

FRACTURED NECK OF FEMUR

Hemiarthroplasty

Your Patient Information Booklet

Name:.....

Consultant's Name:.....

Introduction

You have been admitted to Barnsley Hospital because you have broken (fractured) the upper end of your thigh bone (femur). This booklet aims to help you understand the care and treatment options for hip fractures available at Barnsley Hospital. Treatment is always planned on an individual basis, so there may be variance in some detail. We hope that you will share this information with your family and / or carers.

We are here to support you during your stay. Please do not hesitate to ask for help and advice at any time.

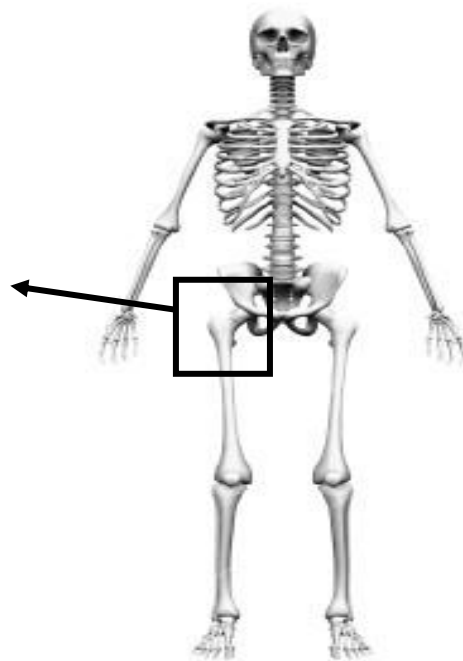
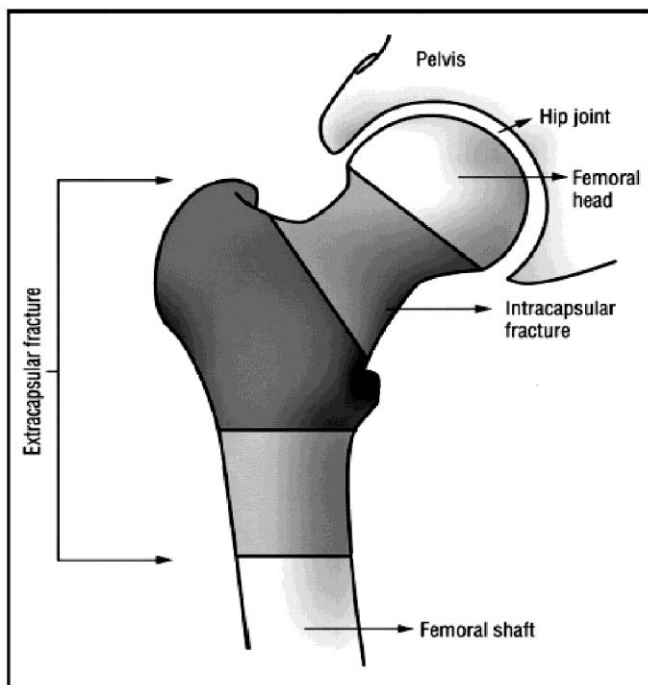
Information in this booklet includes:

- Information about your fracture and treatment options.
- What will happen before surgery.
- Surgical procedures.
- What will happen following your surgery.
- Healthcare professionals involved in your care.
- Your recovery following surgery (including Physiotherapy and Occupational Therapy).
- Exercises to speed your recovery.
- Rehabilitation options.
- How to avoid further falls.
- Useful contact numbers.

What is a hip fracture?

A fractured hip (fractured neck of femur) is a break at the top of your thigh bone. Your fracture will be classified as either intra-capsular or extra-capsular dependant upon its location. The site of your fracture, your health and your pre-injury mobility levels will determine your treatment.

Very occasionally a hip fracture can be conservatively managed (without surgery). However the majority of hip fractures require an operation. The type of fixation used to surgically repair or replace your hip will be decided by your Orthopaedic Consultant. The aim of the surgery is to get you back on your feet and home safely as soon as possible.



What will happen before surgery?

Before being admitted onto the Orthopaedic Ward you will have been diagnosed with a hip fracture. In Accident and Emergency you will already have had X-rays, blood tests, an ECG (tracing of your heart) and a cannula placed in your arm (to enable you to receive fluids and or medication). You will also have been given pain relief.

On arrival on the Orthopaedic Ward we will start planning for your surgery. This may involve further investigations and treatment to ensure that you are well enough for surgery. You will normally have received your surgery within 36 hours of admission unless you are too unwell.



You will remain on bed rest and nil by mouth for a period before your surgery. It is important that you have good pain relief to allow you to move around in bed comfortably and for nursing care. **If you feel that you need more pain relief please discuss this with the Nursing staff or Doctors as soon as possible.**

One of your Orthopaedic Doctors will explain to you (and your family if you wish) about your surgery and the possible risks involved. Possible complications include infection, bleeding, swelling, dislocation, failure of wound healing, Deep Vein Thrombosis (DVT) / Pulmonary Embolism, chest infection, confusion and constipation. You will have opportunity to discuss all of these with your doctor before signing the consent form for surgery.

You will also be seen by an Anaesthetist. They will establish that you are well enough for surgery and discuss your anaesthetic. The options are usually a General anaesthetic (asleep) or a Spinal anaesthetic (injection into the back, you will be awake but sedated).

On the day of your surgery a porter and theatre nurse will take you down to theatre on your bed. You will then be transferred onto a trolley and taken into the anaesthetic room, where you will be given your anaesthetic.

What can you do in the lead up to your surgery?

During the lead up to your operation there are a few simple exercises you can do to reduce the risk of getting a chest infection or blood clots in your calf. These exercises should be done regularly through the day, hourly if you can manage it or as prescribed by your Physiotherapist.

Breathing exercises



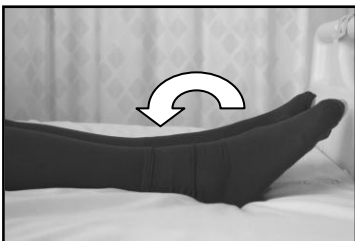
Sitting up as tall as you are able in bed. Place both hands on your lower abdomen and take a long, slow, deep breath in through your nose. Feel your hands move as you do this. Next breathe out slowly through your mouth. Repeat 3 times and follow it with a strong cough.

Arm exercises



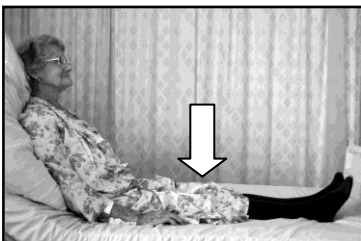
Sitting up as tall as you can in bed, imagine that you are reaching for a jar on a high shelf at home or pegging out your washing. Reach both of your arms up as high as you can, opening your hands and straightening your elbows at the same time. Then close your fingers into a tight fist and slowly lower your arms back to your side. Repeat this 5-10 times.

Leg exercises



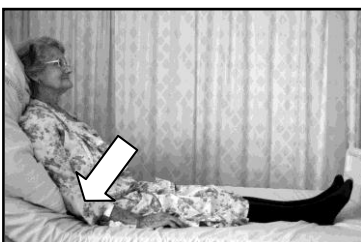
Foot and ankle exercises

Pull your foot and toes up towards you and then point them away as far as you can. Repeat 10 times.



Knee press

Press the back of your knee firmly down onto the bed by gently tightening your thigh muscles. Hold for 10 seconds, then relax for 10 seconds. Repeat 10 times.



Bottom squeeze

Either lying on your back or sitting upright with your legs straight, squeeze your buttocks together. Hold for 10 seconds and then relax for 10 seconds. Repeat 10 times.

Surgical Procedures

Hemiarthroplasty



The broken part of your hip joint is replaced (half hip replacement). The ball and neck section of your femur is removed and replaced with a metal ball and stem which fits into the top of your thigh bone. This prosthesis is generally used for intracapsular fractures.

Total Hip Replacement

If you were very active and independently mobile outside, without walking aids before your fall, then you may be considered for a Total Hip Replacement. In this surgery the ball and neck of your femur, and the cup (acetabulum) of your pelvis are replaced.

Precautions following your hip surgery

Because of the type of surgery that you have had there is a risk that **you could dislocate your hip**. There are a few simple precautions that you can take in order to minimise this risk;

- **Do not bend over to pick an object up from the floor.**
- **Do not bring your knee higher than your hip.**
- **Do not cross your legs.**
- **Do not twist on your feet.**
- **Do not lie on your operated hip for 6 weeks.**

Following your operation

After your surgery you will be taken to recovery, where your observations will be monitored for a short period of time. We want to ensure you are comfortable before you are transferred to an Orthopaedic Ward (33 or 34).

What you can expect on return to the ward;

- Your **clinical observations** will be checked frequently by the Nursing staff. These are your pulse, blood pressure, temperature and hip wound.
- You will have **oxygen therapy** either via a face mask or two little plastic tubes placed under your nose (nasal cannula).
- You will have a **cannula** in your arm to which you will have a **drip connected**. This is to give you fluid and 3 doses of antibiotics during the post operation recovery period. This is given to reduce the risk of wound infection.
- You may have a **catheter** in place (a tube that goes into your bladder). This is so that nursing staff and doctors can accurately measure your urine output.
- You will be able to **eat and drink** once you are awake and alert. It is advisable to initially sip water, then a hot drink and then light diet if you tolerate the fluids.
- You will have a **dressing** over the wound on your hip.
- Pain is normal following your surgery, you will be given regular **painkillers** to help control it. However **if you are still feeling significant pain, please talk to your Nurse or a Doctor about different pain relief.**



Things you will need on the ward;

Please ask your friends or relatives to bring in the following items for you to use on the ward

- Your regular medication
- Toiletries
- Nightwear
- Supportive slippers or shoes and comfortable day clothes
- Glasses / hearing aid (if you use them)
- Magazines, photographs, puzzles and other things to fill your time



Health Professionals involved in your care

We work as a team to look after you throughout your recovery. Our team includes;

Doctors

- You will be admitted under the care of an **Orthopaedic Consultant** who will perform your surgery. You will be seen daily on the ward by one of his/her team of doctors.
- You will also be seen regularly by one of our **Orthogeriatricians** and **Advanced Nurse Practitioners**. They specialise in treating patients who have had a fragility fracture. They will investigate the cause of your fall and whether you need any treatment for osteoporosis.



Nursing staff

Will care for you on a day to day basis. They help with personal care, administer drugs, look after your wound and ensure that you are comfortable throughout your stay on the ward.

Physiotherapists

Will help you to regain your mobility by working on your strength, balance, endurance and confidence.

Occupational Therapists

Will ensure that you can manage daily tasks when you are discharged from hospital. They will ask you questions about your home, assess your ability to do activities such as getting in and out of bed, on and off the toilet and getting dressed. They will then provide any equipment that you may require.

Other Ward Staff

You may also have contact with Pharmacists, Dieticians and Speech and Language Therapists whilst on the ward.

Your recovery following surgery

A hip fracture is often a life changing event. Although some patients return to their previous levels of mobility and ability, many do not. Your recovery from your surgery is a very personal experience. Some people need more time than others. **The most important person in your recovery is YOU!**



You may find it helpful to set small goals and gradually increase how much you do each day, in this way you will return to your usual ability quicker. You will be encouraged to undertake normal tasks such as washing and dressing every morning, and putting on your everyday clothes. The Nursing staff, Occupational therapists and Physiotherapist will help you with this on the ward.

In the first few days following your surgery you will have further blood tests, your oxygen therapy will be stopped (if the Doctors are happy) and your catheter will be removed if indicated. We will continue to give you pain relief, and you will receive a daily injection into your tummy to keep your blood slightly thinner to prevent blood clots from forming. You will also have stockings applied to your lower legs to aid with blood flow. **We recommend that you continue with the exercises on page 4 to further reduce your risk of blood clot.**

It is normal for your hip to be painful in these early days. Make sure that you are taking your pain relief regularly to enable you to take part in therapy. Occasionally these tablets may cause constipation, if you feel that you need some medication to assist with having a bowel movement please speak with the Nurse or Doctor.

In the majority of cases you will be assisted out of bed the day after your operation either by the Nursing staff or the Physiotherapists. Early mobilisation and rehabilitation has been shown to speed recovery and reduce complications following hip surgery. Your Physiotherapist will teach you the exercises on pages 10-13 to strengthen your hip and if indicated you will mobilise a few steps with a walking aid. Your Occupational Therapist will also introduce themselves and start their assessment.



How will Occupational Therapy help your recovery?

Occupational Therapy plays a vital role in making sure that you are safe and can manage when you are discharged. We will assess things like getting washed and dressed and other everyday tasks. We will discuss a number of things with you such as;



- Your home situation (whether you live in a house or a bungalow), whether there is anybody that lives with you and how you normally manage everyday tasks.
- Plans for support on discharge, whether your family will be able to help or whether we need to arrange some help.
- We will check how you are managing activities such as getting on and off the bed, on and off the toilet, washing and dressing, and maybe even basic kitchen tasks.
- We will help to arrange any equipment that you might need for home. **We will work closely with you, your family and your support team (or Social Worker) to plan your safe discharge.**

Helpful tip!

When walking with your zimmer frame, the correct sequence is to push the frame forwards first, then step with your operated leg followed by your non operated leg. Think about lengthening up through your spine, looking ahead and standing tall and strong on each leg.



Physiotherapy exercises to aid your recovery

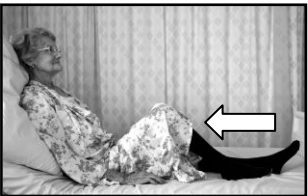
These exercises are important to improve your strength and balance, this will have a big impact upon your ability to walk. Your Physiotherapist will teach you these exercises and you are encouraged to do them regularly, three times per day if you can. This should continue when you are discharged from the ward.

Bed exercises (to be completed in addition to those on page 4)



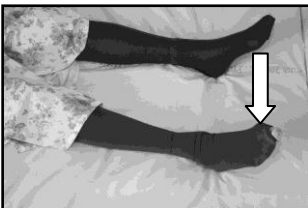
Heel slide

Lying on your back or sitting up, ensure you are lined up in the middle (can you feel your shoulder blades and pelvis resting evenly on the bed?). Place your hands on your tummy and feel your slow, relaxed breathing. Slowly glide your heel towards your bottom by bending at your hip and your knee. **(remember not to bend your hip more than 90°)**. Then relax and allow your heel to glide away from your bottom, gently pressing out towards the bottom of the bed with your heel as you do this. Repeat this 5-10 times with each leg.



Hip abduction

Lying on your back or sitting up, ensure you are lined up in the middle (can you feel your shoulder blades and pelvis resting evenly on the bed?). Place your hands on your tummy and feel your slow, relaxed breathing. Slowly glide your heel and leg out to the side and then return to your starting position. Repeat this 5-10 times with each leg.



Chair exercises

All of these exercises should be performed sitting on your chair with your back unsupported. Grow tall by lengthening through your spine. Make sure you are weight-bearing through both of your sitting bones evenly.



Neck exercises

Place your hands on your tummy and feel your slow, relaxed breathing. Slowly turn your head to look over your left shoulder and then your right shoulder. Repeat 5 times in each direction.



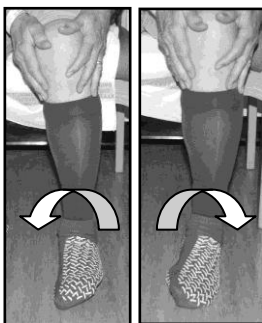
Thoracic exercises

Place your hands on your thighs. Keep your head facing forwards. Slide one hand forwards whilst sliding the other back towards you. Allow your shoulders to turn fully into the movement, and your rib cage to rotate. Repeat 5 times in each direction.



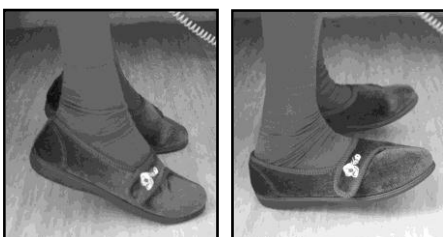
Arm reach

Imagine that you are reaching for a jar on a high shelf at home or pegging out your washing. Reach your arm up as high as you can, opening your hand and straightening your elbow at the same time. Feel the stretch through your side. Then close your fingers into a tight fist and slowly lower your arm back to your side. Repeat this 3 times on each arm and then 3 times with both arms at the same time.



Listening foot

Imagine that you have a large sponge under your foot. First using the outside and then the inside of your foot imagine that you are squashing water out of it. Your knee should remain still. With your hands just below your knee, you will feel your lower leg rotate first one way and then the other. Repeat 5-10 times on each foot.



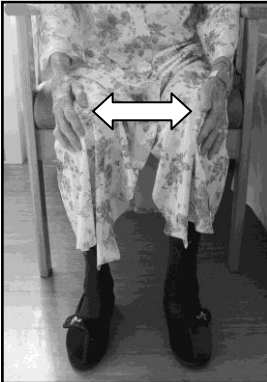
Ankle exercises

Tap your toes 10 times on both feet at the same time and then do the same with your heels. If this feels easy then reach your arms up into the air at the same time!



Knee strengthening

Place your hands on your tummy and feel your slow, relaxed breathing. Lift your foot slightly off the floor and then straighten your knee. As you straighten your knee concentrate upon lengthening your leg as much as possible by pressing out through your heel. Ensure that you remain lengthened up through your spine throughout. Keeping your breathing relaxed, return your foot to the floor and then bend it back as far as you can. Repeat 5-10 times on each leg.



Hip strengthening

Place your hand on the outside of your knee. Keeping your foot relaxed on the floor, push out with the side of your knee against your hand. Use your hand to make sure there is no movement. Pay attention to your breathing – are you holding your breath? If you are then concentrate on slow relaxed breathing as you repeat this 5-10 times on each leg!

Standing exercises

We recommend that you are supervised whenever you do these exercises. They should be performed holding onto something such as your zimmer frame or the edge of the kitchen sink.



Sit to stand

Sit on the edge of your chair, with your hands on the armrests. Keeping your breathing relaxed, lean forwards and press down through your hands and your feet in order to stand up. Whilst doing this imagine there is a piece of string pulling you upwards and forwards until you are stood up tall. Then, reach back for the arms of the chair, allow your knees and hips to bend and slowly lower yourself back into the chair.

Repeat 5 times.



Tip toes

Stood, holding onto to your frame or the kitchen sink. Float straight up onto your tip toes and then gently lower yourself back down. Monitor yourself, if you can feel that you are rocking forwards and backwards whilst doing this, can you correct it so that you are going straight up and down instead? Repeat 5-10 times.

Mini squat

Stood, holding onto to your frame or the kitchen sink. Allow your knees to bend slightly. Then press down through your feet to firmly straighten your knees and stand tall again. Are you standing evenly on both of your feet? If you aren't sure, do this in front of the mirror, check that you are stood in the middle and then concentrate on bending both of your knees at the same time. Repeat 5-10 times.

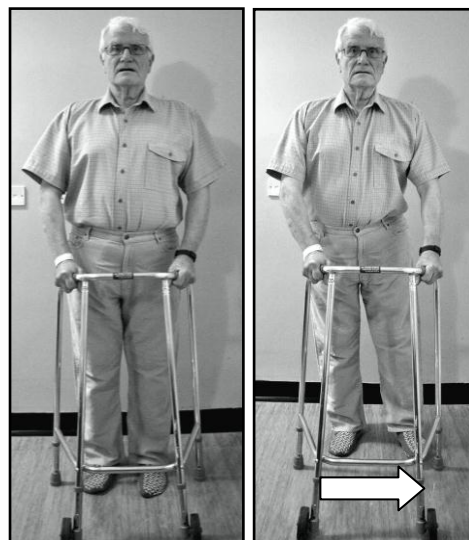


Hip extension

Holding onto to your frame or the kitchen sink, stand on your **good leg**. Lengthen through your spine, keeping your back strong and not leaning forwards, take your operated leg behind you (not too far, approximately a foot length). Feel your bottom muscle tense up. Then take your foot back to the start position. Repeat 5-10 times.

Hip abduction

Holding onto to your frame or the kitchen sink, stand on your **good leg**. Lengthen through your spine, keeping your back strong and not leaning sideways, take your operated leg out sideways (not too far, approximately a foot length). Then take your foot back to the start position. Repeat 5-10 times.



Rehabilitation options

Everybody recovers from their hip surgery at a different rate, however for most people it can take weeks or months to return to normal activities. We start planning your discharge as early as possible to ensure the best plan is in place for you when you become well enough. We aim to get you home or to rehabilitation as soon as we can and have a number of ways of achieving this.

Intermediate Care Rehabilitation

Some people require a period of inpatient rehabilitation prior to going home. This may be the most suitable option for you if you are needing help to mobilise, for example if you are unable to get up out of a chair without assistance. This rehabilitation will occur in one of the bedded units in the Barnsley area and involves ongoing Therapy with the aim of you returning home safely.

Hospital at Home

Your mobility may be good enough for you to receive your rehabilitation at home. In which case we would support you to go home and receive your therapy from the service called Hospital at Home. Your therapy will be delivered by an Interdisciplinary team of therapists, nurses and support workers (dependant upon your needs) with the aim of you regaining your independence and ability to do normal activities.

Home Assessment Rehabilitation Team (HARTS)

For patients that are mobile enough to go home, this is an Enablement service provided by Social Services. This is not a therapy led service. Enablers will work with you to regain your independence with activities of daily living.

Community Physiotherapy

If you have regained the majority of your mobility and independence then you may be discharged home and receive Community Physiotherapy. They will assess how frequently you may need therapy (often once a week or once a fortnight). Their aims will be to progress your mobility and to check the exercises that you are doing (making them harder when necessary!).

On Discharge

- **Pace yourself.** Take your time when mobilising and have regular rest periods every day.
- Set yourself **small achievable goals** every day.
- It is normal to have good days and bad days.
- **Pain is normal** following your operation and may last for several weeks. A moderate ache with activity which settles quickly is acceptable. However if you have severe pain which takes hours to settle then you have done too much. **If you experience sharp pain then stop the activity immediately.**
- An increased ache in your hip area normally means that you have increased your level of activity.
- **Swelling is normal** following your surgery and may last for a few months. To alleviate this problem you should have regular rest periods on your bed whilst performing your ankle pumping exercises.
- **If your leg suddenly becomes hot, red, swollen and increasingly painful, seek advice from your GP.**

Remember your hip precautions!

- **Do not bend over to pick an object up from the floor.**
- **Do not bring your knee higher than your hip.**
- **Do not cross your legs.**
- **Do not twist on your feet.**
- **Do not lie on your operated hip for 6 weeks.**

Things that you can do to reduce your risk of falling;

Do your exercises regularly!

To help improve your strength and balance



Use your walking aid!

(as you have been taught to)



Take the right medication at the right time of day, as instructed by your Doctor or Pharmacist. This includes your pain medication.



Take your time when rising from a chair.



Drink plenty of fluids and **eat regularly.**



Make sure that you are wearing your **glasses and hearing aid.**

Get your eyes and ears tested regularly

If you develop any new dizziness see your GP



Make your home safe

by reducing clutter, removing or securing rugs and mats, and making sure that you have good lighting



Ensure that your **footwear fits well,** is comfortable, has a back on it and a textured sole.



Useful Contact Numbers and Websites

Ward 33

(Female Trauma Orthopaedic Ward),
Barnsley Hospitals NHS Trust
Tel: **01226 432895 / 432835**

Ward 34

(Male Trauma Orthopaedic Ward),
Barnsley Hospitals NHS Trust
Tel: **01226 432893**

Barnsley Hospital Main Reception

Tel: **01226 730000**

Patient Advice and Liaison Service (PALS),

Barnsley Hospitals NHS Trust,
Gawber Road,
Barnsley.
S75 2EP
Tel: **01226 432430**

The Community Equipment Store (for the return of any larger equipment such as commodes)

Unit 33,
Grange Lane Industrial Park,
Stairfoot,
Barnsley
S71 5AS
Telephone: **01226 320990**

NHS 111

(The replacement for NHS Direct)
You should use the NHS 111 service if you urgently need medical help or advice but it's not a life-threatening situation. **Simply telephone 111.**

Age UK

Telephone: **0800 169 65 65**
www.ageuk.org.uk

National Osteoporosis Society

Telephone: **0845 450 0230**
www.nos.org.uk

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