

Patient Held Handbook

If found, please return to:

Hip Fracture Nursing Team
Ward 3A, 3rd Floor,
Raigmore Hospital,
Old Perth Road,
Inverness.
IV2 3UJ.

Tel 01463 705569



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Patient Details

Patient Details

Patient Label

Consultant

Hip Fracture Nurses

Tel: 01463 705569
(Hip Fracture Helpline)

Ward 3A Tel: 01463 704454

Aim of this Handbook

- To provide you with information regarding your treatment and recovery following a hip fracture.
- To improve communication between you and the members of the multidisciplinary team involved in your care.

Introduction

You have a hip fracture (broken hip).

Hip fractures are common and are usually due to a fall.

Rehabilitation will begin shortly after admission. Everyone gets better at their own pace. Some people benefit from a slightly longer spell of rehabilitation.

Depending on your progress you are likely to go straight home with appropriate support. We may use a hospital close to your own home but this is not always possible.

You will be central to discharge planning. Your needs and appropriate wishes will be taken into consideration. Family and Carers may also be included in discussions.

Treatment for your Hip Fracture

Most patients with a Hip Fracture require surgery. Occasionally the best treatment plan is to allow the fracture to heal without surgery.

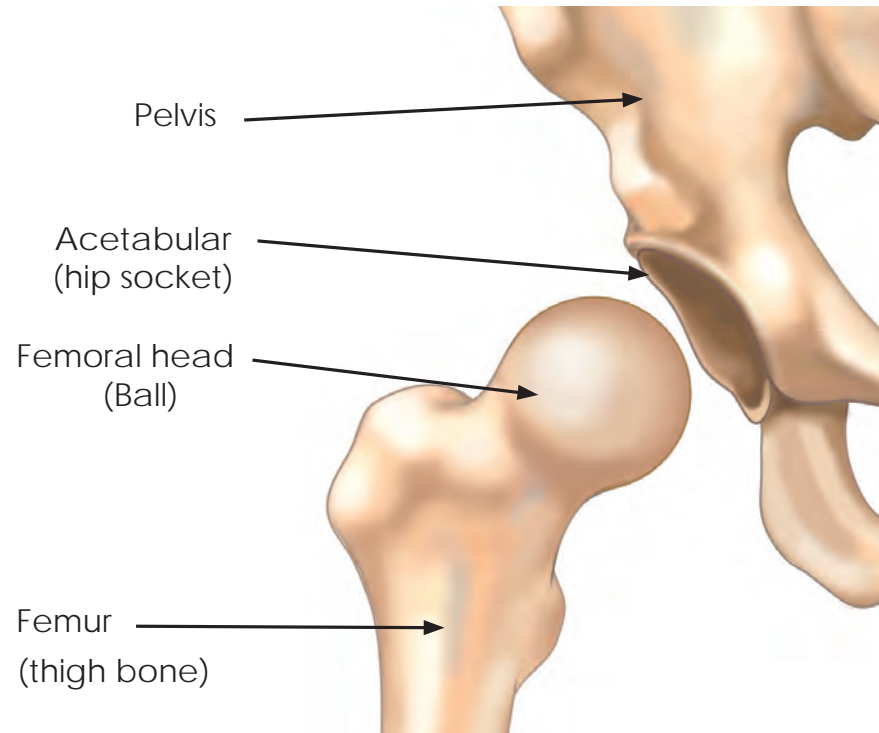
The Orthopaedic Team in charge of your care will discuss the most appropriate treatment with you and the risks involved.

The operation will normally be carried out within 36 hours of your admission to the hospital ward.

It's important to know that things can go wrong sometimes. The risk of this usually depends on the state of your health when you are admitted to hospital rather than something going wrong with the operation. Sometimes, people can experience infection, blood loss, clots in the leg or ongoing pain.

The following pages will explain the operation you have had in more detail.

The Normal Hip Joint



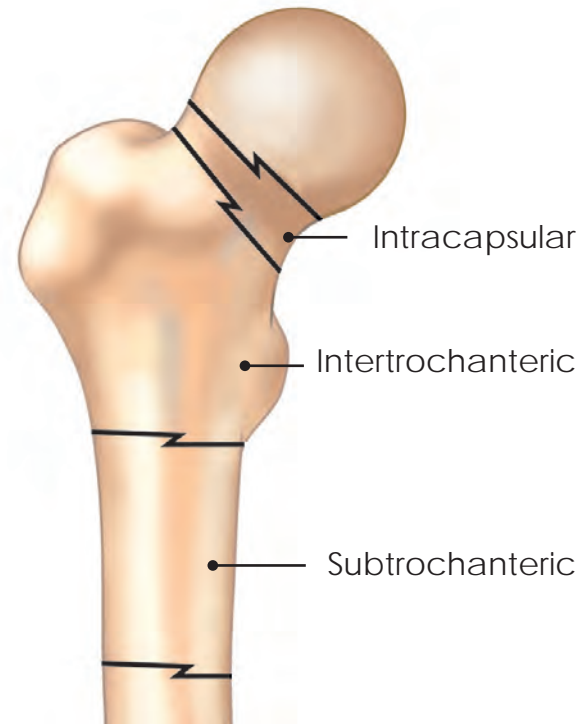
Where is Your Hip Fracture?

The hip is a ball and socket joint at the top of the thigh bone, where it meets the pelvis.

This happens when the upper thigh bone breaks close to the hip joint.

Your surgeon may refer to it as a “hip fracture” or “fracture of the proximal femur.”

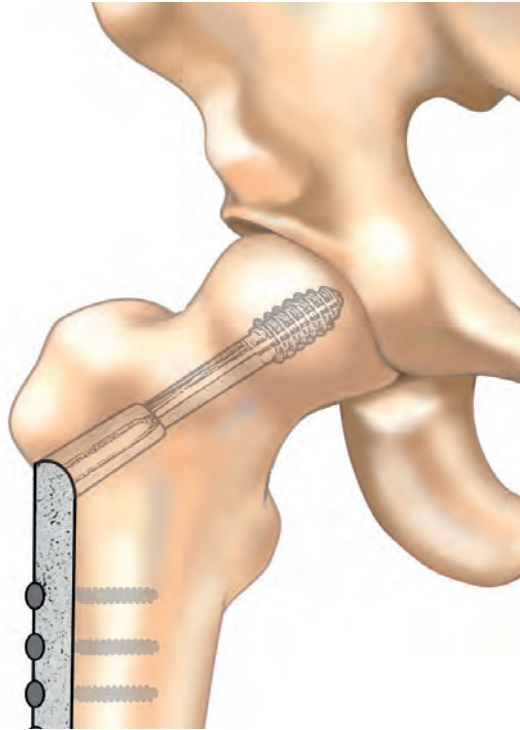
The image shows the areas of the femur where different types of fracture commonly occur.



Screw and Plate (Sliding Hip Screw)

Sliding Hip Screw

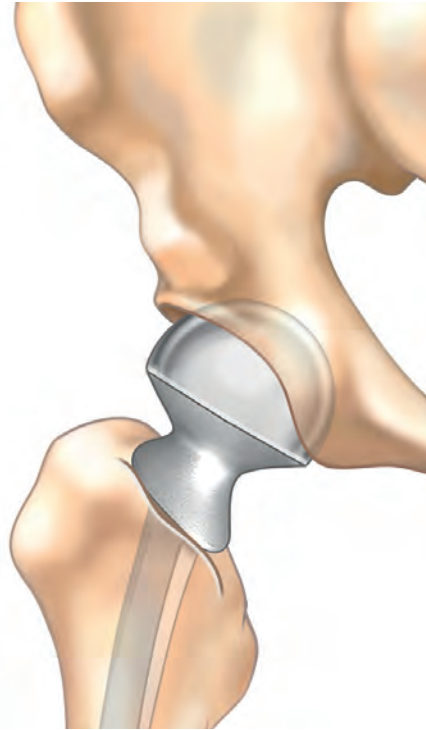
A screw and plate has been inserted to stabilise your fracture to allow bone healing.



Half Hip Replacement

Thompsons Hemi - Arthroplasty

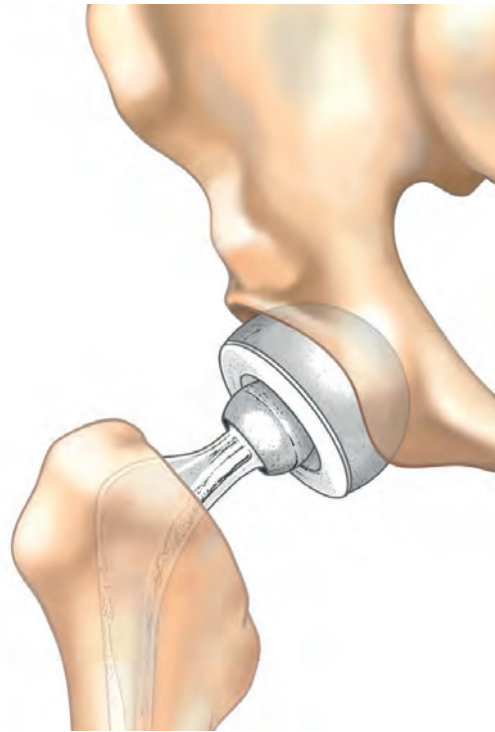
The ball at the top of your thigh has been removed and replaced with a metal one.



Half Hip Replacement

Bi - polar Hemi - Arthroplasty

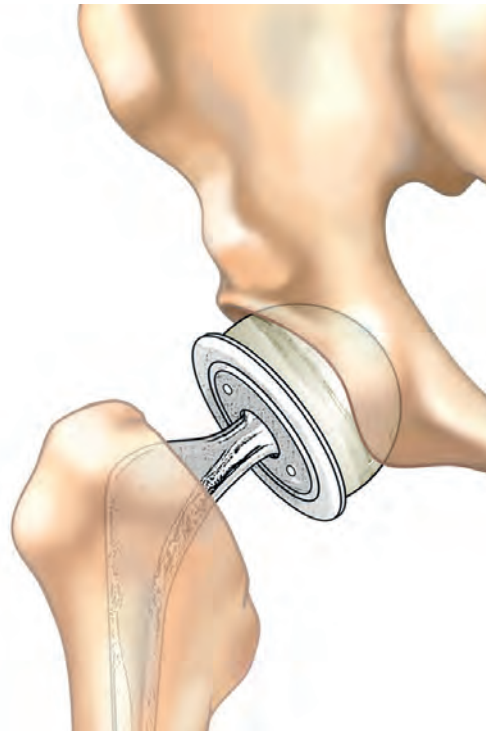
The ball at the top of your thigh has been removed and replaced with a metal one.



Total Hip Replacement

Total Hip Replacement

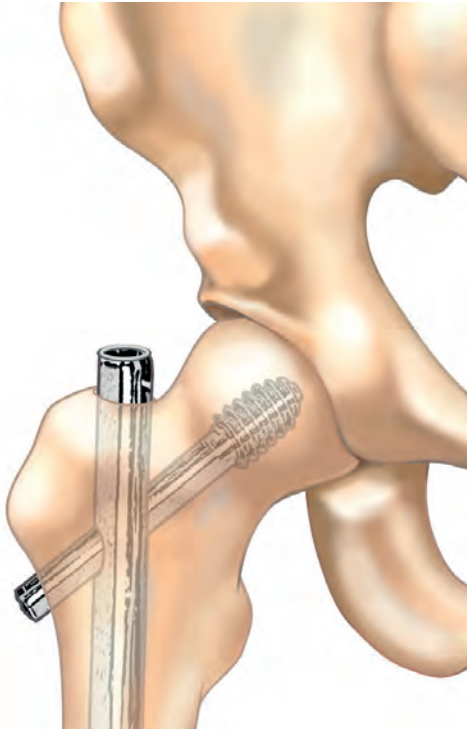
The ball and socket has been replaced.



Nail

Nail

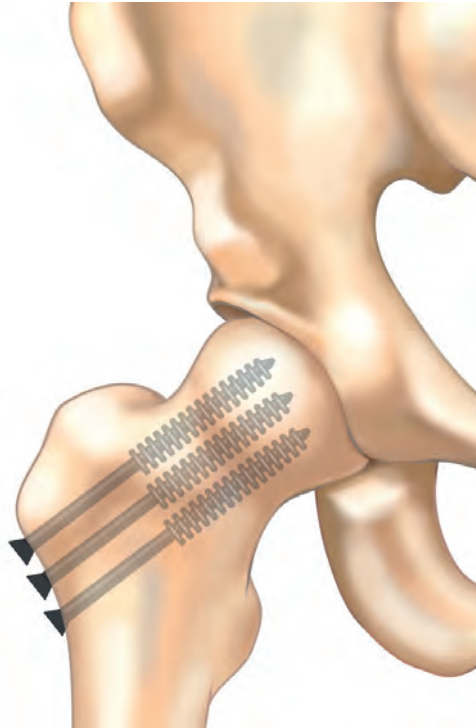
A metal rod has been inserted into your thigh bone, to support the fracture while it heals.



Cannulated Screws

Cannulated Screws

Screws have been inserted into your hip, to support the fracture while it heals.



Discharge and Transfer Criteria

During your hospital stay, healthcare staff will discuss your home and social circumstances with you and, if appropriate, your family or carer.

This will help with making any necessary arrangements for additional support or equipment you may need on discharge from hospital.

In order for you to be discharged home:

- You must be medically stable.
- Your hip wound must be clean and dry.
- Your Physiotherapist and Occupational Therapist have assessed that you are ready for discharge home.

Discharge and Transfer Criteria (cont)

As previously mentioned your care may continue in another hospital.

In order for you to be transferred to a hospital:

- Your hip wound must be clean and dry.
- You are medically stable for transfer.
- A bed is available in the hospital you are transferring to.
- Patient Transport Service vehicle is available.

Pain Relief

You will still have pain in your hip after your operation.

You will be given analgesia (pain killers) at regular times and also as you require them.

Good pain relief will help you to walk sooner and may lead to you having a shorter stay in hospital. If your pain levels are well controlled you will be more comfortable.

Your level of pain will be assessed regularly.

Please tell us if you are sore.

Early Mobilisation

You will be helped out of bed as soon as possible after your operation, usually the following day.

Your Physiotherapist or Nurse will assist you and assess the most appropriate walking aid. This is usually a walking frame or mechanical hoist. You may progress to sticks or elbow crutches.

Your individual needs and progress will guide us.

Early mobilisation helps prevent complications such as chest infections, skin problems and clots in the lower legs.

Early Mobilisation (cont)

We recommend regular deep breathing exercises and exercises to help your circulation. This will be discussed further with you:

Deep Breathing Exercises

- Relax your neck and shoulders.
- Place your hand on your abdomen.
You should feel your hand rise as you breathe in and fall as you breathe out.
- Slowly inhale through your nose, focusing on making your hand rise as you do so.
- Hold for 3 seconds then exhale through your mouth.

Repeat 2-3 times, every 2 hours.

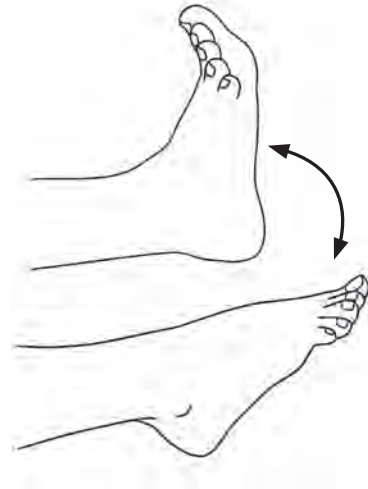


Early Mobilisation (cont)

Lower Leg Exercises

- Lying down or sitting, paddle your foot up and down.

Repeat 10 times, every 2 hours.



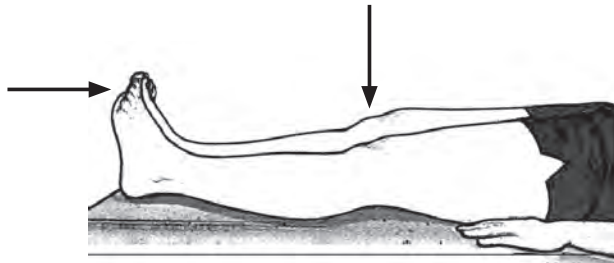
Exercises after your hip operation

It is important to exercise your hip and knee. Your Physiotherapist will teach you what to do.

Here are exercises you can continue at home:

Exercise 1

- Lying on your back with your legs straight, bend your ankles and push your knees down firmly against the bed.

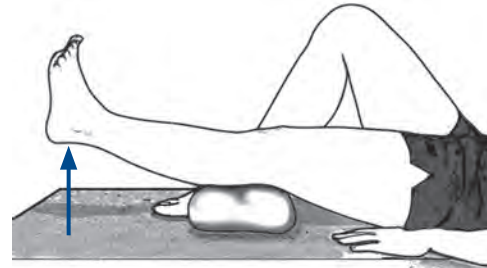


Repeat 5 times, every hour.

Exercises after your hip operation (cont)

Exercise 2

- With a rolled up blanket under your knee, raise your heel off the bed and straighten your operated leg, keeping the back of your knee resting on the roll.



Exercise 3

- Lying on the bed, bend your operated hip and knee and slide your foot up and down the bed. Use a slippery surface such as a tray.

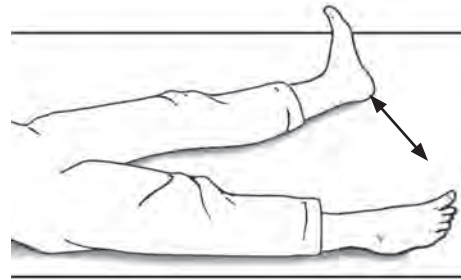


Exercises after your hip operation (cont)

Exercise 4

- Lying on the bed, slide your operated leg out to the side and back to the midline only.

Use a slippery surface such as a tray.



Exercise 5

- Sitting in a chair, bend and straighten the knee of your operated leg. Keep the back of your thigh in contact with the chair.



Try to do these exercises 2 to 3 times each day. Start with 10 of each exercise and gradually do more as you are able (up to 30 of each if you can).

Exercises after your hip operation (cont)

Exercise 6

- Stand. Push up on your toes.

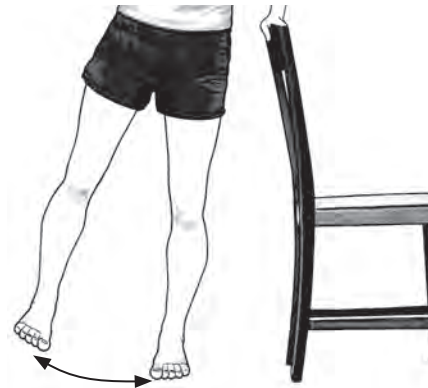


Repeat 10 times.

Exercise 7

- Stand straight, holding on to a support.

Lift your leg sideways and bring it back, keeping your trunk straight throughout the exercise.



Repeat 10 times.

Exercises after your hip operation (cont)

Exercise 8

- Stand straight.
Hold onto a support.
Lift one knee.



Repeat 10 times.

Exercise 9

- Stand straight holding on to a chair.
Bring your leg backwards keeping
your knee straight.
Do not lean forwards.



Repeat 10 times.

Exercises after your hip operation (cont)

Exercise 10

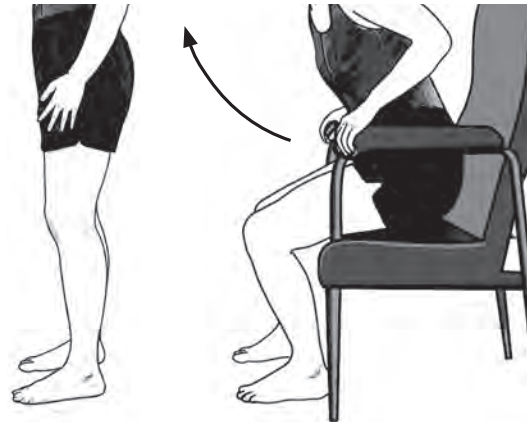
- Stand in front of a table or chair, holding on with both hands. Bend your knees slightly and stick your bottom out, then straighten up.



Repeat 10 times.

Exercise 11

- Practise getting from sitting to standing. Keep your feet even. Use the arms of your chair if you require extra support.



Repeat 10 times.

Stair / Step Practice

Your physiotherapist will show you how to do this using 2 crutches / sticks too for kerbs / steps without rails.

Walking up Stairs

- Stand close to stairs. Hold onto the handrail with one hand and the crutches with the other hand.
- Step up with your healthy leg, then step up with your affected leg and then bring your crutch up on the step.
- Always go one step at a time.



Walking down Stairs

- Stand close to stairs. Hold onto the handrail with one hand and the crutches with the other hand.
- Put your crutch one step down, take a step down with your affected leg and then step down with your healthy leg, onto the same step as your affected leg.
- Always go one step at a time.



Wound Information

You will be given antibiotics at the time of your surgery to reduce the risk of developing a wound infection.

Your wound dressing will be checked regularly while you are in hospital.

It can be left in place for 7-10 days.

The type of dressing and wound closure will be discussed with you.

A healthcare professional will remove the dressing.

You can expect bruising, which may be extensive around the operative site. This will slowly disappear.

Please avoid touching your wound as you may accidentally pass germs from your fingers to your wound.

Wound Information (cont)

Once you leave Raigmore Hospital should you experience any of the following please contact the Hip Fracture Nurses:

- **A red hot wound.**
- **You are feeling generally unwell.**
- **Your wound starts to leak.**

If you are unable to speak directly to the Hip Fracture Nurse then please contact **Ward 3A on 01463 704454**. The ward will then discuss your symptoms with the doctor on call.

- **If experiencing difficulty contacting hospital staff, please contact your GP or NHS 24 on telephone number 111.**

Deep Venous Thrombosis (DVT Clot)

This is also known as a clot in the leg veins

This may occur as a result of your hip fracture and you being less active. You will be prescribed medication which can help reduce the risk of this developing. The staff will explain this in more detail.

Getting you out of bed and early mobilisation also helps to reduce the risks.

Blood clots can form in either leg.

If you develop any of the following please contact the Hip Fracture Nurses:

- **Pain, tenderness or heat in the calf muscle.**

If you are unable to speak directly to the Hip Fracture Nurse then please contact Ward 3A on 01463 704454. The ward will then discuss your symptoms with the doctor on call.

- **If experiencing difficulty contacting hospital staff, please contact your GP or NHS 24 on telephone number 111.**

Pulmonary Embolus

An undiagnosed blood clot could break away from the vein and travel to the lungs.

This is an emergency and you should **CALL 999** if a blood clot is suspected.

- Sudden chest pain.
- **Difficult and / or rapid breathing.**
- Shortness of breath.
- Sweating.
- Confusion.

Care of the Elderly, Physician Input (Medical Review)

A Medical Doctor visits the Orthopaedic Wards each week day.

The aim is to provide you with specialist medical support and advice following your hip fracture.

The Doctor will review and may adjust your regular medications both before and after your operation.

Delirium

Delirium is a state of confusion that can happen if you become unwell.

It can come on over a period of hours or days. Delirium takes time to settle. The confusion can fluctuate.

Think Delirium Information leaflet (NHS Scotland)
-this leaflet is available on the ward should you or a relative experience delirium.



Bone Health

Osteoporosis is a condition which causes bone to become weak and more likely to break.

There are no obvious symptoms of Osteoporosis and the first indication may be a fracture after a simple fall.

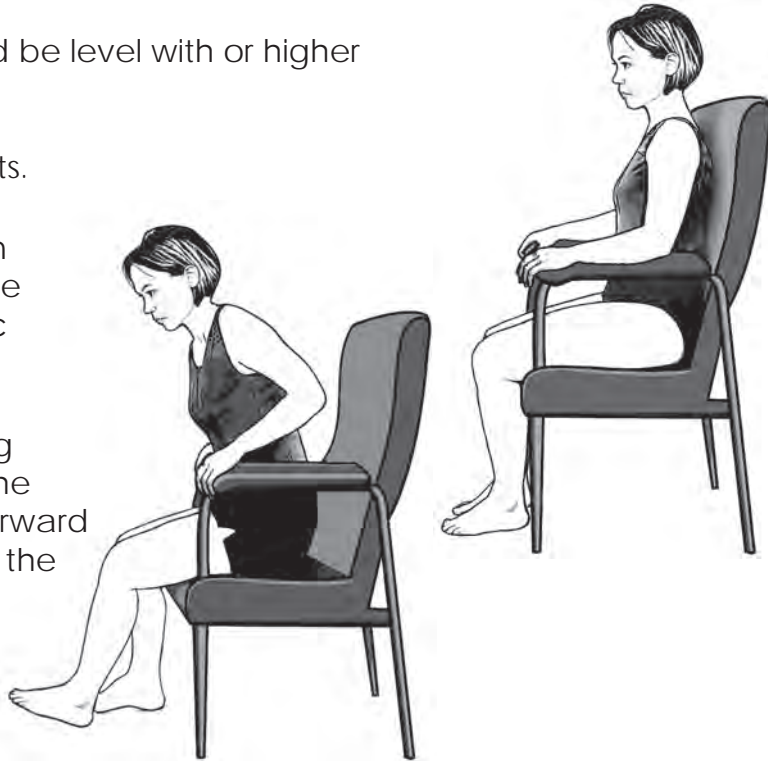
We will discuss your bone health and the likelihood of you having Osteoporosis.

The best treatment options will be discussed with you.

You may be referred for a DEXA scan.

Best Way to Sit in a Chair

- When sitting hips should be level with or higher than knees.
- Avoid soft and low seats.
- Choose a firm seat with arms (your OT will advise if there are any specific height requirements).
- When sitting or standing from the chair, place the operated leg slightly forward (taking weight through the stronger leg).



Best way to get in/out of bed

Getting in;

- 1 Lead with the operated leg.
- 2 Sit on the edge of the bed, a short distance from the pillow.
- 3 Placing your hands behind you on the bed, try to slide yourself back towards the centre of the bed.
- 4 Pull yourself back towards the far corner of the pillow.
- 5 Slide your legs up onto the bed and across the mattress, ensuring you do not cross your legs or twist.



Best way to get in/out of bed (cont)

Getting out;

For single beds with space both sides;

- 1 Lead with the operated leg.
- 2 Slide legs (close together) across the bed.
- 3 Start to raise yourself to the sitting position as your feet start to come off the bed.
- 4 Push up from the mattress to stand.



Best way to get in/out of bed (cont)

Getting out; For double beds or beds against a wall;

- Keep your feet close together and your toes pointing up (avoiding twisting).
- Slide your feet towards the edge of the bed.
- Once your heels are over the edge of the bed begin sliding forward and pushing yourself up to sit.
- Push up from the bed to stand.

Remember to try to avoid crossing your legs and twisting in bed, by lying on your back. If you tend to be restless a pillow between your legs may help prevent this.

Remember to think carefully about where you keep your walking aids so they are within easy reach when you get up.

What is the best way to get dressed?

The Occupational Therapist may practice this with you on the ward, so please have someone bring clothes in to hospital for you to practice with.

- Have the clothes laid out within your reach.
- Sit on a suitable chair or on the edge of the bed.
- Dress operated leg first and undress it last.
- For other procedures, your occupational therapist will show you techniques to help you to be as independent as possible and issue any necessary equipment.
- Avoid tight clothes for at least 6 weeks to keep pressure off your wound.
- Wear good supportive shoes, slip on shoes are easier.

How can I pick something off the floor?

- Stand up and make sure that you have a firm or fixed support to hold onto with one hand.
- Put your operated leg out behind you. Bend the knee of your unoperated leg and steady yourself using the support, whilst reaching for the object.
- Avoid bending from the waist with both feet together on the floor.
- Avoid crouching down with both knees bent to pick something up.



What is the best way of getting on/off the toilet?

The Occupational Therapist will assess your needs and if either a raised toilet seat, frame or grab rail are required, this will be provided.

The Occupational therapist will ensure that you are able to safely and independently use any equipment required for discharge.

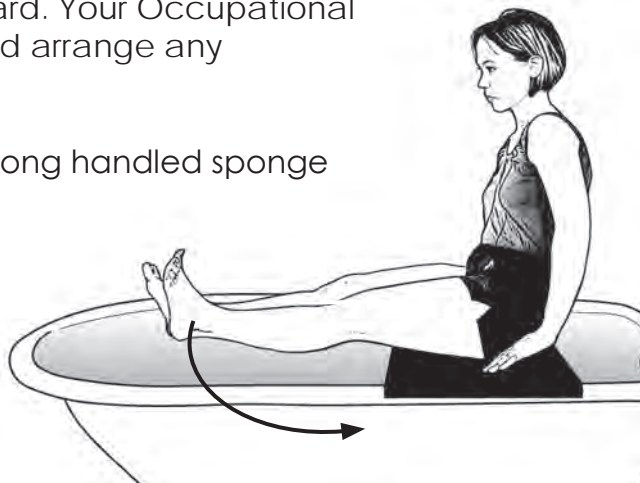
What is the best way of using the bath?

If you have access to one, a shower may be easier, however if this is not available to you, safety is the main concern and it may be better to have a wash at the sink. A “perching stool” may be offered so that you may sit to do this.

If you have an overbath shower and your bath is suitable, you may be offered a shower board. Your Occupational Therapist will assess your needs and arrange any appropriate equipment.

You may find it useful to obtain a long handled sponge to wash your lower half.

To dry your feet, throw a towel onto the floor and dab your feet on this, picking it up as previously described (picking up objects).



What is the best way to get in/out of a car?

- Have the car parked away from the kerb so that you can get in from road level (this means you will not be lowering yourself so far down).
- Travel in the front passenger seat.
- Have the car seat pushed back as far as possible and recline the back rest.
- A small firm cushion may help if the seat is not level.

(continued on next page)



Get in/out of a car

What is the best way to get in/out of a car? (cont)

- When getting into the car hold onto the door frame or dash and the back of the seat, lower yourself onto the seat with your back to the driver's seat, keeping your operated leg forward and lowering yourself through your unoperated leg.
- Slide back over the seat until your bottom is nearer to the driver's seat. This lets you swing your legs into the car without bending your hip too far.
- Keep your legs together as you swing them into the car.

Driving

You **must not** drive for at least 6 weeks after your hip fracture.

Make sure you can reach and use the pedals without discomfort. Have a trial run without the engine on. Try out all controls and go through the emergency stop procedure. Start with short journeys and when you do a long trip stop regularly to get out and stand up and stretch. You may like to check and confirm your insurance cover.

Follow up

You or your carer will be telephoned 4 months after your hip fracture.

You will be contacted by The Hip Fracture Nurse.

You may not be required to attend a hospital clinic.

Physiotherapy

- if appropriate you will be referred for further physiotherapy.

When we contact you we will discuss your progress and offer advice as necessary. Following our assessment we will send a letter to your GP detailing the telephone conversation.

You will be kept informed at all times.

Helpline service

01463 705569

Monday - Friday 8am until 4pm

Once you leave the hospital you can contact the Hip Fracture Nurses if you have any questions or concerns regarding your hip fracture.

We would encourage you to use this service.

Many patients find it very beneficial and often phone us to gauge their progress.

We have an answer phone which is checked regularly each day. Please leave a message with your contact telephone number and we will return your call.

Why am I at risk of falling?

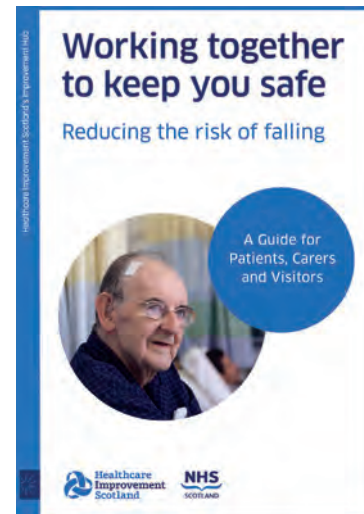
Important information for patients, families, carers and visitors.

Accidental falls are the commonest patient safety incident in hospital and are especially common in older patients.

NHS Highland hospitals take this matter very seriously and in partnership with patients, carers and other agencies, we aim to significantly reduce the number and severity of patient falls.

- You are in an unfamiliar place.
- Your illness may have made you less steady on your feet.

We will provide you with a booklet called:
"Working together to keep you safe"
(NHS Scotland).



What will the staff do?

- Listen to your concerns.
- Check each patient for their risk of falling.
- Help you to be as independently mobile as possible.
- Respond quickly if you need help.

Being in hospital does not mean that people will not fall.

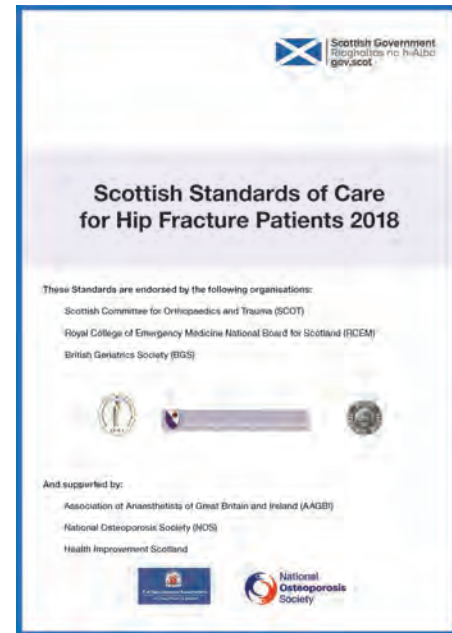
We can all work together to reduce patient falls in hospital.

What can my family and visitors do?

- Bring in any walking aids, spectacles or hearing aids.
- Bring in **loose fitting** clothing and footwear for you to wear.
- Share any information with staff about previous falls they know of.
- Place the nurse call-bell near to you when they leave.
- Put the chair away when they leave and avoid moving furniture or leaving things lying about e.g. bags.
- They should inform nursing staff if they have any concerns about you or your safety.

How do hospitals improve what they do?

- Together the Scottish Government and the Scottish Hip Fracture Audit have set standards of care that you can expect to receive.
- Information on how hospitals are meeting these standards is collected by local audit coordinators and then passed to their local teams so that they can identify any improvements needed.
- Further details on how the data is used and published is available at www.shfa.nhs.scot.uk



We are listening - How did we do?

We welcome your feed back as it helps us evaluate the service we provide.
If you would like to tell us about your experience:

- Speak to a member of staff.
- Share your story on www.patientopinion.org.uk or 0800 122 3135.

QR Codes



FOR A HAPPIER,
HEALTHIER SCOTLAND



Paths for all support local health walks and help them to encourage people to try strength and balance activities on walks or at home.



Age is no barrier to exercise. At any age, you can see improvement in your strength, balance, stamina, flexibility and more importantly the mental health benefits of exercise should never be underestimated. You will find the super 6 exercises here as well as lots of other information.



Falls Assistant is a falls prevention and self-management tool specifically designed and created to help prevent falls, keep people steady on their feet and stay as independent as possible. It enables older people, their carers and family members to assess their own falls risk, and then provides tailored advice that will give them a plan to reduce their future risk of falls and fractures.

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Devised by: The Hip fracture Nurses, Simon White (Occupational Therapist), Kirsteen Kelly (Physiotherapist)		
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