



Bòrd SSN nan Eilean Siar
NHS Western Isles

Physiotherapy Department

Advice Following Hip Fracture

An Information Guide for Patients and Carers.

Your Information

This Information Guide belongs to:

.....

Operation Date:

Operation Type:

Weight Bearing:

Contents

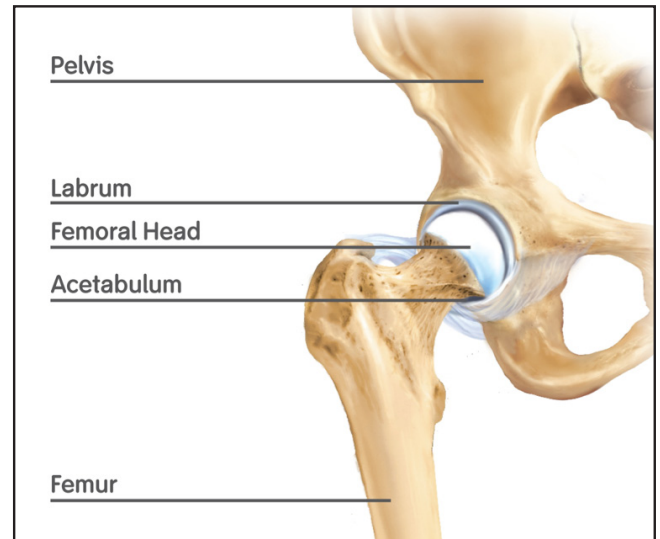
Introduction	3
Section 1: Day After Surgery	4
Total Hip Replacement	
Pain Relief	
Section 2: Early Hip Exercises	5
Section 3: Stairs	7
Walking Upstairs	
Walking Downstairs	
Stairs with Two Crutches/Sticks	
Section 4: Exercise Progressions	8
1-6 Weeks	
Exercises 6 Weeks Post-Op	
Section 5: After the Operation to Going Home	10
Section 6: Risks & Complications After Surgery	12
Section 7: Frequently Asked Questions	13
Section 8: Seating	15
Rising Up/Sitting Down	
Section 9: Keeping Bones Healthy After a Hip Fracture	16
Ensure a Healthy Diet	
Ensure a Healthy Lifestyle	
Looking for Osteoporosis	
Falls Prevention	
Appendices	18
Calcium Stars Shopping List	
I Have Had a Fall	
Further Information	20

Introduction

This booklet is designed to give you and your family some useful information following your recent hip fracture.

The hip joint is a ball and socket joint, where the upper part of your thigh bone (femur or 'ball') meets the pelvis (acetabulum or 'socket').

A hip fracture is a crack or break at the top of your femur. Most hip fractures need an operation to fix them. The type of operation you have will depend on where the fracture is and how bad the fracture is.



Below is a summary of some common types of surgery following a hip fracture:

Hemiarthroplasty - One part of the hip joint is replaced. Typically the 'ball' at the top of the thigh bone is removed and replaced with a metal one.

Dynamic Hip Screw - A special screw that helps to stabilise the broken parts of the bone.

Intramedullary Nail - A metal rod is inserted into the thigh bone to support the fracture while it heals.

Total Hip Replacement - Both the 'ball' and the 'socket' are replaced.

Conservative management means that your fracture does not require an operation to fix it. You will likely need a period of rehabilitation to try and regain your strength and mobility.

Every effort will be made to ensure your operation takes place as soon as possible. Staff will keep you and your family informed and explain the reasons for any delay.

You will be fasted before theatre as per the anaesthetist's instructions, but the nurses will give you some carbohydrate drinks which you can have until 2 hours before your operation. You can eat and drink normally after your operation.

Before you go to theatre, the doctor will explain the procedure and anaesthesia, your leg will be marked, and you will be asked for your written consent for surgery.

Keep this Information Guide so that you may refer to it at a later date.

Section 1: Day After Surgery

On the first day after your surgery, you will have blood tests and a check X-ray.

The doctor and nurses will make sure that you have good pain relief. It is common to feel some nausea or dizziness the first day after surgery. A small number of people may need a catheter, but this will be removed when you are up and mobile.

You will be assessed by a physiotherapist who will help you out of bed and give you a walking aid.

Early mobility is encouraged to help strengthen your new joint and reduce the risk of blood clots.

You will also be encouraged to do some bed exercises. These should be done **3-4 times** daily to improve the strength and flexibility of your new joint.

Pain Relief

There are many different pain relief options available. Remember, if your pain relief is not working, there may be another option to try.

Please let nursing staff know if you have any pain so they can help you. It is easier to keep control of pain before it gets too bad, rather than waiting until you are in a lot of pain before asking for pain relief.

You may find that you have no pain in bed or sitting up, however your pain might increase when walking or doing your exercises.

It is essential to take your pain relief tablets regularly, especially for the first few days after surgery, even if you don't feel any pain.

Section 2: Early Hip Exercises

1. Ankle Pumps



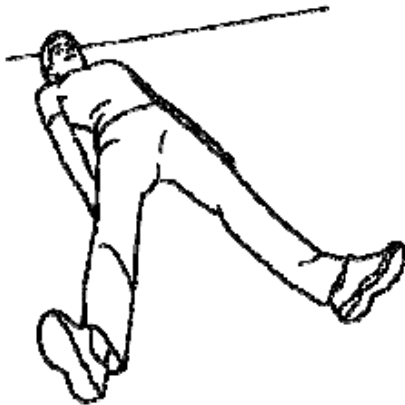
- Move your ankle up and down.
- Repeat 10-15 times, 3 times a day.

2. Hip Flexion



- Lying down.
- Keep your heel on the bed and bend your knee up and down.
- Repeat 10 times, 3 times a day.

3. Hip Abduction



- Lying down.
- Slide your heel out to the side.
- Keep your knee straight and your toes pointing up.
- Repeat 10 times, 3 times a day.

4. Gluteal Sets



- Squeeze your buttocks together and hold for 5 seconds.
- Don't hold your breath.
- Repeat 10-15 times, 3 times a day.

5. Static Quads.



- Lying down.
- Push your knee down into the bed for 5 seconds, and then relax.
- Repeat 10-15 times, 3 times a day.

6. Inner Range Quads



- Place a rolled up blanket or cushion under your knee.
- Slowly lift the foot, and lower leg off the bed. Keeping the back of the knee on the cushion, slowly lower your leg again.
- Repeat 10 times, 3 times a day.

Section 3: Stairs

The physiotherapist will show you how to walk up and down stairs safely during your admission.

Walking UPSTAIRS

- Hold on to the rail and use the stick in the other hand.
- Step your unaffected ('good') leg up on to the first step.
- Then step your operated ('bad') leg and stick on to the same step.
- Repeat this sequence.



Walking DOWNSTAIRS

- Hold on to the rail and stick.
- Put your stick down then step your operated leg down.
- Finally step your unaffected leg down on to the same step.
- Repeat this sequence.



Stairs with TWO Crutches/sticks

Going Up - Keep the crutches down and step your 'good' leg up, then push through the crutches to step the operated leg up on to the same step. Bring the crutches up last.

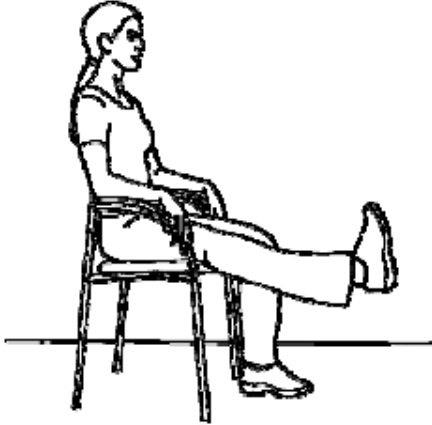
Going Down - Put the crutches down on to the step, then slowly step the 'bad' leg and finally the 'good' leg on to the same step.

Section 4: Exercise Progressions

1-6 Weeks

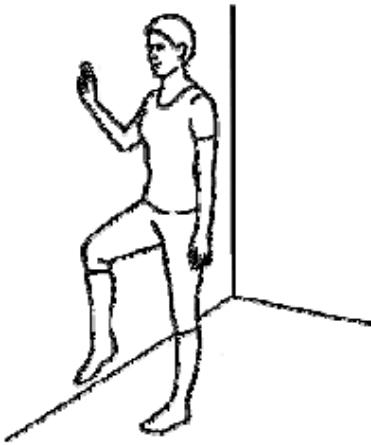
It is important to continue with the exercises after you leave hospital to help you maintain the movement at your hip. You can progress on to these exercises once the pain has settled:

1. Knee extension (sitting)



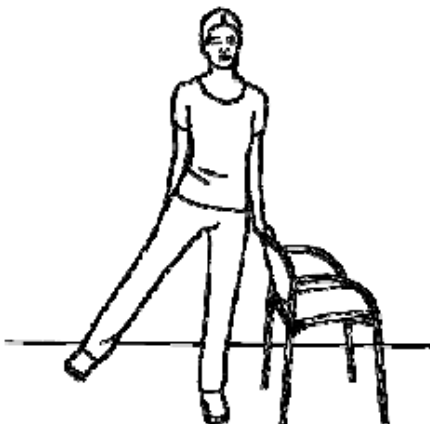
- Sitting on a chair.
- Slowly lift your operated leg to straighten the knee.
- Hold for 5 seconds.
- Repeat 10 times, 2-3 times a day.

2. Hip Flexion (standing)



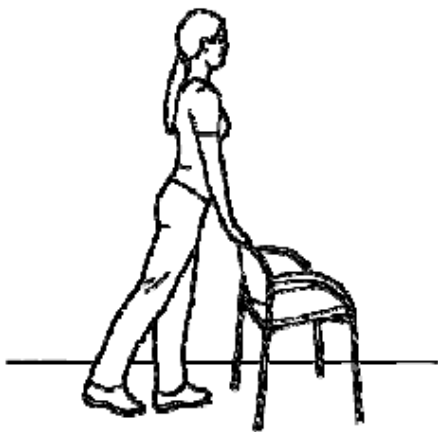
- Stand holding onto a firm surface (e.g. back of chair or worktop).
- Lift your operated leg.
- Keep upright and keep your supporting leg straight.
- Repeat 10 times, 2-3 times a day.

3. Hip abduction (standing)



- Stand holding onto a firm surface (e.g. back of chair or worktop).
- Lift your leg to the side with your knee straight and toes forward.
- Keep your body upright.
- Repeat 10 times.

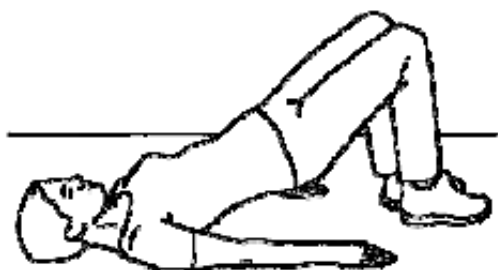
4. Hip extension (standing)



- Stand holding onto a firm surface (e.g. back of chair or worktop).
- Lift your leg behind you.
- Keep your body upright and toes pointing forward.
- Repeat 10 times, 2-3 times a day.

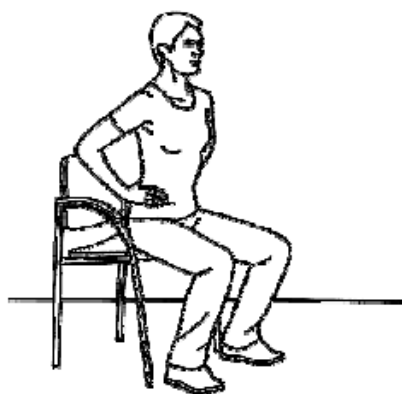
Exercises 6 Weeks Post-Op

1. Bridging



- Lying on your back, knees bent and feet flat.
- Slowly lift your bottom/hips up so that your body is straight. Slowly lower back down.
- Repeat 10 times, 2-3 times a day.

2. Sitting to Standing (sitting on a chair)



- Stand up and slowly sit down - you can push up on the arm rests.
- Try to put weight evenly through your legs.
- Repeat 10 times, 2-3 times a day.

Section 5: After the Operation to Going Home

Prevention of Blood Clots

You will need to take medication to help prevent blood clots after your operation. You might already be taking medication for this and the team will discuss this with you during your admission.

Wound Clips and Dressings

Your wound clips and wound dressing will remain in place for **14 days** before being removed. The dressing will be changed sooner if there is a lot of leaking. You will not be able to have a bath or shower while the clips and dressing are still in place.

If you are at home before your 14th post-operative day then ward staff will arrange for a practice nurse or community nurse to remove these for you. If you are still in hospital then the a nurse on the ward will remove the clips for you.

Rehabilitation and Independence

As you get better on your feet, you will be encouraged to increase your independence. We anticipate that you will be ready to go home within **two weeks** of your operation. Some people are ready quite soon and others require a longer period of rehabilitation.

The physiotherapist will keep helping you with your walking, exercises and practice going up and down stairs.

Occupational Therapy (OT) Assessment

In the hospital, OT will assess how you are managing with activities of daily living such as: washing and dressing and kitchen tasks. They will provide equipment to assist you and offer further support, as required.

If family or carers are looking after you, OT will also check whether they are having any difficulties in caring for you. The next step is to work out ways to help you, and those supporting you, to overcome or cope with the difficulties.

OT may also look at your home environment to help identify any areas that may be increasing the risk of future falls and to ensure furniture is at an appropriate height. Minor adaptations and equipment may be provided if required.

OT work closely with a range of services including Social Work, Faire and the Community Equipment Service.

Social Work

If there is a significant difference in your ability to do things compared to before your fracture, you may require a referral to social work.

They will be able to assess your needs and help you decide if you need help from a carer when you go home. If you already have carers then you might need to consider an increased package of care to help you manage at home.

Section 6: Risks & Complications After Hip Surgery

Blood Clots - Deep vein thrombosis (DVT) is the most common surgical complication. Preventative measures to reduce the risk include early mobility, appropriate blood thinning medication and compression stockings. The pharmacist will explain about this and supply the necessary written information.

Confusion - Can be caused by pain, pain relief, effects of anaesthetic, infection or constipation. It should pass after a few days and you will be monitored and treated as required to reduce the effects of the confusion. It is important to take laxatives regularly if you are constipated until your bowels are moving normally again.

Wound Infection - Although uncommon, wound infection can be a serious problem and may require further surgery. Occasionally in the first few days following your operation a small amount of ooze may be present - this is common and not indicative of any problem. However, if it persists for more than one week it may indicate infection.

The healing process does create heat which can continue for up to 6 months. This is different than the heat created during an infection but you should monitor for other signs of infection. These include:

- increased swelling and redness at incision site
- change in colour, amount or smell of drainage
- increased hip pain
- fever over 38°C.

If you experience any of the above contact your GP as soon as possible.

Nerve Damage - Although extremely rare, there are major nerves near the hip which can be damaged. This is usually temporary and can improve as swelling and bruising reduces after surgery.

Fixation failure - Rarely, the metalwork in your leg can become loose and you may require further surgery to fix this.

Leg Length - The surgeon will try to keep your legs at an equal length but this cannot be guaranteed. A shoe raise can be supplied by orthotics if required.

Section 7: Frequently Asked Questions

When will my leg get better?

Remember, it can take 6 months to fully recover from hip surgery. Some people don't always regain their previous level of mobility and may always need to use a walking aid.

How far can I walk?

Gradually build up the distance you are walking. This will vary depending on your fitness before your operation. Generally, avoid pushing into too much pain.

How should I sleep?

You can sleep in any position you find comfortable. However if you have had a total hip replacement and you want to sleep on your side, then you must lie on your operated side and place a pillow between your knees for 12 weeks after surgery. This is to avoid the operated leg crossing over the other leg.

How should I get in/out of bed?

It tends to be easier to lead with the operated leg whilst getting in and out of bed. You will be shown the best way to get in and out of bed in hospital. If your bed at home is very low it may require to be raised.

What is the best way to dress myself?

When dressing, sit comfortably with feet on the floor. Dress your operated leg first and undress it last. Use the aids provided by the OT e.g. long handled shoe horn, tight aid and helping hand aid. Use the helping hand aid to pick up items off the floor and to dress your lower body.

Will I get physiotherapy after leaving hospital?

Most patients do not need physiotherapy once they have gone home. If your physiotherapist decides you need more input, or followed up at home, an appointment will be arranged with you.

How do I get in/out of a car?

You will likely be most comfortable in the front passenger seat with the seat as far back as possible. The seat may need to be reclined to avoid too much hip bend. Make sure your hips are higher than your knees when seated, particularly if you have had a total hip replacement.

When can I drive?

If you drive, we advise that you do not drive until at least 6 weeks after your operation. You must be able to perform an emergency stop and change gear comfortably. It is your responsibility to ensure you are safe to drive - please contact the DVLA if you need to.

When can I fly on a plane?

Short haul flights after 6 weeks. Long haul flights after 12 weeks. Try to ensure you have lots of leg room for comfort. Move and walk regularly during the flight if you can.

Why is my leg still swollen?

You may have swelling for months after your surgery. Normally, swelling in our legs is reduced as our calf muscles contract during walking. If you are not walking as much, or with less weight on the leg, your calf muscles may not be as effective at reducing swelling. After surgery, many people report that their ankle is more swollen at the end of the day.

Why am I still in pain?

Healing tissues can be painful and this takes time to settle. It is common for pain to be referred to the knee or shin.

Why is there numbness?

Numbness around the incision site can be caused by superficial nerves being disrupted during surgery. This numb area usually gets smaller with time, but some numbness may be permanent.

Section 8: Seating

You may find that it is uncomfortable sitting in a low chair, so we would recommend that you use a suitable chair that encourages a good upright posture and is easy to get up from. Choose one which encourages a good upright posture and is easy to get up from.

We may raise one of your own chairs to a good height or an adjustable height chair may be loaned from OT for 12 weeks if required.

It is good practice when seated to have your knees slightly lower than your hips.

Rising Up/Sitting Down

To rise

- Have your walking aid within reach.
- Bring your bottom to the front of the chair without twisting your hip.
- Place your operated leg slightly in front of the other.
- Push up, using the arms of the chair while taking the weight through your good leg.



To sit down

- Position yourself with your back to the chair, making sure you can feel the edge of the cushion against the back of both your legs.
- Put operated leg slightly in front of the other one.
- Put your hands on the arms of the chair.
- Gently lower yourself by bending both knees, taking the weight through the arms of the chair.

Section 9: Keeping Bones Healthy After a Hip Fracture

The advice received in the hospital and at home from the physiotherapists, OT staff and others will go a long way to ensuring you maintain good health and mobility. There are however a number of other things that can be done to ensure healthy bones now and into the future:

Ensure a Healthy Diet

Calcium

Calcium forms a large part of our bony skeleton and without an adequate supply bones can become weaker.

The NHS Western Isles Department of Nutrition & Dietetics have produced a simple guide (see page 18) to allow you to check that your daily intake is adequate. If you feel unable to meet these requirements please speak to your Practice Nurse or dietician to ensure you have enough calcium for bone health.

Vitamin D

Vitamin D is also essential for bone and muscle health and without it we are unable to absorb calcium in our diet.

We get most of our Vitamin D from sunlight which is clearly a challenge for most of us in the Western Isles and Scotland as a whole. A limited amount is found in diet (e.g. in oily fish such as salmon/sardines and mackerel, fortified margarine, fortified breakfast cereal and powdered milk).

For most people (especially after a fracture) this isn't enough and you will be prescribed a supplement of Vitamin D usually before discharge from hospital. This will ensure that the calcium you have in your diet goes to the right place.

Ensure a Healthy Lifestyle

Smoking

Smoking has a direct effect on bones and causes them to become thinner and weaker. After a fracture it is important for smokers to make the best attempt that they can to stop smoking.

The staff in the hospital or your GP practice can provide advice and refer you to Quit Your Way Hebrides, the NHS Western Isles smoking cessation service, tel. (01851) 701623, if required.

Alcohol

In moderation, alcohol does not appear to do any direct harm to bones (although we are all aware that it can increase the risk of us falling).

Anyone who has more than 3 units a day however (e.g. one large glass of wine, one and a half pints of beer, or three single measures of spirits all have 3 units in them) increases the risk of developing thin bones. If you feel your consumption may be affecting bone health please contact your practice nurse or GP.

Looking for Osteoporosis

For many patients with a fracture, the underlying cause may be weakened, thin bones: osteoporosis.

A traditional X-ray is unable to pick up the signs of osteoporosis and all patients who have a fracture are advised to have an assessment to look for this condition.

NHS Western Isles has a specialised scanner (DEXA scanner) which is able to accurately identify osteoporosis and you will be referred for a scan during your hospital stay in most instances. The good news is that there are very effective treatments for this condition which can slow its progression as well as improve bone strength.

If you are found to have osteoporosis, it is essential to commence medication to improve this to reduce the significant risk of further fractures. If you are advised to take treatment and develop side effects please contact your GP as there are many alternatives that can be used.

Falls Prevention

The physiotherapist and the rest of the team will give you advice and information on how to avoid another fall in the future, or what you should do if you have had a fall (see page 19).

It may be appropriate to refer you on to the Falls Service who will look at the various things that may contribute to your risk of falls i.e. medications, home environment, etc.

I have had a fall

After you fall, panic is often your first reaction. However, how you react after a fall can cause more injuries than the fall itself. If you try to get up too quickly or in the wrong position, you may make an injury worse.

Remember to take several deep breaths, assess the situation and determine if you are hurt. If you believe you are injured, do not attempt to get up. Instead, call for help - a family member or carer, or dial 999 if required.



TELL YOUR DOCTOR, NURSE, CARER, OR OTHER HEALTH PROFESSIONAL ABOUT YOUR FALL

Notes

Further Information

If you require further information, please contact the relevant department:

Surgical Ward	01851 708317
Physiotherapy Department	01851 708258
OT Department	01851 708287
Social Work Department	01851 822708

Western Isles Hospital Contact

Western Isles Hospital
Macaulay Road
Stornoway
Isle of Lewis
HS1 2AF

Tel. 01851 704704

We are listening - how did we do?

We welcome your feedback, as it helps us evaluate the services we provide. If you would like to tell us about your experience:

- speak to a member of staff
- visit our website feedback section at: www.wihb.scot.nhs.uk or share your story at: www.careopinion.org.uk or tel. 0800 122 31 35
- tel. 01851 708069 Monday-Friday between 9am-5.30pm.

Version: 4

Review Date: January 2025

Produced by: Physiotherapy Department, NHS Western Isles. *Physiotherapy images sourced from PhysioTools Ltd.*

Disclaimer

The content of this leaflet is intended to augment, not replace, information provided by your clinician. It is not intended nor implied to be a substitute for professional medical advice. Reading this information does not create or replace a doctor/patient relationship or consultation. If required, please contact your doctor or other health care provider to assist you to interpret any of this information, or in applying the information to your