

You and Your Fractured Hip

Hip precautions



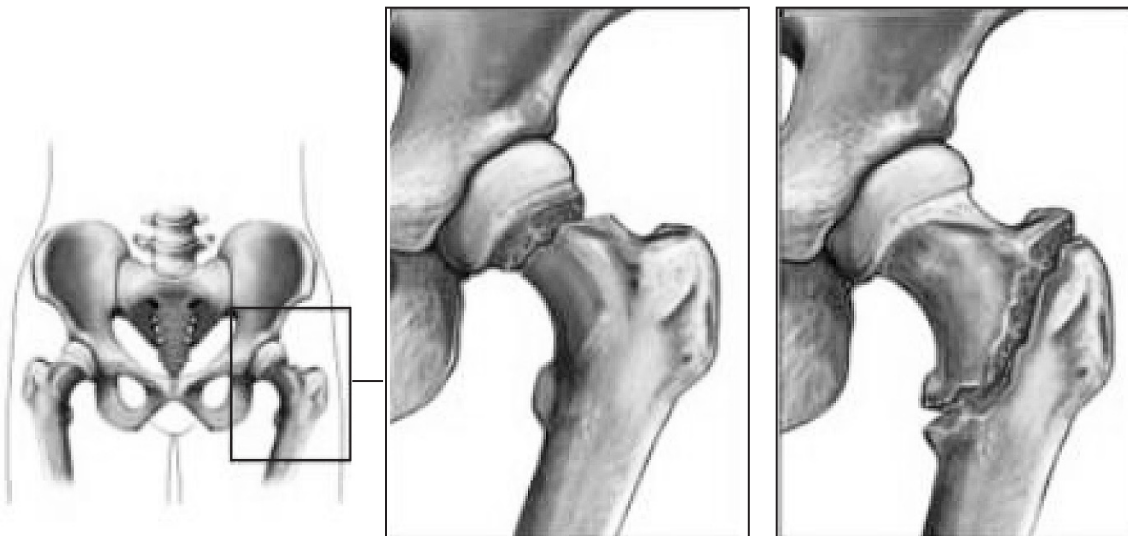
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Introduction

Your hip is a ball and socket joint where the thigh bone or femur (ball) meets the pelvis (socket). A fractured hip is a partial or complete break in the upper portion of the thigh bone (femur) that forms part of the hip joint. This is a key health problem among the elderly, usually due to a fall or other kind of trauma (injury) involving direct impact to the hip bone. You can break your hip at any age but 90% of hip fractures occur in people older than age 65. Most people, even those older than age 80, make a good recovery from a hip fracture. The signs and symptoms of a broken hip include:

- Severe swelling in the hip or groin area(s)
- Swelling, tenderness and bruising in the hip area
- Deformity of the hip
- Outward turning of the affected leg
- Shortening of the affected leg
- Limitation of movement or inability to bear weight



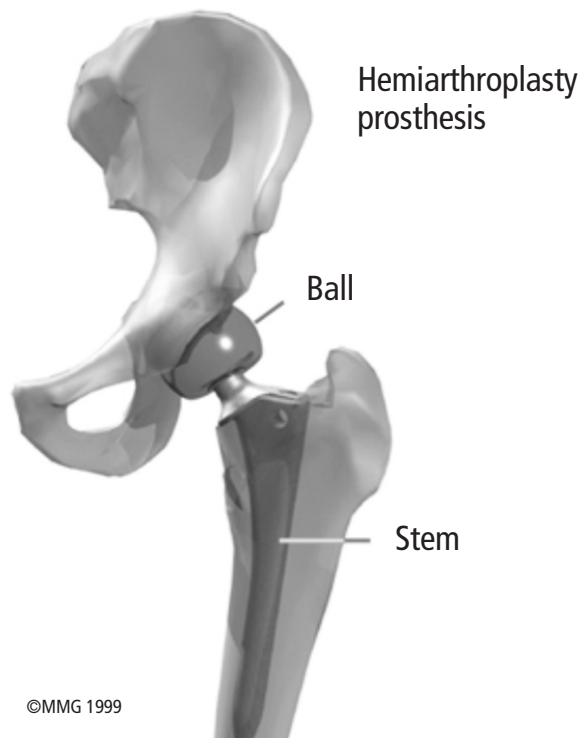
Femoral neck
fracture

Intertrochanteric
fracture

Treatment

Treatment will depend on the location, type and severity of the fracture. You and your surgeon will decide how to repair the hip by replacing the femur (ball). This is referred to as a hemi-arthroplasty/monopolar arthroplasty.

Hemiarthroplasty



The surgeon will examine you for other medical problems to see if you can handle the stress of surgery. An x-ray will be ordered to determine the extent of the fracture. Sometimes a MRI (Magnetic Resonance Imaging) or CT (Computerized Tomography) scan may be necessary for further evaluation and diagnosis.

Surgery is usually required, but the type of operation may depend on the fracture you have. You may have a general anesthetic (one that puts you to sleep) or a spinal block (epidural) that puts your body to sleep from the waist down. With a spinal block the anesthesiologist will also give you medications so that you won't be aware the operation is being done. Your surgeon will explain the operation and all the risks involved to you and your caregiver prior to obtaining your consent and beginning surgery.

Your Health Care Team

The health care team has put together a **Clinical Pathway**, which will act as your guide, so that you will know what will happen on a day-to-day basis. This **Clinical Pathway** is on pages 6-8 of this booklet.

Please be sure to keep and read this information, as the team members will refer to these instructions throughout your stay.

A number of health care professionals may be involved in your care. The following is a list and brief description of their roles.

Nurses will coordinate your care needs, assist you with your day-to-day care, explain how your pain will be managed, and help you to get ready to go home.

Physiotherapists (PT) will help you gain strength and movement in your operated leg. You will be taught exercises and how to resume walking in a normal manner.

Occupational Therapists (OT) will help you get back to doing activities that you need to do on a daily basis. They may show you different types of equipment to use for these activities and/or provide you with information on community resources that you can access.

Community Care Access Centre Hospital Coordinator will set up home visits of health professionals if needed.

Coach/Buddy is usually a family member or close friend who will be educated to assist you with recovery and rehabilitation. The surgeon and care team will communicate with your coach/buddy/caregiver to assist you with preparations for going home.

Utilization Coordinators will be able to help you in planning for transfer and discharge from hospital.

Social Worker will help coordinate your discharge from the hospital and oversee appropriate contacts with other services or organizations. He or she will help you and your family with your social, emotional, and financial needs.

Your role, after surgery, is to prepare for discharge, learn and do the exercises and let the team know how you are progressing.

Your Clinical Pathway

Admission and Acute Care Stay

| | Admission | Day of Surgery | Post op Day 1 |
|---------------------------|---|---|---|
| Consults | Orthopedic surgeon Internist Anesthetist | | Physiotherapy Occupational Therapist Social Worker Utilization Coordinator |
| Tests | Lab Tests ECG X-ray of hips | As needed | Lab tests |
| Medications | Review the medications that you are presently taking Intravenous started Pain medication | Antibiotics Pain and nausea medication Patient specific medication | Intravenous Antibiotic Pain and nausea medication Laxative Patient specific medication |
| Treatments | | Wound and dressing care | |
| Activity | Bed rest with a pillow between legs | Deep breathing and coughing Post operative exercises Sitting at edge of be | Up in chair Deep breathing and coughing exercises Post op exercises |
| Nutrition | Nothing by mouth | Nothing by mouth before surgery Clear fluids after surgery | Diet as tolerated |
| Teaching | Surgical risks Safe turning techniques Pain control Deep breathing and coughing Leg and ankle exercises | Review: <ul style="list-style-type: none"> • pain control • exercise program/ positioning • deep breathing and coughing • leg and ankle exercises • prevention of dislocation | Review: <ul style="list-style-type: none"> • pain control • exercise program/ positioning • deep breathing and coughing • leg and ankle exercises • safe transfers • prevention of dislocation • prevention of constipation |
| Discharge Planning | Assess surgery and rehabilitation plans | Discuss discharge and rehabilitation plans | Discuss discharge and rehabilitation plans |
| Goals | Questions will be answered or directed to the appropriate person. | Pain and nausea is managed Vital signs normal | Pain is managed Sitting, standing and walking |

Acute Care Stay (continued)

| | Post op Day 2 | Post op Day 3 or transfer to Rehab/ District hospital |
|---------------------------|---|---|
| Consults | Physiotherapy Occupational therapy Social Worker CCAC if neededa | Physiotherapy Occupational therapy Social Worker CCAC if needed |
| Tests | As needed | As needed |
| Medications | Pain medication Laxative Patient specific medication | Pain medication Laxative Patient specific medication |
| Treatments | Wound and dressing care | Wound and dressing care |
| Activity | Up in chair Walking with walker with assistance Physiotherapy exercises | Up in chair Walking with walker with assistance Physiotherapy exercises |
| Nutrition | Usual diet | Usual diet |
| Teaching | Review: <ul style="list-style-type: none"> • pain control • exercise program/ positioning/weight bearing status • deep breathing and coughing • leg and ankle exercises • safe transfers • prevention of dislocation • wound care abnormal signs and symptoms • use of assistive devices | Review: <ul style="list-style-type: none"> • pain control • exercise program • safe transfers • prevention of dislocation • use of assistive device |
| Discharge Planning | Assess plans to transfer to St. Joseph's Care Group rehabilitation /district hospital/LTC | Transfer to St. Joseph's Care Group rehabilitation/district hospital/LTC if medically stable |
| Goals | Pain is managed Increased sitting, standing and walking Wound is healing | Pain managed with oral medication |

St Joseph's Rehabilitation or Home District Hospital (transfer Day 3)

| | Transfer Admission Day (Day 3) | Days 4-9 | Discharge Day |
|---------------------------|---|--|---|
| Consults | Physiotherapy Occupational Therapy Social Worker | Physiotherapy Occupational Therapy Social Worker | Physiotherapy Occupational Therapy Social Worker |
| Tests | As needed | As needed | As needed |
| Medications | Pain medication Laxative Patient specific medication | Pain medication Laxative Patient specific medication | Pain medication Laxative Patient specific medication |
| Treatments | Wound and dressing care | Wound and dressing care | Wound and dressing care |
| Activity | Up in chair Physiotherapy exercises Walking with walker with assistance | Walking with walker/ crutches increased distance Physiotherapy exercises | Up in chair Deep breathing and coughing exercises Post op exercises |
| Nutrition | Usual diet | Usual diet | Usual diet |
| Teaching | Review: <ul style="list-style-type: none"> wound care abnormal signs and symptoms pain control exercise program safe transfers | Review: Same as day two plus: <ul style="list-style-type: none"> crutch walking stair climbing | Review: <ul style="list-style-type: none"> wound care abnormal signs and symptoms post-op anticoagulation therapy if required |
| Discharge Planning | Review length of stay and discharge plans | Discussion of home supports and equipment needs | Confirm if home supports are in place Home or outpatient physiotherapy visits are arranged Staple removal arranged |
| Goals | Pain is managed Wound is healing Increased sitting, standing and walking Smooth transfer to next stage | Pain is managed Wound is healing Able to bath, dress and toilet independently Walking further distances | Pain is managed Wound is healing Walking further Walking in hall independently Able to do stairs if required Ready for safely managing at home |

Preventing Complications

Deep breathing and coughing are things that you can do to prevent pneumonia and congestion in your lungs. The nurses will remind you to do this.

Your surgeon usually will start you on a blood thinner (anticoagulant) to prevent clots from forming in your legs. These anticoagulants may continue after you are discharged from hospital. Doing the ankle pumping exercises, wearing compression stockings and walking as soon as possible are also things that you can do to prevent clots from forming in your legs. To prevent your new hip from dislocating before the muscles have healed:

Avoid Bending past 90 degrees

Right



Wrong

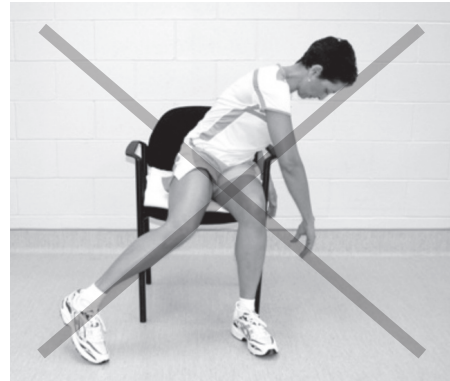


Avoid twisting your leg in or out

Right



Wrong



Avoid crossing your legs

Right



Wrong



Always keep pillow between knees while lying

Right



Wrong

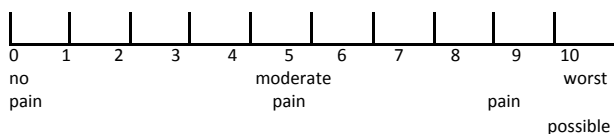


Following Surgery

- You will wake up in the Recovery Room where you will stay until you are awake and medically stable.
- You will be checked often by the nurse to make sure that you are comfortable and doing well. The nurse will monitor your ability to move your legs, wiggle your toes and feel sensation in your legs and feet. Your heart rate, blood pressure and hip dressing will be checked.
- You will be reminded to deep breathe and cough and do your leg and ankle exercises. Try to remember to do these every hour. It will help prevent complications.
- Your family can visit with you when you are transferred to your in-patient bed, 3 to 4 hours after the start of your surgery.
- You will be assisted to sit at the side of the bed the evening of your surgery.

Pain Control

After surgery, your doctor, nurses and physiotherapists want to make your recovery as pain free as possible. Only you know how much pain you have. Do not wait too long. It is important for you to tell your nurse if you have pain and if the pain management prescribed for you is working. When you tell the nurse about the pain, use the following scale to describe the pain.



There are different ways for pain to be controlled. The nurses will assess and offer you pain medication regularly. It is easier to control the pain if it is dealt with early. Talk with the doctors and nurses about pain control methods that have worked well or not so well for you in the past. The following are some of the ways of relieving pain that your doctor may prescribe:

- Pain medications can be given to you by intravenous, pill, injection and/or suppository.
- Patient Controlled Analgesic (PCA). A pump that is attached to your intravenous delivers the pain medication to you. The pump allows you to get medicine when you need it by pressing a button on the hand set.
- Epidural Medication. An injection into your spinal column during surgery that will give you pain relief for hours after your surgery.
- Ice pack to the affected hip.

The goal of pain control is

- to reduce the amount and intensity of your pain.
- to help you enjoy greater comfort while you exercise and heal.
- to regain good hip movement.
- to allow you to do your deep breathing exercises.
- to get your strength back more quickly.
- to prevent the complications that can come from inactivity.

Terms Used In This Booklet

- **AFFECTED HIP:** this is the hip that has had surgery to repair the injury.
- **AFFECTED SIDE OR LEG:** this refers to the side or leg on which the surgery has been done.
- **UNAFFECTED SIDE OR LEG:** this refers to the side or leg which has not had the surgery, or the "good leg."

- **Partial weight bearing** – Only a certain amount of weight can be placed on your affected leg. Your physiotherapist will help you learn how much.
- **Weight Bearing as Tolerated** – Stand as straight as you can with your weight evenly onto your legs. You are allowed to put as much weight on your affected leg as you feel comfortable with.
- **Full weight bearing** – You can put full weight, or as much as you can tolerate, when standing or walking.

Learning To Move

After surgery, plan ahead.

Take pain medication ahead of time.

Weight Bearing

After your operation, your doctor will advise you how much weight can be placed on your leg and foot for the affected side. If your fracture has been repaired with pins or cannulated screws, there may be no restrictions to your activities. You may lie on the operated side as soon as it is comfortable to do so with a pillow between your knees. Be sure to follow your doctor and physiotherapist's instructions. Do not increase the weight on that leg and foot until they have advised you to do so.

- **Feather or touch weight** – Your affected leg touches the floor enough to help you balance. Do not put any weight on it.

Using a Walker or Crutches

Stand up tall and look ahead while you walk.

1. Move the walker or crutches forward first followed by your affected leg. The move your good leg forward.
2. Put your weight on the walker or crutches to take the weight off your affected leg when you step onto it. Follow your own weight bearing instructions when using a walker or crutches.



Positioning

- Change your position when you are in bed and awake, and when you are sitting. This should be done every 2 hours. You may need some help for this. This will prevent skin problems.
- Keep your knees apart.
- Avoid crossing your knees.
- Lie on the side (your good/strong side) opposite your operation. Use a pillow between your knees when rolling over and when lying on your side.
- Do not turn your legs out, try to keep your hip in a neutral position. Keep your toes pointing up.
- For the next six weeks when transferring from bed to chair, chair to chair etc., always lead with your good leg.

Immediate Postoperative Exercises

You may begin the following exercises immediately after your surgery, as they are important for:

- Helping to prevent complications with your breathing.
- Helping to prevent blood clots in your legs.
- Increasing your circulation.

1. Deep Breathing and Coughing Exercises

Until you are up and moving well take at least 10 deep breaths, followed by a cough, every hour that you are awake.

2. Ankle pumping

Move your feet up, down and in circles. Repeat 50 times every hour that you are awake.



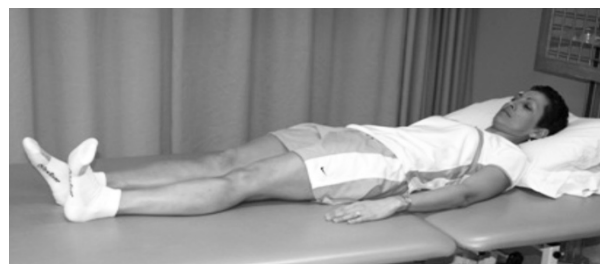
3. Buttock Contractions

Tighten your buttock muscle and hold for a count of 5 seconds. Repeat 5 to 10 times, 3 to 4 times each day.



4. Static Quadriceps Strengthening

Tighten the muscle on the front of your affected thigh by pressing your affected leg into the bed.



Postoperative Exercises

The following exercises will help you to restore normal hip range of motion and strength and improve your recovery.

1. Hip and Knee Bending

Lie with the head of the bed slightly up, wrap a towel under your affected leg. Pull up on the towel to slide your heel towards your buttocks. Keep your heel on the bed.



2. Isometric Hamstrings

Press your whole affected leg into the bed. Feel the muscles in your buttock and affected leg tighten. A therapist will help you learn how much.



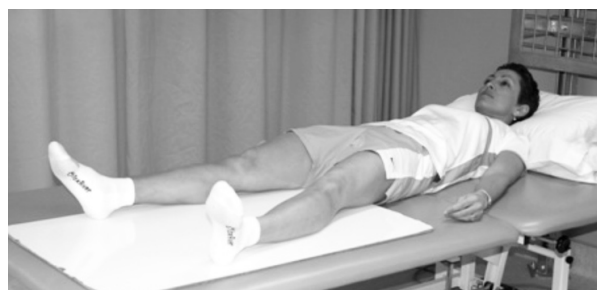
3. Quadriceps Strengthening Over a Roll

With a towel roll under the knee of the affected leg, lift your heel off the bed. Make sure that your thigh does not come off the roll.



4. Hip abduction

Slide the affected leg sideways in bed, keeping your leg pressed on the bed. Keep the kneecap and toes pointing up to the ceiling. Always keep your legs apart.



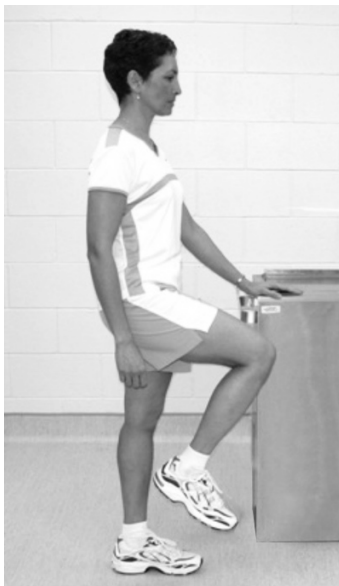
5. Abdominal Activation

While you are lying in bed on your back, lift your head slightly and tighten your stomach muscles so that your belly button moves down toward your spine.



6. Standing Hip Bending

Stand with support for balance; bend your affected hip by bringing your knee towards your chest. Do not go beyond a 90 degree bend.



8. Hamstring Curls

Stand with support for balance; bend the heel of the affected leg towards your buttock. Keep your thighs level with each other. Slowly return leg to the starting position.



7. Standing Hip Abduction

Stand with support for balance; lift your affected leg out to the side while standing tall. Keep your hips level. Keep your upper body straight and toes pointing forward. Slowly return leg to the starting position.

9. Standing Hip Extension

Standing with your hands at your side holding something for support, lift your affected leg backwards, keeping your knee straight. It is important to remain standing up tall.

Right



Wrong



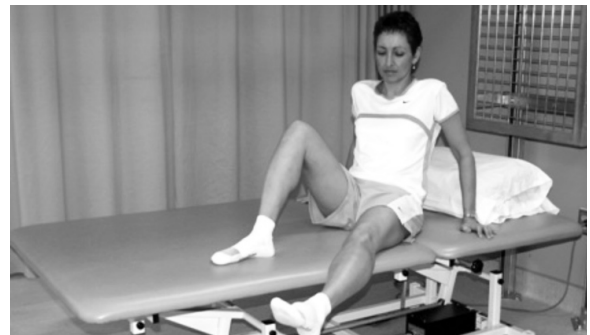
Lying Down

Your nurse or physiotherapist will show you how to safely turn on your unaffected side. When lying on your side, put a pillow between your legs for the first 6 weeks.



Getting in and out of Bed

1. Sit down on the bed in the same manner as you would sit in on a chair.
2. Slide your buttocks backward until your knees are on the bed.
3. Pivot on your buttocks as you lift your legs onto the bed.
4. Use a pillow to keep your legs apart when lying in bed.
5. Reverse the procedure to get out of bed.



Standing up

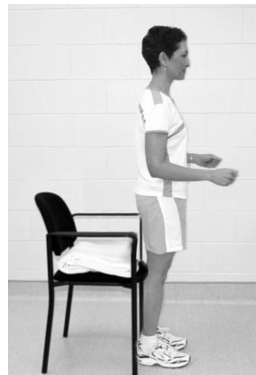
1. Move your buttocks to the edge of the bed or chair so that your feet are flat on the floor.
2. Bend your good (non-affected) leg under you to hold your body weight.
3. Keep your affected leg straight out in front of you.
4. Do not bend forward.
5. With your hands, push off the surface you are sitting on. Put most of your weight on your good leg.



To sit down

1. Feel for the chair or bed with the back of your legs.
2. Reach for the armrests.
3. Lower yourself down keeping the affected leg straight out taking the weight on your good leg.
4. Do not bend forward.

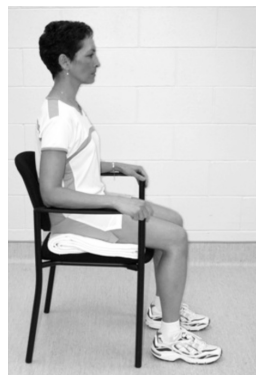
Step 1



Step 2



Step 3



Sitting down

1. Sit on a firm, straight back chair with arm rests.
2. Sit in chairs higher than knee height.
3. Do not sit on soft chairs, rocking chairs, sofas or stools.



How to Manage Stairs

While you are in hospital, your physiotherapist will teach you how to climb stairs.

1. A handrail will make things easier and safer for you. Simply place one hand on the railing, and hold both crutches on the other side of your body.
2. If no handrail is available, use one crutch on each side of your body. Follow the same sequence as above.
3. As your hip range of motion and strength improves, you will eventually be able to resume "normal" stair climbing.

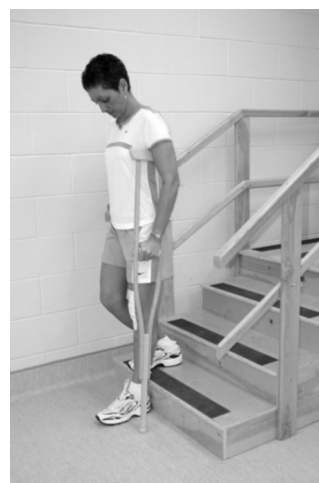
To go up the stairs:

- Keep the cane/crutches with the affected leg.
- Start close to the bottom step and push down through our hands.
- Step up to the first step, the good (unaffected) leg goes up first.
- Step up to the same step with the affected leg and crutches, putting only the advised amount of weight onto your affected leg.

To go down stairs:

- Start at the edge of the step.
- Bring the cane/crutches and your affected leg down to the next step.
- Use upper body strength to support your weight and keep your balance.
- Step down to the same step with the non-operated leg, putting only the advised amount of weight onto your affected leg.

Check your balance each time before proceeding to the next step.



Getting into a car

Move the seat back as far as it goes, and recline it slightly. Reclining the back of your seat will help you keep your affected hip straight when bringing your legs into the car.

1. Back up close to the seat and place one hand on the back of the seat and one hand on the dashboard for support. Do not hold on to the door.
2. Sit down slowly keeping your affected leg straight.
3. Slide back as far as you can go. Swing your legs in, bending your knee to a comfortable position.

Tips: Adding a firm cushion on the seat will also help you keep your affected hip straight and will help you get in and out of the car easier. You can also put a plastic bag on the seat to help you move easier.



Looking After Yourself At Home

Eating nutritious food will speed healing. Keep the wound clean and Eating nutritious food will speed healing. Keep the wound clean and dry.

Adaptive Equipment Used

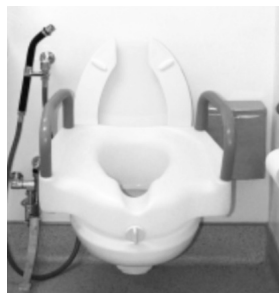
Bath bench – extends over the side of the tub to help you bath safely and maintain precautions. Place the bath seat in the tub or shower and elevate to the appropriate height.



Long-handled bath sponge – to assist you with washing your lower legs and feet. The long-handled bath sponge is useful to avoid bending. You can also wrap a towel around the sponge to help with drying off.



Raised toilet seat – To use on your toilet at home to reduce stress on your hips and knees.



Seat cushion – may be needed on a chair to elevate the seat to the appropriate height so your feet are flat on the floor and your knees are in line with your hips.



Reacher – use to help with lower body dressing and to pick up items that you cannot reach.



Sock Aide – use to put on socks.



Long-handled shoehorn – the handle on this shoehorn has been extended to avoid bending when putting your shoes on. Place the shoehorn inside the back of your shoe and push your heel down into the shoe.



Elastic shoelaces – these rubber/rayon laces provide firm support yet stretch to allow your feet to slip in or out of the shoes without having to untie and retie them.



The above equipment may be purchased at the following locations:

| Thunder Bay Locations | |
|---------------------------|---|
| Shoppers Home Health Care | 285 Memorial Ave. 1-807-345-6564 1-800-465-3986 |
| Medichair | 977 Alloy Drive, Unit 7 1-807-623-9110 1-888-625-5568 |
| Canadian Red Cross | 1145 Barton St. 1-807-623-3037 |

| City | Location |
|--|--|
| Fort Frances-Shoppers Home Health Care | 540 Kings Hwy 1-807-274-7062 1-800-347-6448 |
| Dryden-Shoppers Home Health Care | 325 Government St 1-807-223-2900 1-888-294-8056 |
| Kenora-Shoppers Home Health Care | 702 Lakeview Plaza 1-807-468-4244 1-807-263-1008 |

Equipment may also be available at your local pharmacies. Check your telephone directory for locations nearest you.

Daily Activity Guidelines

Below are some guidelines to make your daily activities easier and safer by using the adaptive equipment mentioned previously.

Bathing/Showering

- Use long-handled bath sponge and hand held showerhead to wash your legs and feet.
- Your therapist will show you how to use a bath bench or chair in the bathtub or shower stall.
- Use a rubber bath mat and/or grab bars for support and safety when you get in and out of the tub.



Toileting

- Use a raised toilet seat at or above knee height.
- Sit by using the proper seating technique described earlier.
- Do not twist your hips to wipe, instead reach behind.



Lower Body Dressing: Underwear, Socks and Shoes

Helpful hints

- Gather your socks and shoes, dressing aids, and walker. Place them within easy reach.
- Sit on a high firm chair.
- Wear proper fitting comfortable clothing.
- Always dress your affected leg first.
- Use devices such as a reacher, long-handled shoe horn, sock aid and elastic shoelaces

How to put clothes on

1. Lay out your skirt, pants, or underwear as you normally would.
2. Sit down. Use the reacher to pinch the waist of the garment.
3. Lower the garment to the floor. First, slip it over the affected leg. Then slip it over the other leg.
4. Use the reacher to pull the garment up and over your knees.
5. Stand up, with your walker in front of you. Be sure to keep your balance.
6. Pull the garment up over your hips.
7. Sit down to button or zip the garment.



How to take clothes off

1. Sit down to unbutton or unzip your garment.
2. Stand up, with your walker in front of you. Be sure to keep your balance.
3. Pull the garment down over your hips.
4. Then push the garment down and over your knees.
5. Sit down.
6. Lower the garment to the floor using your reacher. Slip it over your unaffected leg first. Then slip it over your affected leg.

Socks

1. Place the sock aid into your sock or stocking.
2. Make sure the heel of your sock is at the back of the sock aid.
3. Hold the sock aid by the straps with both hands. First, start with the foot of the affected leg. While holding the straps, drop the sock aid to the floor in front of the foot on your weaker leg.
4. Slip your foot into the sock aid. Then pull on the strap to pull the sock aid onto your foot. Pull until the sock is up your leg. Keep pulling until the sock aid comes out of your sock.
5. Follow the same steps to put a sock on the other foot.



To remove socks:

1. Hold your reacher. Slide or push down your sock along the back of your leg or heel.
2. Use your reacher to pick up your socks from the floor.



To take off shoes

Use your reacher, or long-handled shoe horn to push your shoe off from your heel.

Note: Your therapist may tell you other ways to dress and undress, based on your needs.

Exercise:

- Continue with your exercise program at home as instructed.
- Keep exercise times short, but frequent.
- Do not sit for more than one hour without standing or stretching.
- Put a pillow between your legs when lying on your side.

Shoes

It is important to have proper fitting shoes that support your ankles. Elastic shoelaces will make tying your shoes unnecessary.

To put on shoes:

1. With your reacher, pinch the tongue of the shoe.
 2. Then use the reacher to line up the shoe with your toes. Slide your foot into the shoe.
- You may want to use a long-handled shoe horn in the back of your shoe.



Tips To Make Your Home Safer

This list identifies adaptations that can prevent accidents and increase your independence. .

Kitchen/Dining Room

- Move food and dishes to shelves/cupboards that are easy to reach (between chest and knee height).
- Use a cart with wheels to carry items from the counter to the kitchen table or from room to room.
- Use an apron with several pockets.
- Carry hot liquids in containers with covers.
- Slide objects along the countertop rather than carrying them.
- Sit on a stool when doing countertop tasks.

Living room

- Increase the height of your chairs with a solid cushion or with wooden blocks under the legs of your chairs/ sofa.
- Sit on a solid chair with armrests, or sit at the side of a sofa so that you can use the one armrest.

Bedroom

- Move clothing to cupboards that are at an easy to reach height (between knee and chest height).
- Add a small bed rail on the side of your bed to help you in and out.

General

- Remove items that clutter the floor to prevent falls.
- Remove scatter rugs and small mats from the floor.
- Install light fixtures or floodlights to illuminate entrances, steps and walkways.
- Carry a portable phone with you as you move from room to room.
- Have a list of emergency numbers near the telephone.
- Ensure that you have smoke alarms that are functioning properly.

Preventing Falls

- Participate in physical activities that maintain your balance and walking pattern. Specific exercises can target these skills.
- Wear non-skid supportive shoes.
- Keep your home free of clutter so that it is easy to move around furniture. There should be no scatter rugs.
- Keep electric cords, telephone cords, newspaper and other clutter out of walkways.
- Use adhesive non-slip surfaces in the shower/bath.
- Install grab bars in the bathroom (towel bars are not strong enough!).
- Keep your home well lit. Night-lights should be used especially if you go to the bathroom at night.

Preventing Falls (cont)

- Plan ahead before moving. Concentrate on walking.
- Do not lean on furniture; use safe objects for support.
- Wipe up spills immediately.
- Have your eyes tested annually.
- Improve cognition by working on awareness of surroundings and any physical obstacles that you may face in your environment.

Problems To Watch For At Home

Constipation

Because the surgery will make you less active, it is easy to become constipated while in hospital. Your pain medications can also make you constipated. A gentle laxative could help with this. Other things that you can do to help are to drink plenty of fluids, include fibre in your diet, eat lots of fruits and vegetables, and maintain regular exercise.

Skin

Lying in bed puts pressure on parts of your body that are not used to taking pressure for any length of time - buttocks, ankles, elbows, shoulders or ears. The first signs of pressure sores are burning, redness or pain. The best way to prevent skin problems is to move around and avoid lying in bed for long periods of time.

Incision Care/ Staple Removal

As your incision heals, the staples in your incision will need to be removed 12 to 14 days after your surgery. This will be done either in the Surgeon's clinic or your family doctor's office.

Signs of Infection

- Increased redness and warmth around the incision.
- Swelling or puffiness.
- Increased bleeding, strange smell, discharge or drainage from your incision.
- Increased pain.
- Any flu like symptoms, fever, shaking or chills.

If you have any of these signs, tell your doctor and health professional right away. Bacteria in your blood can get into your new hip and cause infection. You must have any infection treated right away.

Tell your dentist or other doctors that you have had hip surgery. Your doctors may decide that you need antibiotics before some treatments or dental work.

Your surgeon will determine how long you will be in hospital. Your stay may be from 2 to 4 days in an acute care hospital. With the team, the surgeon will decide whether your rehabilitation therapy will be in your home, out-patient setting, district hospital or a rehabilitation centre (St Joseph's Care Group).

You will be ready for discharge when:

- your wound looks like it is healing well
- you are able to get to the bathroom
- you are able to get around with a walker, cane or crutches
- you are able to manage stairs if you have them

Questions To Ask Your Doctor

What medications should I continue taking when I am at home?

When should I see my doctor next?

When do I stop taking my anticoagulants?

What medications should I be taking for osteoporosis?

How long do I continue my exercises?

When can I return to work?

How long do I need to follow restrictions?

When can I resume any previous sport activities?

Other questions...

You and Your Fractured Hip

Hip precautions

We hope this booklet has helped to give you information on your hip surgery. It is hoped that this booklet gives you the answers to your questions, to help alleviate some of your fears and concerns. The information comes from the knowledge and experience of your health professionals.

Special acknowledgment to:

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