

A Broken Hip, Moving Forward



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A broken hip

Most patients come to the Emergency Department after they have broken their hip. A doctor will talk with you about what needs to be done to fix your hip. Surgery is often needed to repair the broken bone.

After surgery you will need time to recover and the bone will need time to heal. You will need to change the way you do things. Some daily activities and getting around will be hard in the beginning but will get easier with time and effort.

The information in this book will help you learn about the surgery and what you need to do to recover and heal.

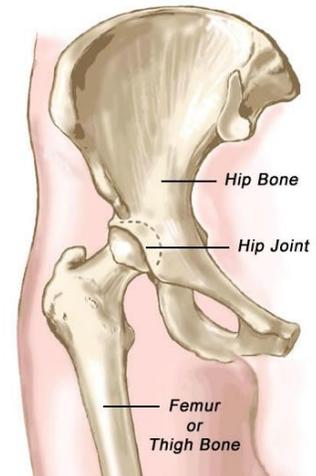
We are here to help you. Please talk with us about your concerns.

Going home

Members of the health care team will talk with you about your living situation and what needs to be in place before you leave the hospital. You may need extra support before you are able to go home. We will explain your options to you after surgery, or see page 6 for more information.

The bones of the hip

The bones of the hip are the femur and the pelvis. The femur is the long thigh bone. The top of the femur is shaped like a ball. It is called the femoral head. This fits into the socket part of the pelvis. Together these bones form a ball and socket joint. The hip joint allows your leg to move front to back and from side to side.



What is a hip fracture?



A hip fracture is a break in the upper end of the thighbone (femur) where it meets the pelvis. It is a common fracture in the elderly due to osteoporosis (weak bones) and an increased risk of falling (because of poor balance, poor eyesight, muscle weakness etc.).

An operation is often needed to “fix” the bones. In the surgery, pieces of metal (screws or rods) may be used to hold the broken bones together. Sometimes part or all of the joint may need to be replaced to repair the break. Surgery can reduce the amount of pain felt and allows people to get up and move around more easily.

You and your surgeon will discuss which option is best for you.

While waiting for surgery

While you wait for surgery, it is important that you do not move your broken hip. Pillows or special rolls may be used to keep the hip and leg from moving.

Medication is given to control pain.

To prevent a sore on your heel, you may need to use a pillow or a wedge to “float” your heels.



Before surgery

After it is confirmed that you have broken your hip and you need an operation, surgery is done as soon as possible. Before surgery many tests are done, including:

- blood tests
- x-rays
- heart tests, such as an electrocardiogram or ECG

Your nurse will:

- ask you questions about your health
- check your blood pressure, heart rate and temperature
- put an intravenous tube into a vein in your arm. This is called an IV. The IV is used for fluids and medications.
- give you medication to control pain
- ask for a list of all the medications you take, including prescription, non-prescription, herbal supplements, and vitamins.

Valuables

- Please have someone take your jewelry, money, valuables and credit cards home.
- Label all of your belongings with your name including denture cups and hearing aid containers.

After your surgery please have someone bring:

- ❑ eyeglasses, hearing aids
- ❑ dentures and mouth care products
- ❑ 1 light housecoat.
- ❑ 1 pair of comfortable shoes, sandals, or supportive slippers that are easy to slip on (your feet may swell after surgery). No flip flops!
- ❑ Clothing – pajamas, comfortable pants and tops
- ❑ Loose fitting underwear and socks.
- ❑ Toiletries: brush, comb, toothbrush etc.
- ❑ Books, magazines etc
- ❑ CPAP machine if you use one at home.



Please **DO NOT** bring:

- Large sums of money, jewelry
- Perfume, cologne, aftershave, scented hand lotion, or any other scented products



Special Instructions

If you have a document that names someone to speak on your behalf should you be unable to do so, or have a living will or an advance directive, please let us know when you come to the hospital.

Privacy

- It's very important that you choose one responsible family member or friend to be your information contact person.
- You may be given a privacy card when you arrive with a four-digit privacy code. Staff will not give out any information about you over the phone, unless the caller can provide this number.
- If you would like more information about how we protect your privacy, please let us know.

What to Expect after Surgery

The operation usually lasts 1-2 hours. After surgery you will be moved to the recovery room for a few hours until you are fully awake. You will need to lie on your back, and there may be a pillow between your legs. A nurse will check your blood pressure, pulse, and IV often. You will have oxygen prongs in your nose to help your breathing. You will have a cut in the skin (incision) over your hip. A bandage will cover the incision. Metal clips or staples hold the incision together while it heals.

You may need to have X-rays taken and blood work done after your surgery. You will be given medications for pain and nausea as needed. It is very important to take your pain medications, as this will help you move around after surgery.

Please let your nurse know if you are experiencing pain, nausea or itching.

Your healthcare team

In addition to your nurses and doctor, you will meet different members of the healthcare team such as the physiotherapist, occupational therapist, or social worker.

Each day, you will need to move around more to prepare you for going home. The therapists will teach you how to move and how much weight you can put through your leg. We will help you get up for each meal as much as possible. You will also need to do some exercises for your hip to get stronger (see page 15 for these exercises). You will learn to walk with a walker, and you may need to practice stairs (See pages 8-11). You may also need to learn how to dress and wash yourself again. (See pages 12-13)

Members of your healthcare team will meet with you to talk about your living situation, and what support you will need.

- If you are from a nursing home, you will likely return there a few days after your surgery. You will continue your recovery with help from therapists there.

- If you are from your own home, apartment, or retirement home, you may go directly there after surgery. A Community Care Access Centre (CCAC) care coordinator will meet with you before you go home to talk about what help you will need. We aim to have you home within 5 days after surgery if you are safe to do so.
- If you are not strong enough yet to go home, you may go to another program such as rehab, convalescent, or restorative care on day 5 after surgery. Your health care team will discuss these options with you and your family.

Follow-up

Your doctor, nurse, or health care team will let you know what needs to be arranged for follow-up. Please see page 29 to keep track of any instructions you have for when you leave the hospital.

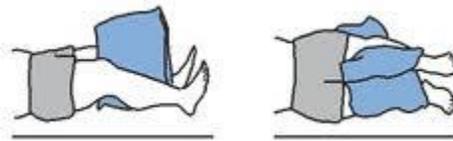
Moving around after surgery

Remember that changing your position often after surgery will prevent stiffness and promote healing and strength.

Lying in bed:

IF you had a total or partial hip replacement to fix your broken hip, you will need to follow these instructions:

- Lie on your back with a pillow wedge or a pillow between your knees.
- Don't cross the injured leg over the middle of your body
- Try to keep your knees and toes pointing up
- You can lie on your side on the leg that was not operated on but place a pillow between your knees so that you don't cross your legs



Getting in and out of bed:

1. Move to the edge of the bed, keeping your knees apart
2. Push up on your elbows and hands
3. Slide your legs over the edge of the bed to sit up
4. Move to the edge of the bed
5. Bend your good leg under you to get ready to hold your weight
6. Slide the foot of your operated leg forward
7. Push yourself up with your hands to stand up
8. Once you have your balance, use your walking aid

****Do not get out of bed by yourself unless told to do so by a nurse or therapist!**

Standing up from a chair:

Be sure to choose high, firm chairs with arms and straight seats. Avoid rocking chairs or other chairs that move. Anything you sit on should be firm and at a height so that your knees are never higher than your hips. See page 18 for more tips on choosing a safe chair.

Follow these steps to stand up:

1. Move forward, to the edge of the chair
2. Bend your good leg under you to get ready to hold your body weight
3. Slide the foot of your operated leg forward
4. Push yourself up with your hands to stand up
5. Once you have your balance, use your walking aid



Sitting down in a chair:

Follow these steps to sit down:

1. Back up to the edge of the chair (you should feel it against the back of your legs)
2. Feel the armrest of your chair with your hand
3. Slide your operated leg forward
4. Hold the armrests and slowly, gently lower

yourself into a sitting position



Walking:

1. Move the walker first.
2. Then, move the operated leg forward.
3. Push down with your hands on the walker to support yourself when you step forward with your non-operated leg.
4. Do not pivot (turn) on your operated leg. Instead, pick up your feet and turn using several small steps.
5. Land on your heel and push off your toes



Getting in and out of a car:

1. Have a friend or family member move the seat back as far as it will go
2. Recline the seat
3. If the seat is too low, use a firm cushion to raise the height
4. Put a garbage bag on the seat to allow for easier turning
5. Roll the car window down so that you can hold onto the car door when sitting. Have your driver hold the door still
6. Turn your back to the car and sit down on the seat
7. Slowly slide back on the seat keeping your operative leg

straight. Do not lean forward

8. Turn your body as you bring your legs into the car, continuing to lean back.
9. Bring one leg into the car at a time. Do not twist.
10. Reverse these instructions to get out of the car.



Going up stairs:

1.



2.



3.



1. Use a hand rail if available to climb stairs and a crutch or cane in the other hand
2. Lead with your non-operated leg, then your operated leg
3. Finally, bring up your crutch or cane.

Going down stairs:

1.



2.



3.



1. Use a hand rail if available to go down stairs, with a crutch or cane in the other hand
2. Lead with your crutch or cane, followed by your operated leg
3. Finally, bring your non-operated leg down

Washing or Bathing:

- Your surgeon or health care team will let you know when you are allowed to start showering
- If you are not allowed to shower, you can take a sponge bath at the sink
- Once you are allowed to shower, use a walk-in shower with a shower seat, or a bathtub with a transfer bench
- A grab-bar will help to keep your balance as you get in and out. **Do not use towel racks, curtain rods, soap dishes, or anything else that is not secure**
- You can use a long handled sponge to wash your legs and feet, or a caregiver can help with this.

Using the toilet:

Most toilets are too low for you to sit on. You may need a raised toilet seat or commode chair in the hospital and at home. You might also need arms around the toilet to help you sit down and get back up. These can be grab bars on the wall, arms attached to the raised toilet seat, or a separate device.



Dressing yourself:

Equipment such as elastic shoelaces, a sock aid, a long handled shoe horn, and a long handled reacher will all help you get dressed. Your therapist will teach you how to use these things. If you had a partial or total hip replacement to fix your broken hip, you will not be able to bend at the waist until your doctor tells you it is safe to do so.

Choose clothing that fits loosely (for example a jogging suit) and lightweight, supportive shoes with a non-slip sole that you can easily slide on without bending over. When you're getting dressed:

1. Sit on the side of your bed or in a high, firm arm chair with a straight back and seat
2. Have your clothes, shoes and equipment near you.
3. Use your reacher to get items off the floor
4. Dress your operated leg first, and undress it last



IF you had a partial or total hip replacement to fix your broken hip:

- ✘ Don't bend down to touch your feet
- ✘ Don't bring your foot up which will cause you to bend your hip beyond 90 degrees
- ✘ Do not rotate or twist your leg inwards or outwards

Tips to Take Care of your Hip

If you had a partial or total hip replacement to fix your broken hip, you will need to follow these tips to prevent injury or dislocation. Your health care team will tell you if this applies to you.

 <p>DO sit on a chair with your hip higher than your knee.</p>	 <p>DO NOT pivot or twist to either side while standing or sitting</p>
 <p>DO NOT bend way over. There is equipment (reachers, sock aids, etc.) to help you with dressing.</p>	 <p>DO NOT cross your legs at the knees or ankles when you are sitting or lying down.</p>

Exercises:

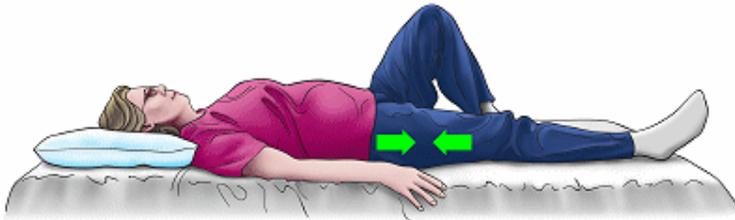
Here are some strengthening exercises you can do in the hospital after your surgery. Once you get home, your therapist will add new exercises.

1.



Pump each of your ankles up and down. Complete 10 repetitions every hour.

2.



With your surgery leg straight tighten your thighs and push your knees down into the bed. Hold for 5 seconds, then relax. Complete 5 to 10 repetitions, 3 times a day.

3.



Squeeze your buttocks as tightly as possible and hold for 5 seconds then relax. Complete 5 to 10 repetitions, 3 times a day.

4.



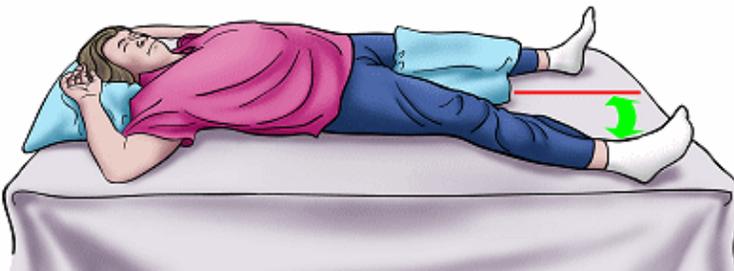
Bend your hip and knee by sliding your heel along the bed towards your buttocks. Then slowly slide your leg back down. Do not bend your hip more than 90 degrees (right angles) IF you had a partial or total hip replacement. Repeat 5 to 10 times, 3 times a day.

5.



With a firm support under your knee, lift your heel off the bed, keeping your knee on the roll. Hold for 5 seconds, then lower leg. Repeat 5 to 10 times, 3 times a day.

6.

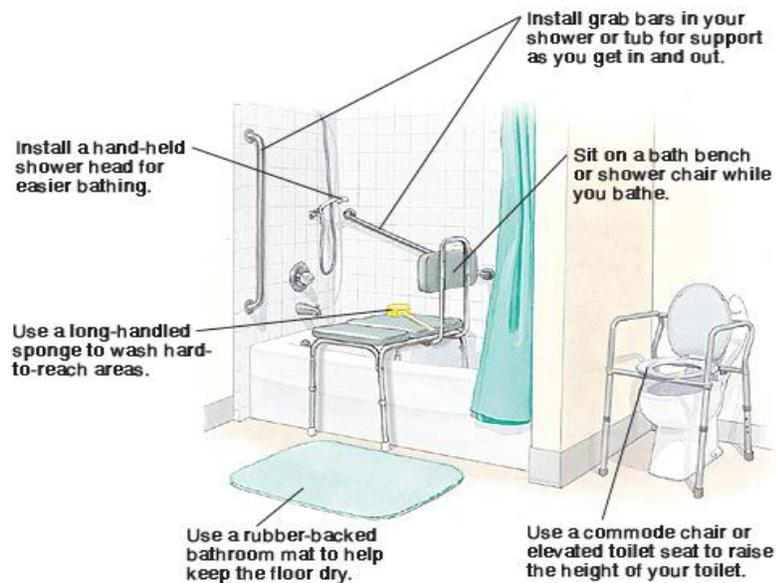


Keep your knees and toes pointed toward the ceiling. Move your leg out to the side as far as possible. Slowly return to the starting position and relax. Repeat 5 to 10 times, 3 times a day.

What your family can do to help prepare your home:

Now that your surgery is over, let's make sure your home is ready so that you can recover safely and quickly. Here are some useful tips.

- Move anything that you use often so that they are located between hip and shoulder level. This will mean that you're not lifting and bending often while you recover.
- Make sure that your home is well lit and free of clutter – especially hallways, stairs and bathrooms.
- Move furniture and other items to create a path wide enough for a walker (30 inches) – just in case.
- Remove any electrical or telephone cords from any pathways. They could trip you!
- Remove any small area rugs and tape down the edges of larger rugs. They can also trip you!
- **Make sure your toilet seat is at the right height.** You might need a raised toilet seat!
- Install grab bars by your toilet and/or bathtub and measure your bathroom to see if it's big enough for a walker.
- Put a non-skid rubber mat and/or bath tub bench in the tub so that you don't slip while you're in the shower.
- Purchase a long-handled bath sponge to clean your feet without having to bend over.
- You should use the bath equipment that your therapist has recommended
- Put a nightlight in your bathroom.
- Keep all commonly used toiletries in one area (between hip and shoulder level!) so that everything you need can be reached easily.



Chairs: While you recover, you should only sit in armchairs. You will need the arms to help you sit down and stand up safely. Make sure you have one chair with a firm backrest, sturdy arms, and a straight seat at the right height (not too low, hips above your knees). Avoid chairs that recline, rock, roll or glide. To make sure a chair is the right height, the seat should be at least as high as your knees when you stand in front of it. A chair may be made taller by adding firm cushions or special blocks. This can be assessed by your therapist at home.

Bed: Your bed should be high enough so that your hips stay above your knees when you sit on the edge. If it's too low, you may need to raise it by having someone place it on sturdy blocks.

Personal Support: You will also need to arrange for help with chores and/or running errands for the first few weeks that you're recovering at home.

Transportation: You won't be able to drive for a while after the operation so ask a family member or friend to drive you to any follow-up appointments.

Meals and Housework: Ask family or friends to help by shopping and cooking for you while you recover or look into getting help through other services (for example: Community Support Connections or caredove.com).

Daily Activities: You will be able to walk with a walker by the time you go home, but you'll still need some help to change bed linens, do laundry, shop, take out the garbage and prepare meals. You may need a long-handled reacher (by squeezing a hand grip at one end, it activates a claw-like grabber on the other end) to help you pick up items out of your reach without bending.

Shoes: It's very important that you wear a pair of supportive shoes that you can easily slip on your feet without bending over to secure them. The shoes should have flat-soles made of rubber to prevent you from falling, (no flip-flops).



Risks and Complications

Any surgery has some risks. Below, we've listed some of the complications that can come after your surgery.

Pain:

It is normal to have pain before and after surgery. The pain will be controlled with medications. You may need pain control medication up to 4 or 5 times a day. Members of the health care team will help you with pain relief. The pain will lessen over time as you heal. It is important to have your pain controlled so that you can do your hip exercises, move around, and get up to sit in a chair. **Please tell your health care team if you are in pain.**

Confusion and delirium:

Delirium is a sudden confused state of mind. It is sometimes called acute confusion. It may occur during an illness or after an operation. Being in the hospital or using pain control medication may cause some people to be confused. See page 23 for more information on delirium.

If you have a history of being confused while in the hospital, please tell or have your family tell your surgeon or other health care provider.

Nausea:

You may have an upset stomach or nausea after surgery because of the pain medication. If you don't feel well, tell your nurse.

Skin:

Lying in bed puts pressure on your skin which can lead to sores. If you have burning, redness or pain on your skin, tell your nurse or therapist. The best way to avoid these problems is to change positions often and not lay in bed for long periods of time.

Weakness:

You may feel tired and dizzy when you get out of bed after surgery. DO NOT get out of bed on your own until your therapist or nurse tells you it's ok.

Breathing Problems:

After you have your surgery, you won't be as active as you usually are. We're going to remind you to perform deep breathing and coughing exercises to prevent mucous from settling in your lungs.

Blood Loss:

We are going to do everything we can to control any blood loss. Some patients may need a blood transfusion. Please talk to your health care team if you have concerns.

Blood Clots:

Your risk of developing a blood clot goes up after surgery for at least two months—possibly longer. All patients who have had a hip surgery are given drugs called 'anti-coagulants' which will make your blood thinner and less likely to clot.

It is also very important to do ankle pumping exercises and get up and move as much as you can after surgery to prevent blood clots. Legs are the most common spot for blood clots. If you have any unusual redness, swelling, warmth, or pain anywhere in either leg, tell a member of your health care team right away.

Infection after surgery:

With any surgery, infection is possible. While you're in hospital, we'll give you antibiotic drugs to kill harmful bacteria and your care team will be careful to check and clean your incision.

We will also look for other signs that there's an infection; rise in temperature, redness, drainage or swelling at the incision, cough, pain when you're breathing, or cough with sputum. If you notice any of these signs, tell your health care team right away.

Constipation:

Pain medications and being inactive can often cause constipation. We'll give you stool softeners and laxatives to help. If you have trouble moving your bowels after surgery, let your nurse know. It is important to follow a high fibre diet including fruits and vegetables to prevent constipation. See page 27 to see how to access a dietician, or get more information on a high fibre diet.

Urinary problems:

You may have trouble urinating or passing water after surgery. It's important to drink lots of fluids to prevent these problems. If you cannot urinate, are urinating often, or have burning, let your nurse know.

Dislocation:

Not all patients have a hip replacement (a new hip) to fix a broken hip. Your surgeon will tell you if you had this surgery. Your new hip needs special protection. The nurses and therapists will teach you how to move in and out of bed and the hip rules.

If you needed to have a partial or total hip replacement to fix your broken hip, you will need to follow the tips on page 14 to avoid dislocation. If your hip dislocates you may notice: more pain than normal, a change in where you feel pain, a change in the shape of your hip, your hip may become stuck in one position and/or an unusual noise when you move your hip.

Confusion and Delirium

“My family member is not like this at home” If, as a family member or friend, you notice that your loved one is acting differently or is restless, please tell your nurse.

What is delirium?

Delirium is a sudden confused state of mind. It is sometimes called acute confusion. It may occur during an illness or after an operation.

What does delirium look like?

People with delirium can act confused and may:

- have trouble paying attention
- be restless and upset
- slur their speech
- not make any sense
- see and hear imaginary things
- mix up days and nights
- drift between sleep and wakefulness
- be forgetful
- have trouble concentrating
- be more alert than normal
- not know where they are
- have trouble staying awake
- sometimes be confused and then suddenly seem okay

What causes delirium?

Some of the causes of delirium are medications, infection and being in the hospital. Your family member or friend is more likely to get delirium if he or she has any of these conditions:

- memory or thinking problems
- severe illness
- dehydration

How is delirium treated?

The cause of the delirium needs to be figured out before treatment begins. This usually means doing some tests and asking questions. Treatment may include a small amount of medication. There are also many other things you can do to help your family member. Please read the next page and talk with your health care provider about what you can do.

Will my family member return to normal?

Each person is different. Delirium often clears in a few days or weeks. Some people may not respond to treatment for many weeks. Others do not fully return to their normal selves. You may see some problems with memory and thinking that do not go away. Please talk with your health care provider about your family member or friend.

You may want to ask your health care provider these questions:

- What is causing the delirium?
- How long will it last?
- Will my family member get better?
- How can we prevent it from happening again?
- Should changes be made in living arrangements?
- How can I as a family member or friend help?



What can we do to help?

- promote healthy rest and sleep
- reduce noise and distractions
- keep light low or off - reduce unnecessary lighting during rest periods
- add comfort with a pillow, blanket, warm drink or back rub
- do not use sleeping pills if possible



Promote physical activity

- help with sitting and walking
- talk with your nurse about how you can help with exercises and



safe activities

- avoid use of restraints

Promote hydration and healthy eating, after checking with staff

- encourage and help with eating
- offer fluids often



Promote healthy hearing

- encourage wearing hearing aids and amplifiers when needed
- make sure hearing aids are working, if in doubt, talk with the speech or hearing specialist

Promote healthy vision

- encourage the use of glasses and keep them clean
- use enough light
- consider a magnifying glass or an eye exam



Promote mental stimulation

- arrange for familiar people to visit often
- talk about current events and surroundings
- read out loud; try a large print or talking book



Recommended Equipment List

We will let you know which of these items you will need to rent or buy:

- Two wheeled walker (Height: _____)
- Standard walker (Height: _____)
- Rollator walker (Height: _____)
- Cane (Height: _____)
- Crutches (Height: _____)
- Raised toilet seat
- Long handled shoe horn
- Commode chair
- Sock aid
- Versaframe
- Hip cushion
- Bath seat or bath bench
- Blocks to raise your bed or furniture if it is too low
- Long handled sponge
- Shoes with a non-slip sole & easy to slide on
- Long handled reacher

Make sure you have this equipment ready for when you leave the hospital. You will need your walking aids so you can walk from the car into your home.

Important Phone Numbers

Cambridge Memorial Hospital:	519-621-2333
Grand River Hospital:	519-749-4300
Guelph General Hospital:	519-837-6440
CCAC KW/Cambridge	519-748-2222
CCAC Guelph	519-823-2550
Community Support Connections:	(519) 772-8787
Eat Right Ontario:	1-877-510-5102

Surgeon's Office: _____

Other: _____

Other Resources

Cambridge Memorial Hospital
www.cmh.org

Eat Right Ontario
www.eatrightontario.ca

Grand River Hospital
www.grhosp.on.ca

Caredove
www.caredove.com

Guelph General Hospital
www.gghorg.ca

Community Support Connections
www.communitysupportconnections.org

CCAC
www.wwww.ccac-ont.ca

Healthline
www.thehealthline.ca

Osteoporosis Society
<http://www.osteoporosis.ca/>

Canada's Food Guide
www.healthcanada.gc.ca/foodguide

Your questions and notes:

Your Appointments and Checklist

Date of my surgery:		Type of surgery:	<input type="checkbox"/> ORIF <input type="checkbox"/> Hemiarthroplasty <input type="checkbox"/> Total hip arthroplasty <input type="checkbox"/> IM nailing
Surgeon's name & phone #:		Hospital:	
My weight bearing status:			
I need to follow hip precautions: YES / NO			
Follow-up appointments after you leave the hospital:			
<input type="checkbox"/> Staple removal	Date/time:		
<input type="checkbox"/> Fracture clinic follow-up	Date/time:		
<input type="checkbox"/> Follow-up with family Dr.	Date/time:		
<input type="checkbox"/> CCAC initial visit	Date/time:		
After surgery you may need to:			
<input type="checkbox"/> Continue with vitamin D and calcium as prescribed by your surgeon	Dose:		