

Your Surgical Passport for Fractured Hip Surgery

Welcome to Peterborough Regional Health Centre

This booklet will help you on your path to recovery following surgery. This booklet is for patients and families to read.

This book belongs to:

PRHC
Peterborough Regional
Health Centre

Guided by you · Doing it right · Depend on us
www.prhc.on.ca



Surgery at PRHC

The information in this booklet is for educational purposes only, and is not intended to replace the advice of your surgeon. Please contact your surgeon if you have specific questions about your care.

Please read this booklet carefully and share this information with your family. We ask that you take notes on any of these pages, and ask questions about anything you do not understand.

Patient & Visitor Information

PRHC requires a medical-grade mask in all clinical areas where patients are gathered, to protect vulnerable patients from infection.

Learn more about PRHC's current visiting policy at:
www.prhc.on.ca/visiting-prhc-during-covid-19-2/

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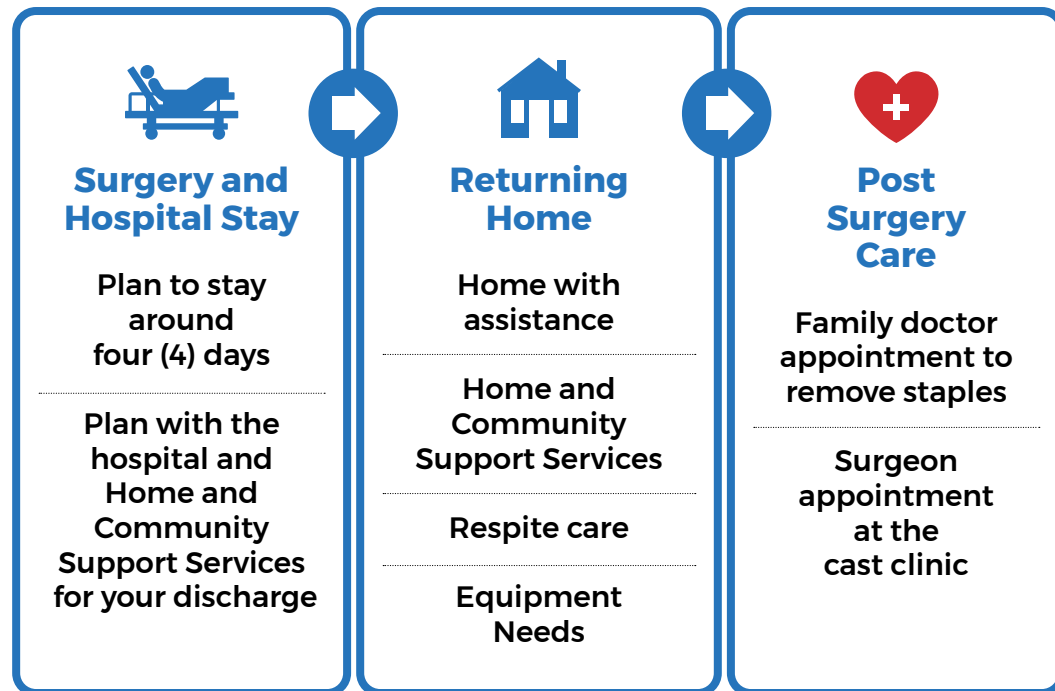
Hip fracture surgery

You have come to the hospital because you have broken (fractured) your hip. You will need surgery to repair your hip. You and your family may have questions about what you can expect before and after your surgery. This book will help to answer some of your questions.

To achieve the best results from your hip surgery, you will need to be an active participant throughout the process.

This guide will help you plan and prepare for your surgery and recovery.

What's Next? The Patient Journey



The hospital will arrange for a surgery date

If you are in good health, your surgeon will start making plans for your unplanned hip fracture surgery. A hip fracture is not an emergency operation so you will be kept comfortable with bed rest and pain medication until your surgery.

The surgery may not occur the day of your admission because you may have other medical problems that need to be considered. Also the hospitals operating rooms are booked with pre-planned surgeries. Because unplanned surgeries are not predictable we cannot guarantee the date or time of your surgery.

The operating rooms may be booked with priority unplanned cases; for example emergency caesarian section or injuries from car accidents. If your surgery is cancelled you will be put back on the unplanned surgery list the next day after 3:00 p.m. Discharge for hip fracture is four (4) days after your surgery, see page 16 for your hospital care plan.

NOTE: if you have been transferred to PRHC from another hospital or nursing care home for your surgery, will be transferred back to your home healthcare facility no sooner than 48 hours post procedure.

DISCHARGE DATE: _____

Your lists

1 What to bring to the hospital

Have a family member or friend bring the following items for you while you are in hospital:

- Your Ontario Health Card
- All of your medications in their original containers
- Reading glasses, hearing aids, dentures, labelled with your name
- A bathrobe and loose, comfortable clothing
- Non-slip slippers or shoes
- Personal hygiene items: toothbrush, toothpaste, hair brush, etc
- A credit card (in case you want to rent TV or telephone in your room)

DO NOT bring large amounts of money or valuables with you to the hospital.

2 Pre-Surgery Checklist

- Discussed surgery with your surgeon

- Signed the consent forms

- Stopped eating and drinking as directed by your nurse

3 Prepare for Your Discharge

Even though you may have just have had your surgery, it is important to plan ahead for your discharge. Please see the following pages for more information.

- Confirmed where you are going after you are discharged

- Booked a respite stay if one is required (*see page 8*)

- Arranged for your home to be prepared for your arrival (*see page 7*)

- Spoke to Home and Community Care Support Services about available community services

- Discussed potential equipment needs at home (*see page 8*)

4 Prepare for Your Discharge

After your surgery, you will be working with the hospital Therapy staff to meet the following goals: Please see pages 15 - 20 for more information.

- You are able to walk safely with a walking aid (example: walker)

- You have practiced the stairs with the Therapy staff (if necessary)

- You know what exercises to continue after discharge from the hospital

- You know the movements and activities you are to avoid with your new hip

- You have reviewed the discharge instructions with your nurse

5 Discharge Home Instructions - Checklist

- Decided where you are being discharged to:
 - Home with support
 - Respite care

- Met with Home and Community Care Support Services

- Your prescriptions for medication

- Purchased your staple removal kit from the hospital pharmacy

- All of your personal belongings

- Confirmed your ride home and that they are bringing a wheelchair up to the unit to bring you to the front door

- Received a follow-up appointment date and time at the Cast Clinic

- Booked a follow-up appointment with your family Doctor for staple removal (take your staple remover kit with you)

Note: if you are returning to another hospital or nursing home, please speak with staff there about follow-up appointments, staple removal, and medication prescriptions

6 Prepare Your Home

It is important for your home to be safe for when you arrive home from the hospital. Consider asking a friend or family member to

- Put away any rugs or mats and secure cords that may be a tripping hazard

- Set up a bedroom or 'recovery room' on the main level of your home to avoid using stairs

- Re-arrange your kitchen, cupboards and closets to ensure frequently used items are within reach

- Complete housework

- Prepare or purchase frozen meals

Book a respite stay (if necessary)

You may require additional help following your surgery and hospital discharge, especially if you live alone. Contact local retirement homes to ask about whether they offer a short-term stay option to help you with your recovery.

If this is right for you, it must be arranged as early as possible in your hospital stay, prior to your scheduled discharge date.

If you do not want to book a respite bed but need extra help after you go home, consider asking a family member or friend to stay with you.

Homecare equipment and dressing aids

Before you are discharged from the hospital a representative from Home and Community Care Support Services will assess your care needs for a safe transition home from the hospital.

For equipment that is not provided by Home and Community Care Support Services, you may be responsible for arranging to purchase/rent. Available items are on the following page, however some may not be required depending on the layout of your home.

Dressing aids are also helpful in completing everyday tasks during your recovery with your hip. You are not required to bring dressing aids to the hospital.




Please meet with any medical equipment store to discuss your specific needs.

Community Loan Cupboards





You may be able to borrow the equipment you need from your local loan cupboard. Check your local listings. Information about this option can be provided by our Occupational Therapist in hospital.

Homecare equipment and dressing aids

Equipment

<input type="checkbox"/> Raised Toilet Seat 	<input type="checkbox"/> Versa Frame 	<input type="checkbox"/> Two (2) Wheeled Walker 	
<input type="checkbox"/> Bath Chair for walk-in shower 	<input type="checkbox"/> Bath/Tub Transfer Bench 	<input type="checkbox"/> Commode 	
<input type="checkbox"/> Cane 	<input type="checkbox"/> Wheelchair 	<input type="checkbox"/> Grab Bar 	<input type="checkbox"/> Wedge Cushion 

Dressing Aids

<input type="checkbox"/> Reacher (optional) 	<input type="checkbox"/> Long Handle Shoe Horn 
<input type="checkbox"/> Sock Aid (optional) 	<input type="checkbox"/> Long Handle Sponge (optional) 

The day of surgery: what to expect

You have likely come into hospital unexpectedly. You will either be taken to the operating room from the Emergency Department, or from our inpatient unit, A5.

The surgery may not occur the day of your admission because you may have other medical problems that need to be considered. Also the hospital's operating rooms are booked with pre-planned surgeries. Because unplanned surgeries are not predictable we cannot guarantee the date or time of your surgery.

Your operation will last one and a half (1.5) to two and a half (2.5) hours and you will then spend one (1) to two (2) hours in the Post Anesthetic Care Unit (PACU).

When you wake up from surgery you will have:

- An IV (intravenous) drip
- An oxygen face mask
- A monitor checking your heart rate and oxygen levels
- A dressing (bandage) on your hip
- You may have a catheter (tube into your bladder to drain urine)
- You may have a drain at the incision site
- Your operative hip and leg may be a pink colour after surgery due to the cleaning solution that is applied.

After the PACU, your family will be able to meet you in your inpatient room where you will spend the next three (3) to four (4) days.

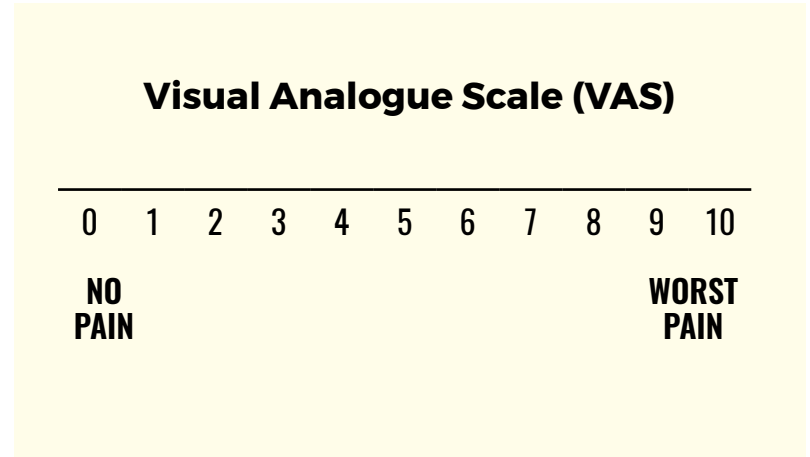
Notes:

Pain management

While in hospital you will be asked to rate your pain using the scale to the right. Our goal is that your pain will be controlled so that you can sleep, move in bed, walk and do your exercises.

- You may have a nerve block to control your pain after surgery. A nerve block relieves pain by interrupting how pain signals are sent to your brain
- You may have a patient-controlled analgesia (PCA) pump option that allows you to give yourself pain medicine through your IV using a button.
- You will be started on oral pain pills.

The anesthesiologist and surgeon will determine the best pain management.



Potential complications

Breathing problems can occur after surgery. It is very important to do deep breathing and coughing exercises every half hour while awake and for the first few days after surgery.

Blood clots can form in the deep veins of the legs or in the lungs. Sitting for long periods of time, bedrest and recent surgery can put a person at risk for developing a clot in the leg. Your surgeon will order an anticoagulant medication (blood thinner) to help prevent clots

from forming. This medication will be continued after discharge for two (2) to five (5) weeks. It is VERY important you have this prescription filled and continue taking the blood thinner for as long as your surgeon has instructed.

Post-operative swelling is common after surgery and can increase as days go on if you are not very active. The most effective way to decrease swelling is to elevate your leg so gravity helps drain the fluid.

What is delirium?

Delirium is a temporary state of confusion. It is important to remember that it is not dementia.

It develops quickly (within hours or days) and can sometimes take weeks to clear.

Unfortunately, some people suffering from delirium do not return to their original state of health.

Delirium is a common, serious, and often preventable problem in hospitalized older adults. Delirium can slow patient recovery and requires immediate treatment.

Who is at risk for delirium?

People who:

- Are 65 or older
- Are dependent on others
- Have problems with vision or hearing
- Are not eating or drinking well
- Take multiple medications
- Have taken narcotics
- Have been under anesthetic
- Have multiple medical conditions
- Have had surgery
- Have an infection
- Use alcohol daily
- Spend time in the Intensive Care Unit
- Have a history of delirium, dementia or depression

Patients with delirium may:

- Be agitated, stressed, or anxious
- Look depressed and withdrawn
- Have difficulty focusing on what is happening around them
- Be confused about daily events, daily routines, and who people are
- Say things that do not make sense

- Experience changes in personality or behavior
- See or hear things that are not really there
- Think that people are trying to harm them
- Be up all night and can sleep all day
- Have symptoms that can come and go over the course of a day

How can I help a loved one who is delirious?

Orientation:

- Bring in a calendar for longer stays in the hospital and update daily
- Talk about current events and what is going on around them
- Include date, time and place in conversation

Hearing and Vision Support:

- Make sure glasses are clean and fit well
- Make sure hearing aids are worn and that batteries are fully charged

Meal Support and Hydration:

- Help with meals and bring favourite snacks (when applicable)
- Provide reminders and encouragement to eat and drink when appropriate
- Ensure dentures are available and used as much as possible, especially when eating

Mobilization:

- Talk with the healthcare team about safe exercise and activities for the patient
- Help the patient with sitting and walking (if approved by the healthcare team), as even a few days in bed can cause muscle weakness
- When out of bed, make sure patient is wearing appropriate footwear or gripped socks (supplied by hospital).

Sleep Health:

- Help maintain a quiet and peaceful setting
- Make sure the lighting is good and appropriate for the time of day
- Try to keep awake during the day to promote good day/nights sleeping cycle
- Offer warm blanket or warm drink

Therapeutic Activity:

- Have a family member or friend stay with the patient as much as possible - take shifts if you have a large family
- Play soothing music that the patient enjoys
- Bring in familiar objects from home such as pictures and blankets
- Bring in word puzzles, magazines, and newspapers

Other ways that you can help:

- Be patient, do not argue
- Be calm and reassuring
- Make sure the patient gets to the bathroom regularly
- Tell a member of the healthcare team if you notice any symptoms of delirium - family members are often the first to notice changes
- Notify the healthcare team if your family member has experienced a delirium in the past

Notes:

Nutrition

Nutrition is extremely important for after your surgery to ensure that you keep your bowels regular. Eating foods that contain probiotics help the “good” gut bacteria and can decrease your risk of infection. Try incorporating yogurt into your meals or snacks before and after your surgery.

Preparing meals in advance and freezing them is highly recommended. Be sure to eat a balanced diet and focus on eating foods that are high in iron, protein and fiber.

Canada’s Food Guide can provide you with more information: www.hc-sc.gc.ca/fn-an/food-guide-aliment/index-eng.php

Iron Rich Foods
Beef Poultry Pork Fish and seafood Dark leafy greens (i.e. broccoli, spinach)

High Protein Food
Meat (see iron rich foods) Eggs Beans, lentils Yogurt

High Fiber Foods
Nuts Fruits Vegetables Supplements (i.e. Metamucil, psyllium)

Notes:

Your hospital care plan

ACTIVITIES	DAY 0 DAY OF SURGERY	DAY 1 POST-OP	DAY 2-4 POST-OP	DISCHARGE
Getting Dressed	Rest	Review dressing techniques with Therapy staff.	Dress self independently or with minimal help.	Dress self independently.
Nutrition	Clear to full fluids. You will not eat a regular meal until day one (1) post-op.	Full fluids (progress to regular diet).	Regular Diet.	Regular Diet.
Hygiene	Rest.	Basin to wash with assistance.	Wash self independently.	Wash self independently.
Wound Care	Wound dressing and drain checked.	Wound checked daily and dressing changed if needed. Drain may be removed.	Wound checked daily and dressing changed. Drain will be removed by day two (2).	You have purchased your staple remover kit and arranged a follow-up with your family doctor.
Pain Control and Medication	You may have a nerve block (freezing) for pain or a PCA pump.	Pain pills medications, stool softeners and blood thinners. PCA may be stopped.	Pain pills medications, stool softeners and blood thinners. PCA will be stopped by day two (2).	Prescriptions to take home.
Activity	Deep breathing and coughing exercises and ankle exercises while in bed.	Sit at bedside, stand with help. Physiotherapy will assist with exercise and walking.	Continue to exercise, practice stairs, up and about on your own with a mobility aid.	Up and about on your own with mobility aid.
Discharge Planning	Review discharge planning with the person who will be helping you.	Ask staff questions about your recovery at home. Confirm discharge plan with the person who will be helping you.	Ask staff questions about your recovery at home. Confirm discharge plan and your ride home.	

Safe body positions: 3 rules for 3 months

These restrictions depend on which procedure you have had to fix your broken hip.

During your surgery, your doctor cuts through the large muscle and tendons on the side

of your hip. This weakens the muscle temporarily and makes the hip joint less stable. When your hip is less stable you are at risk of dislocation. The pictures below show the movements to avoid:

1

Do not bend your operated hip past 90° when sitting, standing or lying



Do not squat

Do not reach for an item on the floor

Do not bring your operated leg towards your chest

2

Do not cross your legs



While sitting, do not cross your legs at the knees or the ankles

3

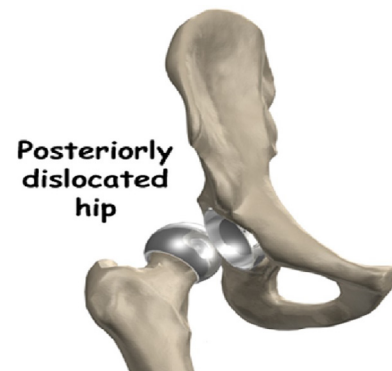
Do not twist your body, especially at the hip or waist.








Keep your nose and toes facing the same direction

When turning, step around instead of pivoting on your operated leg

Remember the muscles and tendons are weakened from surgery and are no longer able to stabilize the hip bones in the joint; therefore the risk of dislocating your hip is greater in the first three (3) months following your surgery.



After your surgery exercises

<p>Deep breathing</p> 	<p>Breathe deeply through your nose and breathe out through your mouth. Repeat 10 breaths for every hour that you are awake.</p>
<p>Ankle pumps</p> 	<p>Bend both your ankles up, pulling your toes toward you, then bend both your ankles down, pointing your toes away from you. Repeat 20 times every hour you are awake.</p>
<p>Static glutes & static quads</p> 	<p>Glutes: tighten your buttocks, squeeze and hold for five (5) seconds and release. Repeat 10 times, three (3) times per day.</p> <p>Quads: tighten the front of your thigh and push the back of your knee into the bed, hold five (5) seconds and release. Repeat 10 times, three (3) times per day.</p>
<p>Hip & knee flexion</p> 	<p>Use a towel or belt under your thigh to bend your hip and knee by sliding your heel up toward your buttocks while keeping your heel on the bed. Hold for five (5) seconds. Slide your heel back down to the starting position. Keep your kneecap pointed up toward the ceiling during the exercise. Repeat 10 times, three (3) times per day.</p>
<p>Quads over roll</p> 	<p>Lie on your back with the roll under your knee. Lift your foot and straighten your knee. Hold for five (5) seconds. Slowly lower your leg down and relax. The back of your knee should stay in contact with the roll during the exercise. Repeat 10 times, three (3) times per day.</p>

Mobility

The hospital physiotherapy team will teach you how to go up and down stairs, but below are a few tips to remember. It is also recommended that the stairs have a railing and you are using a mobility aid (such as a cane).

Stairs

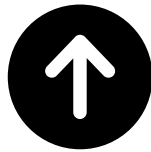
Remember

The GOOD go UP, the BAD go DOWN.

Going UP stairs:

Order of Steps:

1. Non-operated leg
2. Operated leg
3. Mobility aid



Going DOWN stairs:

Order of Steps:

1. Mobility aid
2. Operated leg
3. Non-operated leg



Bed

Getting out of bed

- Move to the side of the bed, keeping your legs apart and your operated leg straight
- As your legs slide out of bed, push through your hands and raise your trunk upright.
- Remember to follow your hip precautions – do not bend at your waist more than 90°



Getting into bed

- Sit at the edge of the bed (facing the foot of the bed)
- Slide your buttocks back onto the bed.
- Raise your legs onto the bed as you lower your trunk with your arms at the same time



Mobility continued

Chair and toilet

Getting into a chair

- Back up until you feel the chair with the back of your legs
- Place operated leg forward with your un-operative knee bent and your foot flat on the floor
- Grasp the armrests and bend your knees
- Lower yourself gently into the chair

Getting out of a chair

- Slide to the edge of the chair while keeping your operated leg out in front of you
- Use your arms to push up off the chair armrests and push up with your non-operated leg. DO NOT bend forward at the hips.

Getting dressed

Putting on pants

- Dress the affected leg first
- Use the reacher to grab the waistband of the pants
- Lower pants to feet and guide the waistband over your feet
- Thread feet fully through pant legs, before pulling pants up the rest of your legs

Putting on shoes

- Place the shoe horn inside shoe against the back of the heel. The curve of the shoehorn SHOULD line up with the curve of the shoe heel
- Slide your heel down shoe horn and into the shoe
- Elastic shoe laces can be used to make the shoe easier to get on

Putting on socks

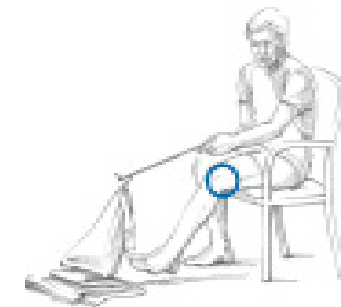
- Slide sock onto sock aid (be sure the heel of the sock is on the curved side of sock aid)
- Slide your foot into the sock as you would with a shoe
- Pull firmly on strings, while pointing toes downward – keep pulling until sock is on your foot and sock aid has come out of your sock



Getting into a chair



Getting out of a chair



Putting on pants



Putting on shoes

Once you are home

Pain control

The pain that you experience will gradually decrease over the next six (6) weeks. If your pain is not manageable, call your family doctor or surgeon's office. Here are some ways to manage your pain:

- Take your medications, especially before any physical activity or physiotherapy session. Take your pain medication BEFORE the pain is severe.
- Ice and elevation can reduce pain and inflammation. Place an ice pack in a towel and use on your joint as directed by your physiotherapists.

Care of your incision

It is important to keep your incision dry and covered until it is fully healed. Inspect your incision daily for any redness or drainage. Call your family doctor or surgeon's office if drainage continues for more than four (4) days after discharge.

- When bathing, keep your dressing on until after your shower then remove the wet dressing. Let the incision air-dry and reapply a new dressing.
- It is normal to have some redness and clear drainage from your incision for the first several days.
- Do not touch or pick at the incision and keep the surrounding skin clean and dry.
- Do not apply Vaseline or creams to your incision unless directed by your provider.

Constipation

Constipation can be a problem once you return home. If you have not had a bowel movement or have diarrhea after 48 hours of returning home, call your family doctor or surgeon's office.

Ways to prevent constipation:

- Drink at least eight (8) glasses of water or other fluids a day. Drink one (1) cup of fluids per hour
- Eat foods high in fibre (see page13)
- Move around as much as you can
- Continue with your exercises

When to see a doctor

It is normal for there to be pain and swelling in your leg when you are discharged home from the hospital.



If you have any of the symptoms below, go to your nearest emergency department to have a doctor assess you.

	In the Leg	In the Lung
Signs of a clot	Pain or tightness in either calf that is different from your incision pain	Shortness of breath
	Swelling in one calf	Fast breathing
	Warmth and discolouration of the calf (different from the area of your incision)	Fast heart rate
	Pain that is worse when standing or walking	Sudden cough that may cause bloody sputum (spit)
		Fainting or loss of consciousness bluish colour of the skin

If you are experiencing any of the symptoms below, call your family doctor:

Other	Pain not relieved by medication
	Unusual swelling
	Excessive bleeding/drainage
	Nausea and/or vomiting
	Diarrhea or constipation for more than 48 hours
Signs of infection	Green, yellow or foul smelling drainage
	Increase in redness around the incision
	Increase in pain and or swelling of incision and surrounding area
	Temperature greater than 38°C (100°F)

Tips to avoid falls

Protecting yourself and your hip is very important. Follow the tips below to prevent yourself from falling:

Don't

Don't go outside in bad weather, when possible

Don't rush to get the phone or the door

Do

Always use your walking aid

Always wear sturdy shoes with non-slip soles

Resuming regular activities

Remember your **3 rules for 3 months** (see page 15) avoid activities that may cause you to squat, kneel, or twist.

Have a family member or friend help as much as possible in the first three (3) months after your surgery.

Driving

Consult your family doctor or surgeon before driving. It is typically recommended to resume driving no earlier than six (6) weeks after your surgery.

Shopping

Ask a family member or friend to shop for you. Shop for less groceries at one time and go more frequently to avoid carrying bags.

Cleaning

Try to do as much cleaning in advance of your surgery. Avoid heavy cleaning for at least six (6) weeks after your surgery.

Laundry

Try doing small loads more frequently.

Sexual Activity

You may return to sexual activity when it is comfortable to do so.

Returning to Work

Most patients do not return to work until at least six (6) to eight (8) weeks after their surgery, however this is dependent on the type of job you have. You may need to speak with your employer about modifying your work area and duties to protect your new hip

Returning to Recreational Activities

Avoid activities such as gardening, golfing, swimming, dancing, etc for at least three (3) months after your surgery. Walking is strongly encouraged to help gain strength back.

Notes:

PRHC

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