doctor while you are taking drugs.
- You will continue to progress with your activities as needed to prepare you to leave the hospital.
- Often patients will continue care and therapy at a skilled nursing facility for 2-4 weeks after leaving the hospital.



HIP FRACTURE CARE

Post Hospital Stay

Preparing to Leave the Hospital

All patients at Randolph Hospital have a staff member called a *Case Manager* to help assure patients have what they need at home for their care after they leave the hospital. We will begin this plan when you are admitted for surgery. Many times discharge needs may change while you are here after surgery. Your Case Manager will work with your doctor to decide the safest plan for your discharge. This plan will be discussed with you and your family before final plans are made. Your choices for these plans may depend on the type of insurance you have. Your Case Manager will know those options. Please choose a family member or friend to be the main person to work with the Case Manager on these plans. Surgery for broken hips often requires some help after leaving the hospital. On the day you go home, the time between your doctor's decision and when you leave can be quite lengthy. You will need to prepare for *at least one* of these services at discharge. Below are some of the things you will need to know.

Outpatient Physical Therapy

Outpatient physical therapy will be needed for all patients that return home **without** home health services. This type of care is more challenging, offers a lot of different treatment options, and is set up to speed your return to work and your normal daily life. You should decide who will be staying with you if you live alone, or where you might be staying while you are healing. ***You must have a ride to and from the outpatient facility.***

Home Health Care

If travel to outpatient therapy seems to be less safe at discharge, you may need visits to your home to provide care such as physical and occupational therapy and nursing care. Your Case Manager will supply you with a list of home health agencies in your area. Your insurance and the type of services provided by the home health agency may play a part in which agency comes to your home.



HIP FRACTURE CARE

Post Hospital Stay

Preparing to Leave the Hospital Continued

Your Case Manager will give you this information so that you can make an informed choice. The Case Manager will then contact the agency to let them know when you are being discharged. The home health staff will call you the day **after** you go home and set up a time to visit you **on that same day**. They will let you know the number of times per week they will come until you can safely go to outpatient therapy if this is needed. Home Health services will not take the place of another person being in your home. If you live alone, you will need to decide where you will go when you leave the hospital or who can plan to stay with you.

Skilled Nursing Facility

For some patients, a skilled nursing facility may be the best and safest choice for a period of time. This option is based on what your Doctor and Physical Therapist and Case Manager recommend.

- At the facility you will receive physical therapy to help return you to caring for yourself and occupational therapy if needed, based on how you are recovering. If this plan is decided, your Case Manager will look for a facility and let you and your family know what choices you have. Some insurance requires certain facilities. It is important that you understand your insurance so that you can be prepared to leave Randolph Hospital. The facility that you and your family would prefer is always important. All attempts will be made for your first choice but, this may not be possible if the facility does not have a bed for you. Facilities welcome your family to tour their property before choosing a skilled nursing facility. This helps you better understand your choices and be prepared if your first choice isn't available. Once bed offers are given to you and your family and a choice has been made, the Case Manager will let the facility know and prepare you for move the to the facility.



HIP FRACTURE CARE

Post Hospital Stay

Preparing to Leave the Hospital Continued

- Someone at the facility will present all financial arrangements to you or a family member. In most cases, a family member will need to go to the facility before you leave the hospital and complete necessary paper work.
- The length of time you stay at a facility will be based on your progress and on your insurance benefits. Once you meet your goals in the facility's rehab program, you will work with your orthopedic surgeon to determine the next step. Home health and outpatient therapy will be options or an assisted living facility may be a good choice for you.

Follow Up Appointment with Your Doctor

- Will be about 2-4 weeks after surgery.
- The surgeon will review your precautions and decide how much weight you can put on your surgery leg.
- An exam for motion and x-rays will be taken and reviewed.
- It will be decided if more therapy is needed.

You will have several changes that occur to your body. You may see some bruising on your legs, sore muscles and/or trouble sleeping at night. Some patients have a metallic taste in their mouths after surgery and have less of an appetite because foods do not taste the same. You should drink lots of fluids. If you have constipation you may have to take stool softeners or laxatives. You should take rest breaks during the day.

General Information

Pain Management

You will want to take your pain drugs as scheduled. Try to take your pain drugs 30 minutes before your therapy appointment.



Post Hospital Stay

General Information Continued

Blood Clots

After surgery for a hip fracture, it is possible to develop a blood clot in the veins of the leg. Because of the surgery and decreased walking, your blood may move slower through your lower veins. A blood clot can break off and cause a blockage in the lungs. There are many ways to help reduce the risk of this by getting you moving as soon as possible.

After surgery you may be taking a blood thinner drug to help keep you from getting blood clots. You may have blood work done once or twice a week to see if the amount of blood thinner you are taking needs to be changed. Foot and ankle pumps and other exercise help keep from getting blood clots also.

Signs of a blood clot may include:

- More swelling in the leg that does not go down when you prop your foot up.
- Tenderness and pain in your calf.
- Check both legs since blood clots can occur in either leg.

You Should Call 9-1-1 As Soon As Possible if You Have Any of the Signs Below

- Sudden pain in your chest.
- Becomes hard to breathe or you are breathing too fast.
- Shortness of breath.
- Confusion.
- Increased sweating.



HIP FRACTURE CARE

Post Hospital Stay *General Information Continued*

What is Lovenox?

Lovenox is a drug used to prevent blood clots in your veins and is often used following surgery. It is given as a shot into the “fat” in your belly with a very small needle. A small amount of bruising around the area the shot was given is normal. But, because Lovenox thins your blood, you should report any bleeding to your doctor right away. You should not use Lovenox if you are allergic to pork or heparin.

What is Coumadin/Warfarin?

Coumadin/Warfarin is a drug that is called a blood thinner. It will:

- Keep your blood from making clots.
- Help your blood flow easily.

How to take Coumadin/Warfarin

You must take your pills as ordered. Your doctor will decide how much to take based on blood tests. **If you miss a dose, take it as soon as you remember.** If you realize you have missed a dose and can take it on the same day go ahead. If you have missed an entire day call your doctor. Your doctor’s office will call you with your blood test results once or twice a week and change your Coumadin/Warfarin dose as needed.

When taking this drug you should:

- Have blood tests as ordered.
- Never skip a dose.
- Never take a double dose.
- Take in the evening at the same time as ordered by your doctor.
- Take with food.
- Be aware that some food and other drugs may react with the blood thinner.



Post Hospital Stay

General Information Continued

Possible Side Effects of Coumadin/Warfarin

Side effects with Coumadin/Warfarin are not common because your doctor will keep your blood thinner in a range that is right for you. You may notice a little bleeding even when your blood tests are within normal ranges.

Slight Bleeding

You may notice from time to time:

- Gum bleeding while brushing teeth.
- Occasional nose bleeds.
- Easy bruising.
- Bleeding after a small cut that stops within a few minutes.

Major Bleeding

Call your doctor or go to the emergency department if you have any of the following:

- Red, dark or coffee colored urine.
- Bowel movements that are red or look like tar.
- Too much bleeding from the gums or nose.
- Coffee colored or red throw up.
- Severe pain in the head or stomach.
- Sudden bruising for no reason.
 - A cut that will not stop bleeding in 10 minutes.
 - A bad fall or hitting your head.



HIP FRACTURE CARE

Post Hospital Stay *General Information Continued*

Foods and Your Blood Thinner

The foods you eat can affect how well your blood thinner works for you. Foods with a lot of Vitamin K can work against some blood thinners, like Coumadin/Warfarin.

To keep this from happening, try to keep the amount of high Vitamin K foods that you eat the same all week. Choose the foods with Vitamin K that suit you and stay with them. **You do not have to stop eating these foods!**

Eat no more than one serving of these foods each day. You may eat 1-3 servings a week. Keep your intake steady. A serving is about 1/2 cup cooked or 1 cup raw. Your doctor will tell you how much blood thinner to take based on how much Vitamin K food you eat. Do not make big changes in your diet without talking to your doctor. Let your doctor know if you take vitamins, herbal supplements, or drink alcohol.

Foods High in Vitamin K

- Broccoli
- Brussels Sprouts
- Cabbage
- Collard Greens
- Endive
- Kale
- Leafy Green Lettuce
- Spinach
- Turnip Greens

When to Call Your Doctor

- Fever above 100.5 degrees.
- Pain in your calf muscle, NOT relieved by drugs.
- More redness at the surgery site or any drainage from your surgery site.
- Chest pain.
- Hard to breathe or shortness of breath.
- Blood in your urine.
- Sudden severe pain or limited motion in your joint.



HIP FRACTURE CARE

Post Hospital Stay

General Information Continued

Showering

- Your surgeon will let you know when you can take a shower or tub bath.
- Use a mild soap and rinse well.
- Use a clean towel on your surgery site and pat dry.

Drugs

- Take your drugs as ordered by your doctor.

Activity

- It is important to increase your activity as ordered by your surgeon and/or therapy staff.
- Use equipment and continue protected weight bearing on surgery leg.
- Do your exercises as shown by therapy staff.

Other Reminders

- Let your dentist and other doctors know if you have had hip surgery because you may need antibiotics before dental work or other surgical procedures, including colonoscopy.

Preparing Your Home for Your Return



Here are just a few things to remember to ensure your safety when you return home.

- Someone will be needed at home to help you for the next two weeks or until your energy level and mobility has improved.

HIP FRACTURE CARE

Post Hospital Stay

Preparing Your Home for Your Return Continued

- Have family/friend take a good look around your home. If you have steps inside or out, a handrail will make getting up and down them much safer. Grab bars placed in the bathroom can make showering and self care much easier. If you need a wheelchair, a minimum of 27-30 inches would be needed for it to fit through a doorway.
- Have family/friend make sure you have a clear path for a walker, crutches or a wheelchair. This will include moving furniture and clearing the area of throw rugs, cords and toys.
- Have family/friend place night-lights from your bed to the bathroom.
- Have family/friend make sure that you have a chair that is 18-19 inches off of the floor. It should have a firm seat cushion and sturdy arm rests.
- Have prepared meals in your freezer that can easily be reheated.
- Have family/friend have your laundry washed and put away. Be sure to have good walking shoes and shorts or pants that allow for plenty of movement and access to the surgical site.

- If you have a two story home, set up a temporary bedroom downstairs while you are getting well.
- Have someone care for your pets while you are getting well. Be aware that small pets may run under your feet and could cause you to fall.
- A walker bag, an apron with pockets or a fanny pack will allow you to keep small items such as a portable phone with you at all times.
- Make sure regularly used items are easy to reach.

Safety at Home

You will need to make some changes to your daily routine once you return home after your surgery. You may need to change the way you clean your home and do other tasks of daily living. Page 21 lists some changes that you may need to make. For any items not listed, please contact your surgeon or therapist to ask specific questions.



HIP FRACTURE CARE

Post Hospital Stay

Preparing Your Home for Your Return Continued

- Stop and think before you do something that could hurt you.
- Do not get down on your hands and knees to clean your floors.
- Bathe/shower only if someone is in the house to help you.
- Do not try to lift heavy objects for the first few months. Your surgeon will let you know when you can do more activities.
- Continue the exercise program that you began with therapy.
- Talk to your surgeon before starting any high impact activity.

Hip Precautions

There are specific things that you should not do after surgery. The surgeon will let you know what these are based on your type of surgery. **These hip precautions apply only if your repair involves a partial or total hip replacement (not a hip pinning).** Your hip is at risk for going out of joint after surgery. For the safety of your new hip the first 3 months after surgery:

- **DO** use a pillow or two between your legs when sleeping. This will keep your surgery hip in a good position.
- **DO NOT** cross your legs.
- **DO NOT** bend your surgery hip more than 90 degrees.
- **DO NOT** turn your surgery leg inward, or allow knees to touch.
- **DO NOT** pivot or twist on the operated leg.
- **DO NOT** reach forward to the floor from a sitting position.
- **DO NOT** sit on low chairs or low toilets. It is important that you sit with your hips even with or higher than your knees.
- Use an elevated commode seat or bedside commode.
- **DO NOT** do any of the following activities until cleared by your surgeon:
 - Return to work
 - Drive a car
 - Have sex
 - Take a tub bath
 - Play any sports





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