

GUIDEBOOK

for Hip Fracture Patients



Deaconess
BONE & JOINT CARE

IN ASSOCIATION WITH
**ARTHOPAEDIC
ASSOCIATES**

www.deaconess.com/joint | www.oaevansville.com

TABLE OF CONTENTS

I. About Hip Fractures	2-4
II. We Take a Team Approach to Your Care.....	5
III. Before Surgery	6
IV. After Surgery	7-8
V. Recovery from Hip Fracture	9-10
VI. Caring for Yourself at Home	11-13
VII. FAQs	14-15
VIII. Exercises: Range of Motion and Strengthening	16-20

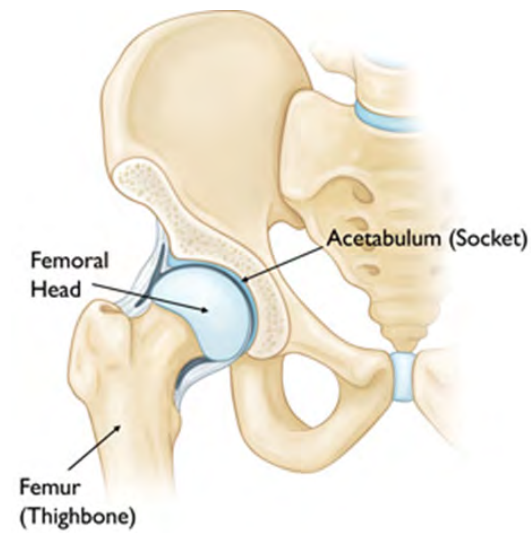


Gateway Campus
4011 Gateway Blvd
Newburgh, IN 47630

ABOUT HIP FRACTURES

What is a Hip Fracture?

A hip fracture is a break in the upper quarter of the femur (thighbone). Most commonly hip fractures occur from a fall or direct blow to the side of the hip. Some medical conditions such as osteoporosis, cancer or stress injuries can weaken the bone and make the hip more susceptible to breaking. In severe cases it is possible for the hip to break with the patient merely standing on the leg and twisting.



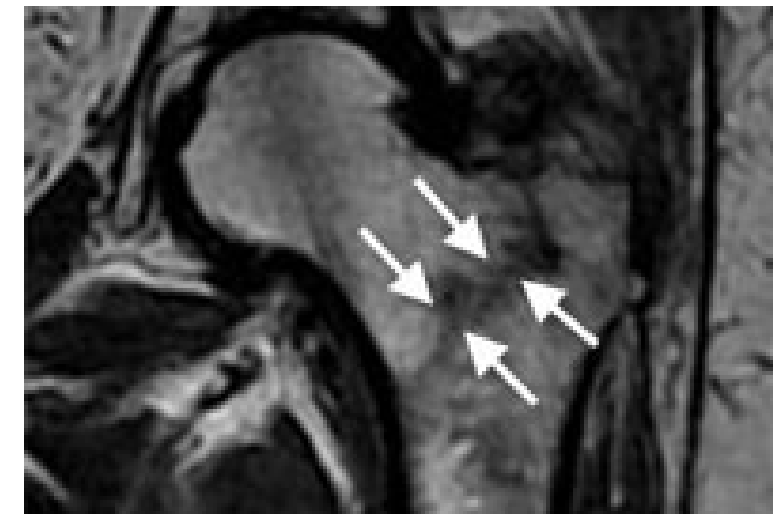
Questions for my Doctor:

How does my Doctor know I have a Hip Fracture?

Generally a simple x-ray of the hip and femur will identify a fracture. Other images such as computed tomography (CT scan) or magnetic resonance imaging (MRI) may be necessary to view certain fractures. Hip fractures occur at the upper end of the thigh bone (femur). A MRI may identify a hip fracture otherwise missed on plain x-ray.



X-RAY EXAMPLE



MRI EXAMPLE

What are my Options?

When you fracture your hip you and your surgeon will discuss what the options are to repair the fracture. You may need a total hip replacement or a partial hip replacement. There are other options with different types of fractures. Below are some common types of hip fracture repair surgeries:



Hemiarthroplasty
(partial hip replacement)



Total Hip Replacement



Intramedullary Nailing

You will discuss the type of fracture you have and the type of surgery required to repair the fracture with your Orthopedic Surgeon and/or his assistant.

WE TAKE A TEAM APPROACH TO YOUR CARE

Throughout your stay at Deaconess you will interact with many of our team members. You will be cared for by an Orthopedic Surgeon, Nurse Practitioners, Physician Assistants, Registered Nurses, Case Managers, Social Workers, Physical and Occupational Therapists. Your daily care will be provided by our excellent Registered Nurses, compassionate Patient Care Technicians and our experienced Registered Orthopedic Technicians.

If at any time you need assistance you will have a direct phone number provided to you to contact your nurse, the nursing assistant and the manager of the nursing unit. Feel free to use the nurse call button to reach staff as well.

If you have been given the ok to eat you will be provided a menu to order your meals. At Deaconess we have room service for all meals. You are able to order at any time between 6:30 am and 7:00 pm. Assistance with ordering meals is provided if needed.



BEFORE SURGERY

Preparing for Hip Fracture Surgery

Once the decision has been made to go to surgery your nurse will begin to prepare you to go to surgery. The nurse will ask you or your designee to sign a surgical consent form. You will also sign consent to receive a blood transfusion if needed. If you cannot receive blood products please inform your nurse. You will be asked to have nothing to eat or drink several hours prior to surgery. Your nurse will administer medications to keep you comfortable.

Pre-operative Testing

Several factors go into determining what pre-operative testing you may require. Routine testing consists of lab work to check your blood count (CBC), blood chemistry (BMP) and an electrocardiogram (EKG). If you have pre-existing conditions such as diabetes, COPD or any cardiac conditions additional testing and surgical clearance will be determined by your care team.

Medications You may Receive

Pain and nausea medication as needed. Intravenous (IV) fluids (for hydration), antibiotics (to prevent infection) and Pepcid and Reglan (stomach medications). If you are on a certain heart medication called a beta blocker you will receive this medication prior to surgery. Common beta blockers include: Metoprolol (Lopressor, Toprol-XL), Atenolol (Tenormin), Nebivolol (Bystolic) and Propranolol (Inderal LA).

AFTER SURGERY

Immediately after Surgery

You will wake up in the post anesthesia care unit (PACU). You will have a RN closely monitoring you at this time. You will have a blood pressure cuff on your arm that will inflate frequently. You will be administered pain and nausea medications as you need them. Typically you will spend one hour in the PACU area. If there are concerns about your condition you may be transferred to the intensive care unit (ICU) for closer observation.

Recovering from Hip Surgery

Common sensations directly following surgery include:

- Intense drowsiness. You may find yourself drifting in and out of sleep. You may find it difficult to keep your eyes open.
- You may have a sore throat. This is caused by the tube used to help you breathe during surgery.
- Some people may feel confused. You may be unclear of your surroundings.
- Your incision may be painful. You will be administered pain medication as ordered.

From PACU to Your Room

Your PACU nurse will accompany you to your room on the nursing unit. The PACU nurse and your nurse on the nursing unit will meet at your bedside. They will discuss your current condition and answer any questions you may have. If you would like, your family is welcome to join you in your room at this time. For the first several hours you will be monitored frequently by your nurse and nursing assistant. You will have your vital signs checked frequently as well as your surgical dressing. During this time it is important for you to rest quietly. If you feel up to it you may have something to eat and/or drink. You always have access to your nurse and nursing assistant by pressing your nurse call button or by calling them directly on the telephone in the room.

Quality Care

As early as the day of your surgery you will begin Physical and Occupational Therapy (PT/OT). PT/OT will come to your bedside 1-2 times per day to teach you exercises and precautions you need to follow to ensure a speedy and safe recovery. Sometimes physical therapy can be painful. Please do not hesitate to ask for pain medication. The nursing staff will be prompt in administering your pain medication. You will be asked to take certain precautions to help keep you safe. One of those precautions is fall precautions. You will have yellow non-skid socks placed on your feet, a yellow armband on your wrist and an alarm on your bed and chair to help keep you safe. Please call for help prior to attempting to get up on your own.

RECOVERY FROM HIP FRACTURE

Typically you will be discharged from the hospital 2-3 days after surgical repair of your hip fracture. While you are in the hospital you will have physical and occupational therapy. During therapy you will be evaluated to determine the treatment plan best for you and your recovery.

When you leave the hospital you will continue with therapy and exercises until you and your orthopedic care team determine you have recovered well enough to discontinue therapy. This will be communicated to you at your regularly scheduled follow up appointment with your surgeon.

Recovery from a hip fracture and surgery can take anywhere from 3-4 months with full recovery lasting up to a year.

Where do I go from Here?

You will be actively involved in your discharge plan. You will be visited by a case manager and a social worker who are experts in assisting you and your family in determining your post-hospital needs. If you and your PT/OT therapists determine you are not quite ready to return home at discharge you will have assistance in determining what your options are to ultimately make the best decision for your recovery.

Levels of Rehabilitation

Skilled Nursing Facility (SNF)-

For patients that can only participate in at least 1 hour of rehabilitation per day.

Acute Rehabilitation Facility-

For patients that can participate in at least 3 hours of rehabilitation per day.

Home Health Care-

For patients that are well enough to return home but are unable to leave their home for continued therapy.

Outpatient Therapy-

For patients well enough to return home and able to travel to outpatient therapy appointments.

Where Can I Go For Therapy?

Several factors determine where you will go for therapy once you are discharged from the hospital. Those factors include:

- Your participation and progress in therapy sessions
- Your insurance provider
- You and your family's personal preference

After Hospital Follow Up

When you leave the hospital you will have a follow up appointment scheduled with your surgeon at Orthopaedic Associates in approximately 2-3 weeks. This appointment is very important for you to attend. The surgeon or his assistant will check your incision and remove any staples or sutures. If you must change this appointment contact Orthopaedic Associates at 812-424-9291.

Orthopaedic Associates has several office locations throughout the area. Be sure to ask which location your appointment is scheduled.

CARING FOR YOURSELF AT HOME

When you go home, there are a variety of things you need to know for your safety, your recovery and your comfort.

Take your pain medication at least 30 minutes before physical therapy if possible. Pain medications that contain narcotics promote constipation. Use stool softeners or laxatives if necessary.

Change your position every 45 minutes throughout the day.

Drink plenty of fluids to keep from getting dehydrated.

Your energy level will be decreased for the first month. Try not to nap too much during the day as this makes it difficult to sleep during the night.

Caring For Your Incision

Keep your incision clean and dry.

Keep your incision covered with a dry dressing until your first follow up appointment with your surgeon.

You may shower when your surgeon instructs, keeping the incision clean/dry. You may cover your incision with a water resistant barrier. After showering, apply dry dressing per instructions. Dressing change instructions can vary by surgeon. Please be sure to ask your nurse at discharge about your specific dressing change instructions.

Notify your surgeon if there is increased drainage, redness, pain, odor or heat around the incision. Take your temperature if you feel warm/sick. Call your surgeon if it exceeds 100.8. Dressing change instructions may vary depending on your surgeon. Before you are discharged be sure you have been instructed on how/when to change your dressing.

Watch for signs of infection. Signs of infection include:

- Increased swelling and redness at incision site
- Persistent redness, hardness or heat at site
- Change in color, amount, odor of drainage
- Fever greater than 100.8 orally

Recognizing And Preventing Potential Complications

Take proper care of your incision as explained. Check with your physician prior to any dental work or other potentially contaminating procedures to see if you need to take an antibiotic. You should do this for the duration of your lifetime after surgery.

If you suspect you may have an infection or problem with your incision, DO NOT attempt to treat yourself, call your surgeon and let him/her know.

After surgery you likely will not be as active as you were prior to surgery. This decrease in activity may cause the blood to slow and coagulate in the veins of your legs, creating a blood clot. If a clot occurs, (after you leave the hospital) despite measures to prevent them, you may need to receive blood thinners. Prompt treatment usually prevents the more serious complication of pulmonary embolus (PE).

Signs of blood clots on legs include:

- Swelling in thigh, calf or ankle that does not go down with elevation
- Pain, heat and tenderness in calf, back of knee, thigh or groin area. Note: blood clots can form in either leg.
- Increased pain when bending your ankle, pulling your toes upward
- Prevention of blood clots include:
 - Foot and ankle pumps (SCDS)
 - Walking
 - Blood thinners
 - Ankle pumps-exercises

Safety and Walker Use

- Always use a walker. Do not be tempted to leave your walker and use furniture or countertops to hold on to.
- Do not carry anything in your hands. Both hands need to be firmly on your walker when you are walking.
- In order to carry items while using your walker you can tie a plastic bag on the front of your walker or get a walker basket.

Safety and Avoiding Falls

- Pick up throw rugs and tack down loose carpeting. Cover slippery surfaces with carpets that are firmly anchored to the floor or that have non-skid backs.
- Be aware of floor hazards such as pets, small objects or uneven surfaces.
- Provide good lighting throughout. Install night lights.
- Keep extension cords and telephone cords out of pathways.
- Do not wear open-toe slippers or shoes without backs. They do not provide adequate support and can lead to slips and falls.
- Sit in chairs with arms. It makes it easier to get up.
- Rise slowly from either a sitting or lying position so as not to get light-headed.
- Stop and think. Use common sense.

Lifetime Reminders

Although the risks are very low for postoperative infections, it is important to realize that the risk remains. The implant could possibly attract the bacteria from an infection located in another part of your body. If you should develop a fever or sustain an injury such as a deep cut or puncture wound, you should clean it as best you can, put on a sterile dressing and notify your doctor. The closer the injury to your implant, the bigger the concern. Superficial scratches can be treated with an antibiotic ointment. Notify your doctor if the area appears infected.

FAQS

When can I take a bath?

You can shower as early as the 3rd day after your surgery. Do not soak in a bathtub.

Can I get my staples/incision wet?

You must keep your incision covered while showering. Reapply a new dry dressing after showering. Some dressings will not be removed until your follow up appointment. Be sure to ask how to care for your incision when you leave the hospital.

When can I go back to work?

We recommend that most people take at least one month off from work unless your job is sedentary. You should discuss your specific circumstances with your surgeon.

When can I drive?

The ability to drive depends on which hip was repaired and the type of vehicle you drive. If your surgery was on the left and you have an automatic transmission you could be driving in as little as two weeks. If your surgery was on the right then you could be restricted as long as six weeks. Consult with your therapist and surgeon to discuss your restrictions. You should NOT drive while taking narcotics for pain control.

When can I have sexual intercourse?

The time to resume sexual intercourse should be discussed with your orthopedic surgeon.

How big is my scar?

The length of the scar depends on the type of surgery you have had. It can vary from three to six inches.

Will I need a walker, crutches or a cane?

Your physical therapist will evaluate you to determine the safest option for you. We will provide a walker to you while you are in the hospital. Social Services/Case Management will assist you in arranging equipment you will need for home.

How long will I be in bed after surgery?

This will depend on the time of day your surgery is performed and the time you arrive to your room after recovery. As a general rule, if you return to your room prior to 11:00 am, your physical therapy evaluation will most likely be on the day of your surgery.

How long does the surgery take?

We reserve approximately two hours for surgery. Some of this time is needed for the operating room staff to prepare for the surgery.

Will there be much pain after surgery?

Yes. You will experience pain following the surgery, but we will try to keep you comfortable with the appropriate medications. Our goal is to keep your pain level at a "5" on a 0-10 scale. Communicating constantly with your nurse about pain control is important to keeping your pain under control.

Who do I contact if I have questions while I am at the hospital?

Your first point of contact at any time will be your nurse. Your nurse will assist you in finding the answer to any of your questions. If you have questions about your insurance coverage you may contact our case managers and social workers directly. The contact phone numbers will be written on the white dry erase board in your room.

Who do I contact when I have questions after I leave the hospital?

For questions about your surgery or questions about your follow up appointment please contact Orthopedic Associates at 812-424-9291.

What other important contact phone numbers should I have?

Tracie Jones, Case Manager

812-450-2784

Deaconess Main Campus

Sarah Ruth, Social Worker

812-450-7165

Deaconess Main Campus

Eugene Richardville, Social Worker

812-842-4502

Deaconess Gateway

Laura Macke, Case Manager

812-842-2697

Deaconess Gateway

RANGE OF MOTION AND STRENGTHENING EXERCISES

Ankle Pumps

PreOp and PostOp



Move ankle up and down, point toe down and pull up. It is not necessary to lift the leg off the bed.

Repeat 20 times.

Quad Sets – Knee Push Downs

PreOp and PostOp



Lie on back, press knee into bed, tightening muscles on front of thigh. Do not hold breath. Hold for 5 seconds.

Repeat 20 times.

Gluteal Sets – Bottom Squeezes

PreOp and PostOp



Tense muscles and squeeze buttocks together. Keep legs and buttocks flat on bed. Do not hold breath. Hold for five seconds.

Repeat 20 times.

Hip Abduction and Adduction

PreOp and PostOp

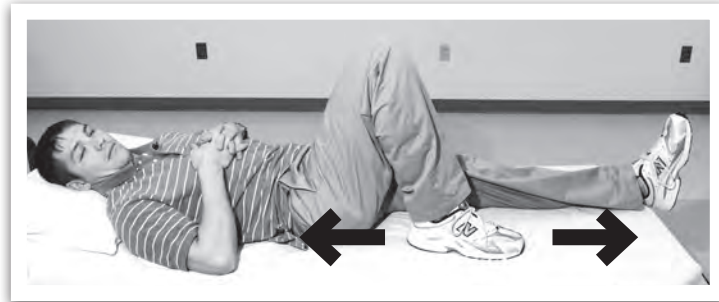


Lie on back, slide legs out to side, and back to midline. Keep toes pointed straight up and knees straight.

Repeat 20 times.

Heel Slides

PreOp and PostOp



Lie on back. Slide heel toward your bottom as close as you can. Slide heel to straighten leg to neutral again.

Repeat 20 times.

Short Arc Quads

PreOp and PostOp



Lie on back, place towel or blanket roll under thigh. Lift foot, pivot at knee, straightening leg. Do not raise thigh off roll. Hold five seconds. Slowly relax, returning to flexed position.

Repeat 20 times.

Armchair Push-Up

PreOp and PostOp



This exercise will help strengthen your arms for walking with crutches or a walker. Sit in an armchair. Place hands on armrests. Straighten arms, raising bottom up off chair seat if possible. Feet should be flat on the floor.

Repeat 20 times.

Straight Leg Raises

PreOp and PostOp



Lie on back, unaffected knee bent and foot flat. Lift opposite leg approximately 12 inches off bed. Keep knee straight and toes pointed up. Hold for five seconds. Relax.

Repeat 20 times.

Mini Squats

Preop



With back flat against solid wall, slightly bend knees, sliding downward against the wall, and slowly straighten, sliding upward against the wall.

Repeat 20 times.



Deaconess
BONE & JOINT CARE



Upon your discharge Orthopaedic Associates would like to remind you of a few post-operative guidelines for your return home or admission to inpatient rehabilitation.

- DO NOT call or see your family doctor with any problems pertaining to your hip surgery. Please remember that if you experience any problems/concerns with your hip, contact our office at (812) 424-9291 and discuss with a nurse or make an appointment.
- DO NOT allow another physician or ER to start you on antibiotics or any other treatment without discussion with our office first. This can be detrimental to you and keep you from the best possible outcome for your replacement.
- Swelling of the extremity post-replacement is normal and is to be expected up to six months after surgery. If you notice a sudden increase in swelling in the leg or calf, please contact our office.
- Drainage from the incision site is to be expected up to a week after the surgery. If the drainage persists beyond the seven day post-operative period, or at any time soaks through several bandages a day or onto your clothing, please contact our office.
- A low grade temperature is a normal inflammatory response after surgery. If you develop a fever of greater than 100.8° especially if accompanied with an increase in pain or drainage, please contact our office.
- If at any time after surgery you are unable to pump your foot or raise your foot up, please contact our office.