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PATIENT INFORMATION

# Fractured Hips

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THE OTTAWA HOSPITAL

***Disclaimer***

*This is general information developed by The Ottawa Hospital. It is not intended to replace the advice of a qualified health-care provider. Please consult your health-care provider who will be able to determine the appropriateness of the information for your specific situation.*

Name: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

*Adapted with permission from the Trillium Health Centre.*

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## Introduction

Welcome to The Ottawa Hospital. We acknowledge that breaking your hip may have been a traumatic event. We will do our best to support you in your recovery.

This guide will give you general information to help prepare you for surgery. You will learn what to expect before, during and after surgery. On pages 2 to 4 of this guide, there is a ***patient clinical pathway*** which shows you what to expect on each day of your stay with us. You can expect to stay in hospital for about four to five days after your surgery. Please keep this booklet with you while you are in the hospital.

*While in hospital, you will work with a highly trained health-care team which may include:*

- Your orthopedic surgeon
- Registered nurses
- Orderlies
- A physiotherapist and a physiotherapist assistant (PTA)

Other members of the health-care team may be involved in your care as well, including social worker, occupational therapist, CCAC (home care) coordinator, pharmacist and dietitian.

In order for you to get better quicker and go home faster, you and your family will need to be active participants in your care. This booklet includes information about what to expect while in hospital, the people who will work with you, and how to prepare for your return home. Planning for your discharge should start as soon as possible!

Clinical Pathway – Fractured Hips		
	Admission	PACU / Ward
<b>Consults</b>	<ul style="list-style-type: none"> <li>• Orthopedics</li> <li>• Anesthesia (if needed)</li> </ul>	
<b>Tests</b>	<ul style="list-style-type: none"> <li>• Blood work</li> <li>• ECG if older than 65 years</li> <li>• X-ray of affected hip</li> </ul>	
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Antibiotic when leaving for operating room, if ordered</li> <li>• Pain medication</li> <li>• Your specific medications</li> </ul>	<ul style="list-style-type: none"> <li>• Antibiotics</li> <li>• Pain medication</li> <li>• Blood thinners</li> <li>• Your specific medications</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>• History and physical assessment</li> <li>• IV insertion</li> <li>• Vital signs and oxygen level</li> <li>• Neurovascular status</li> <li>• Pain level</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs and oxygen level</li> <li>• Neurovascular status</li> <li>• Wound dressing and drainage tube (hemovac) assessed</li> <li>• Pain level</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Bedrest</li> <li>• Bed exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Bedrest</li> <li>• Pillow between knees</li> <li>• Bed exercises</li> <li>• Deep breathing and coughing</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Urinary catheterization if necessary</li> </ul>	<ul style="list-style-type: none"> <li>• Urinary catheterization if necessary</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• NPO until surgery. You may have sips of water with medications.</li> </ul>	<ul style="list-style-type: none"> <li>• NPO to sips of water</li> </ul>
<b>Patient Teaching/</b>	<ul style="list-style-type: none"> <li>• Proper positioning before surgery</li> <li>• Pain management</li> <li>• Deep breathing and coughing</li> <li>• Ankle exercises</li> </ul>	<ul style="list-style-type: none"> <li>• Proper positioning</li> <li>• Pain management</li> <li>• Deep breathing and coughing</li> <li>• Ankle exercises</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Discuss expected length of stay of five days, and discharge plans</li> </ul>	<ul style="list-style-type: none"> <li>• Discharged to unit when ready</li> </ul>

<b>Clinical Pathway – Fractured Hips</b>			
	<b>Post-op Day 1</b>	<b>Post-op Day 2</b>	<b>Post-op Day 3</b>
<b>Consults</b>	<ul style="list-style-type: none"> <li>Physiotherapy</li> </ul>		<ul style="list-style-type: none"> <li>CCAC if needed</li> </ul>
<b>Tests</b>		<ul style="list-style-type: none"> <li>Blood work</li> <li>X-ray of affected hip</li> </ul>	
<b>Medications</b>	<ul style="list-style-type: none"> <li>Antibiotics</li> <li>Pain medication</li> <li>Blood thinners</li> <li>Your specific medications</li> </ul>	<ul style="list-style-type: none"> <li>Pain medication</li> <li>Blood thinners</li> <li>Your specific medications</li> </ul>	<ul style="list-style-type: none"> <li>Pain medication</li> <li>Blood thinners</li> <li>Your specific medications</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>Vital signs and oxygen level</li> <li>Neurovascular status</li> <li>Dressing check</li> <li>Pain level</li> </ul>	<ul style="list-style-type: none"> <li>Vital signs and oxygen level</li> <li>Neurovascular status</li> <li>Pain level</li> </ul>	<ul style="list-style-type: none"> <li>Vital signs and oxygen level</li> <li>Neurovascular status</li> <li>Bulky dressing removed</li> <li>Pain level</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Pivot transfer</li> <li>Up in chair × 1</li> <li>Ambulate × 1</li> </ul>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Up in chair × 2</li> <li>Ambulate × 2</li> </ul>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Ambulating to bathroom</li> <li>Up in chair × 2</li> <li>Ambulate × 2</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>Urinary catheterization if needed</li> <li>Check bowel function</li> </ul>	<ul style="list-style-type: none"> <li>Voiding in bathroom</li> <li>Check bowel function</li> </ul>	<ul style="list-style-type: none"> <li>Voiding in bathroom</li> <li>Check bowel function</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>Diet as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>Diet as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>Diet as tolerated</li> </ul>
<b>Patient Teaching/</b>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Hip precautions</li> <li>Weight bearing status</li> <li>Pain management</li> <li>Blood thinners</li> </ul>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Hip precautions</li> <li>Weight bearing status</li> <li>Pain management</li> <li>Blood thinners</li> <li>Blood clot prevention</li> </ul>	<ul style="list-style-type: none"> <li>Exercise program</li> <li>Hip precautions</li> <li>Weight bearing status</li> <li>Pain management</li> <li>Blood thinners</li> <li>Blood clot prevention</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>Review discharge plans and length of stay as five days</li> </ul>	<ul style="list-style-type: none"> <li>Discharge plan discussed and discharge destination identified</li> </ul>	<ul style="list-style-type: none"> <li>Discharge destination identified</li> </ul> <p>Arrangements made if discharge is to nursing home on Post-op Day 4</p> <ul style="list-style-type: none"> <li>Equipment needs identified</li> </ul>

Clinical Pathway – Fractured Hips		
Post-op Day 4		Post-op Day 5 / Discharge Day
<b>Medications</b>	<ul style="list-style-type: none"> <li>• Pain medications</li> <li>• Blood thinners</li> <li>• Your specific medications</li> </ul>	<ul style="list-style-type: none"> <li>• Pain medication</li> <li>• Blood thinners</li> <li>• Your specific medications</li> </ul>
<b>Assessments and Treatments</b>	<ul style="list-style-type: none"> <li>• Vital signs and oxygen level</li> <li>• Neurovascular status</li> <li>• Dressing change if needed</li> <li>• Pain level</li> </ul>	<ul style="list-style-type: none"> <li>• Vital signs and oxygen level</li> <li>• Neurovascular status</li> <li>• Dressing change if needed</li> <li>• Pain level</li> </ul>
<b>Activity</b>	<ul style="list-style-type: none"> <li>• Exercise program</li> <li>• Progression of ambulation</li> <li>• Practice going up and down stairs</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise program</li> <li>• Progression of ambulation</li> <li>• Practice going up and down stairs</li> </ul>
<b>Elimination</b>	<ul style="list-style-type: none"> <li>• Voiding in bathroom</li> <li>• Check bowel function</li> </ul>	<ul style="list-style-type: none"> <li>• Voiding in bathroom</li> <li>• Check bowel function</li> </ul>
<b>Nutrition</b>	<ul style="list-style-type: none"> <li>• Diet as tolerated</li> </ul>	<ul style="list-style-type: none"> <li>• Diet as tolerated</li> </ul>
<b>Patient Teaching/</b>	<ul style="list-style-type: none"> <li>• Exercise program</li> <li>• Hip precautions</li> <li>• Weight bearing status</li> <li>• Pain management</li> <li>• Blood thinners</li> <li>• Blood clot prevention</li> <li>• Discharge instructions (if being transferred to another facility)</li> </ul>	<ul style="list-style-type: none"> <li>• Exercise program</li> <li>• Hip precautions</li> <li>• Weight bearing status</li> <li>• Pain management</li> <li>• Blood thinners</li> <li>• Blood clot prevention</li> <li>• Provide and review discharge instruction sheet</li> </ul>
<b>Discharge Planning</b>	<ul style="list-style-type: none"> <li>• Discharge to destination</li> <li>• If the plan is discharge home, arrangements are made for transportation</li> </ul>	<ul style="list-style-type: none"> <li>• Discharge home by 10 a.m.</li> </ul>



## **The Health-care Team**

There are several members of the health-care team that can assist you in this planning.

### **Orthopedic Surgeon**

Your orthopedic surgeon and team of surgical doctors will discuss all aspects of your care including, your surgery, recovery, and answer any questions you might have. Your orthopedic surgeon will oversee your care with the other health-care providers.

### **Registered Nurse**

The nurse will care for you before and after surgery providing emotional support, medications, nursing care, and teaching instructions.

### **Orderly**

The orderly will work with the RN to help with your care, for example: baths, getting you out of bed and going to the toilet.

### **Physiotherapist**

The physiotherapist (PT) will assist you in specific activities such as getting out of bed, walking, doing stairs and exercises that help you gain strength and movement following your surgery. They will also provide recommendations on any equipment and physio follow-up needed once you are discharged home.

### **Occupational Therapist**

After your surgery, it may be more difficult for you to carry out your everyday routines. The occupational therapist provides assessment and retraining in everyday activities. These may include bathing, dressing, working in the kitchen and getting in and out of the car so that you will manage more safely and independently when you go home. The occupational therapist will also help you should you have any special equipment needs for home.

### **Physiotherapy Assistant**

The PTA assists the physiotherapist with educating you about your precautions and activity guidelines after surgery. Along with this, the PTA assists you to increase your level of independence through exercise and activities before you are discharged home.

### **Pharmacist**

The pharmacist reviews and ensures proper use of each medication prescribed. If you have any questions about your medications, ask to speak with the pharmacist.

### **Social Worker**

Before and after surgery, you may feel a variety of emotions, such as fear, sadness, anger and/or loss of control. Sometimes help is needed to cope with these feelings. The social worker is available to provide brief counselling and support to you and your family to help enhance your quality of life. They will also assist you and your family with possible relocation issues and collaborates with community agencies.

### **Dietitian**

The dietitian is available to help when you have special diet needs.

### **Community Care Access Centre (CCAC)**

The CCAC of Ottawa provides in-home services information and referral resources, and assists with long-term and short-term care placement. If the health-care team identifies a need for CCAC services, the case manager will then meet with you to determine eligibility, assess your care needs and develop an individual plan. Supports may include nursing, rehabilitation services or personal support. Please remember, long-term care is not available from the hospital.

## **Before Surgery**

The following is a list of things that you will require during your hospital stay. This will make your discharge home easier and faster.

### **1. Medications**

A family member should bring in any medications that you are taking as soon as possible, if you do not have them with you. It is important for the health-care team to be aware of what medications you take regularly.

### **2. Clothing**

Have a family member or friend bring the following:

Comfortable, well-fitting shoes (i.e., running shoes) or slippers with a non-slip sole. All footwear must have closed heels and toes.

Personal care items (i.e., toothpaste, deodorant)

Any clothing that will be needed during your stay or on discharge (i.e., dressing gown, socks)

Plastic bins are provided for you to put your belongings in. Please limit the amount of things you bring in to what can fit in the bin.

### **3. Walking aids**

A walker or cane will be provided to you for use while you are in the hospital if you need one.

## **Surgery Preparation**

Several tests may need to be done. The tests depend on your age and general health. Some of these tests include blood work, ECG (heart tests), x-rays and consults to other specialty doctors such as medicine and anesthesia.

An intravenous (IV) tube will be placed in your arm to give you fluids. In most cases, you will not be allowed to eat or drink after midnight the evening before your surgery (except sips of fluid to take any needed medications). Sometimes if we know your surgery will not be until late in the day, you may have a light breakfast.

## **Pain Management**

The nurses will ask you often to describe your pain and rate it on a scale from 0 to 10. Zero is *no pain* and 10 is the *worst pain* you can imagine. You will be given medication to manage this pain. It is important for you to rate your pain and describe it to others so that it can be managed effectively.

If you were on pain medications prior to breaking your hip, you may be asked to fill out a Brief Pain Inventory Self-Report. This will help the nurse to understand your level of pain prior to coming to hospital, in order to better control your pain with this new injury.

## **Positioning Before Surgery**

A pillow will be applied to support your affected leg for the time prior to your surgery. The purpose of the pillow is to keep your leg in proper alignment, and provide some comfort.

## **Exercises Before Surgery**

The nurse will encourage you to do the following two exercises while you are on bedrest prior to your surgery:

### ***Deep breathing and coughing:***

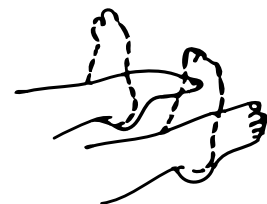
Take five deep slow breaths, in your nose and out through the mouth, expanding your lungs as much as possible. Follow this with a strong cough. Repeat every hour when possible. This helps to keep your lungs clear.

### ***Ankle exercises (calf pumping):***

These exercises help the blood circulate in your legs while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

*With your legs on the bed:*

- Point your feet toward your body
- Point your feet away from your body
- Move your ankles in a circle clockwise and counter-clockwise.

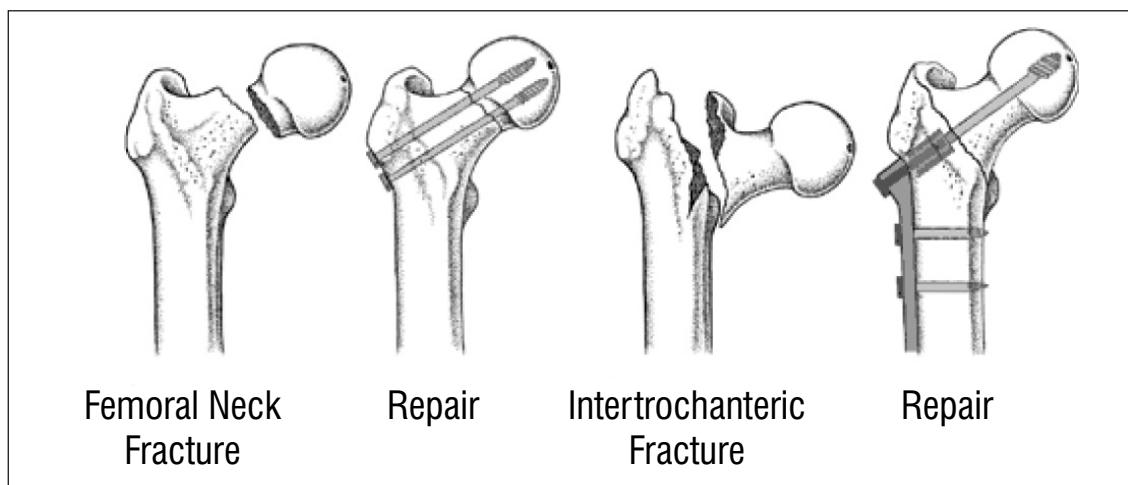


## Your Surgery

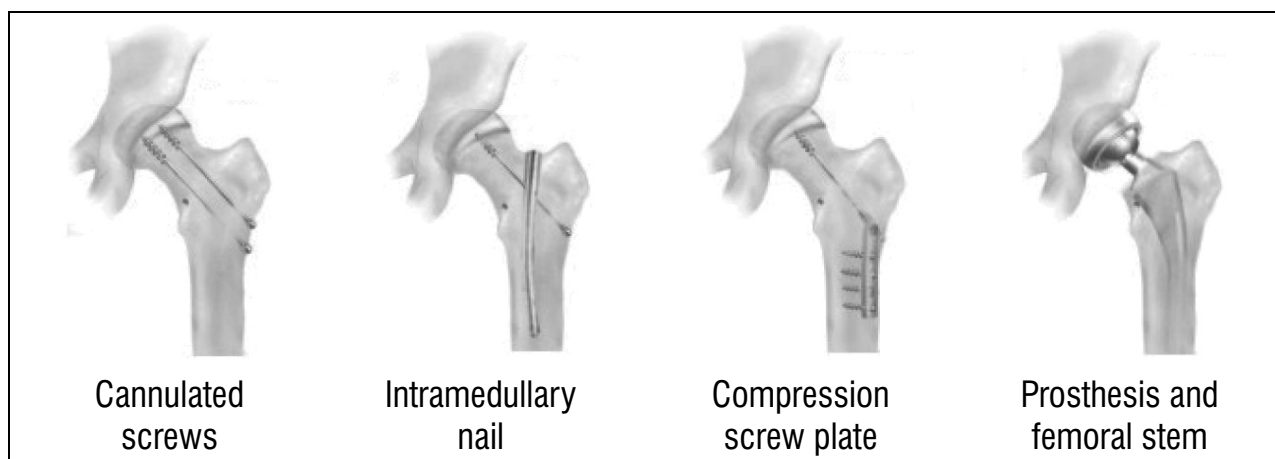
The surgeon will answer questions about the operation and obtain consent from you or a family member/designate. The surgery will likely take one to two hours to complete. Metal screws may be used to hold the broken bones together. Sometimes, part or all of the joint may need to be replaced to repair the break. You will have an incision (cut in the skin) over your hip that is about six to ten inches long. A large bandage will cover the incision. The incision is held together by staples that are to be taken out 10 to 14 days after surgery.

After the surgery, you will be moved to the recovery room for a few hours until you are fully awake. You will then be brought back to your room—this may take several hours.

### Repairing a Fractured Hip



Images: [www.merck.com](http://www.merck.com)



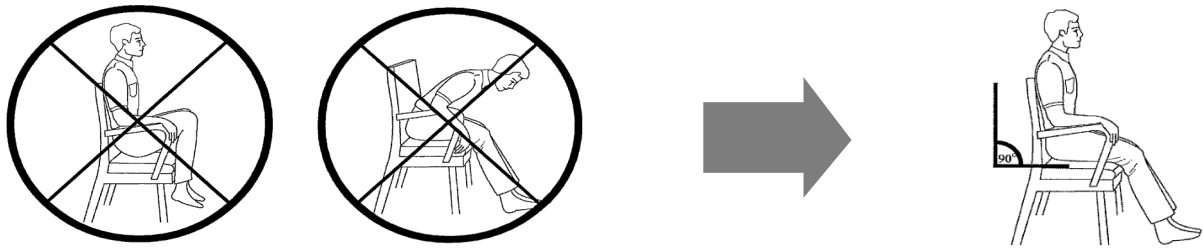
[www.canortho.org](http://www.canortho.org)

### **Precautions after surgery**

After surgery you will need to be careful how to position your legs and how you move. The muscles and tissues around your hip take from three to six months to heal. During this time you are at risk for dislocating your hip. While rare, hip dislocations are very painful, require a return to the operating room and results in a much longer recovery period. For these reasons, you must follow these basic precautions throughout all of your activities until advised by your physician.

#### **☐ Do not BEND more than 90 degrees**

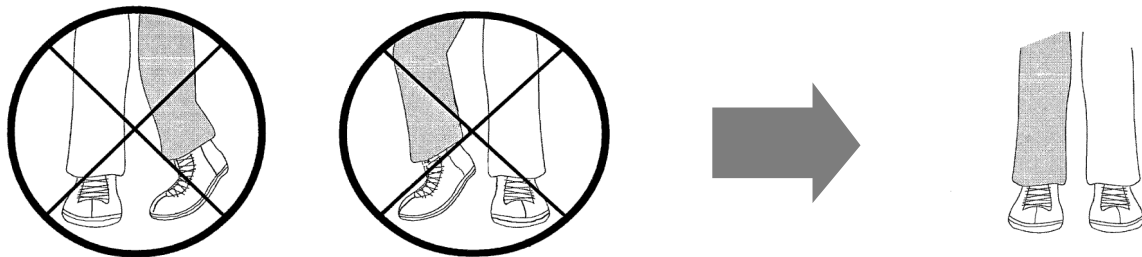
#### **DO sit with hip higher than knees**



Especially when sitting in the car and on toilet seats (tend to be low).

#### **☐ Do not TWIST leg**

#### **DO keep legs in line with trunk**



Twisting refers to putting weight on one leg and turning to retrieve an object. (e.g., if you are cooking, do not twist your body to retrieve a pot. Instead shuffle sideways to retrieve pot).

#### **☐ Do not CROSS legs**

#### **DO keep a space between legs**



Crossing occurs any time one leg overlaps the other. When sleeping, it is recommended to sleep with a pillow in between the legs to avoid crossing.

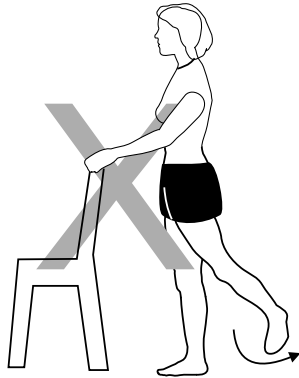
(Images from [www.stvincents.org](http://www.stvincents.org), used with permission)

## Anterior Hip Precautions

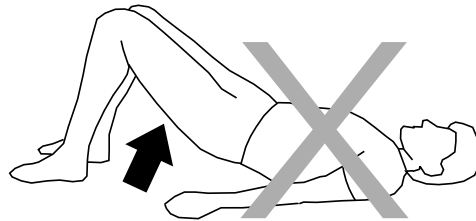
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### ☐ Extension and External Rotation

- I do not extend my operated leg behind me while externally rotating my hip (by turning my foot outwards).



- When lying on my back in bed, I do not lift my bottom off the bed surface to put something underneath me (if using bedpan or putting on pants).



### ☐ Forward Flexion

- I am aware that **I can bend forward** to reach my feet.



## After Surgery

### Pain Management

After surgery, you will have some pain. The nurse will continue to ask you to rate your pain on a scale from 0 to 10. Zero is *no pain* and 10 is the *worst pain* you can imagine. You will be given medication to manage this pain so you can do the exercises and activities that will help you get better. Pain medication will be offered based on your pain level as per the physician's orders. Your nurse will also tell you what else you can do to reduce your pain. It is important to request pain medication prior to physiotherapy and as needed.

## **Preventing Blood Clots**

After surgery and until you are up and moving on a regular basis, you are at risk to getting a blood clot form in your legs. Decreasing the risk of a blood clot starts with getting up and walking as much as possible. Your doctor may also prescribe an anticoagulant for a period of time after surgery. An anticoagulant is a medication that reduces the chance that blood clots will form. Depending on the type of anticoagulant used you may need blood work daily. The medication will be given as injections for a few days and then in a pill form.

## **Bowel Management**

Constipation often happens after surgery because of pain medication and limited activity. Here are some ways to prevent constipation:

- Drink lots of fluids (8 cups a day).
- Eat a lot of fibre (whole grains, fruits, vegetables and beans).
- Continue regular activity.
- Do not overuse laxatives.
- Have a regular bowel routine.

## **Exercises After Surgery**

### ***Deep breathing and coughing***

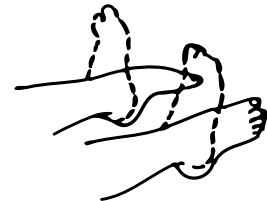
After surgery, anesthesia or because of pain, we tend to take smaller breaths. Deep breathing and coughing exercises after surgery will help keep your lung healthy. It is also useful to keep your lungs clear of phlegm while you are less mobile than normal. Take five deep slow breaths, in your nose and out through the mouth, expanding your lungs as much as possible. Follow this with a strong cough. Repeat every hour when possible.

### ***Ankle exercises (calf pumping)***

These exercises help the blood circulate in your legs while you are less mobile. Do these ten times each hour, while you are awake and until your activity level increases.

*With your legs on the bed:*

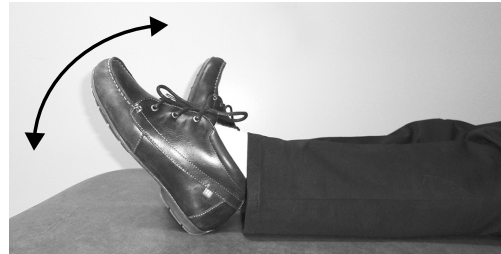
- Point your feet toward your body
- Point your feet away from your body
- Move your ankles in a circle clockwise and counter-clockwise.



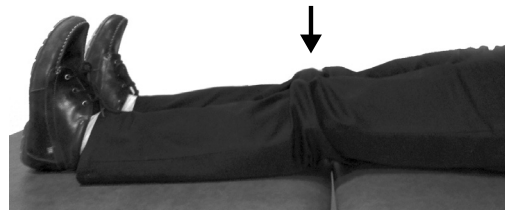
The following exercises are also important to increase the movement of the hip joint and the strength of the hip muscles. They should be done at least three times every day. Do only exercises marked by your therapist. Hold each position for five seconds.

**Lying on your back:**

- ☐ Move the feet up and down. Do this for 5 minutes every hour to prevent blood clots.



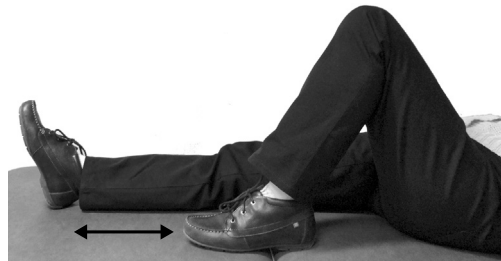
- ☐ Tighten the muscle in front of the thigh by pushing the knee down into the bed and pull the toes towards the nose. Hold for 5 seconds.



- ☐ Squeeze the buttocks together and hold for 5 seconds. Relax.



- ☐ Bend the leg up by sliding the heel slowly towards the buttocks. (Remember: Do not bend the hip beyond 90° unless instructed.)

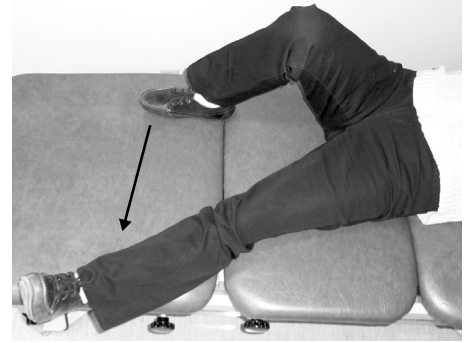


- ☐ Place a roll under the knee (rolled towel or large juice can). Push your thigh into the roll and lift the heel off the bed until the knee is straight. Hold for 5 seconds. Control leg down.





- ☐ Keep the knee straight with the toes pointing up to the ceiling. Slide the leg out to the side of the bed and back to the center. (Make sure you do not lift the leg into the air – just slide it on the bed.)



### **Positioning After Surgery**

When in bed, you should reposition every two to four hours. The nurse will help you lie on your back or non-operated side using pillows to help keep you in a comfortable position.

#### **Weight bearing status:**

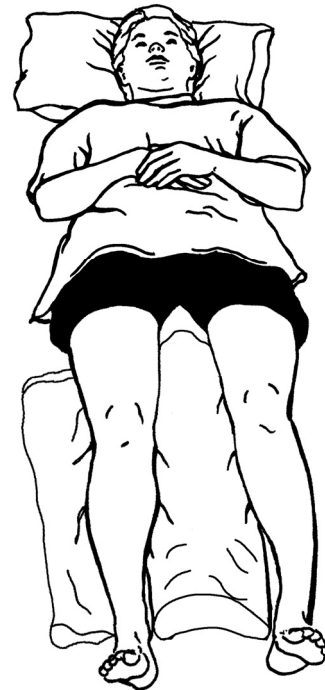
**Your surgeon will order your weight bearing status after your surgery. The health-care team will talk to you about this weight bearing status and explain how much weight you can put on the operated leg.**

## **PILLOW TALK**

(Post-surgical positioning)

### **Lying on Back**

- One thin pillow lengthwise under the operated leg for comfort and to position the heel off the bed.
- One pillow between the legs.

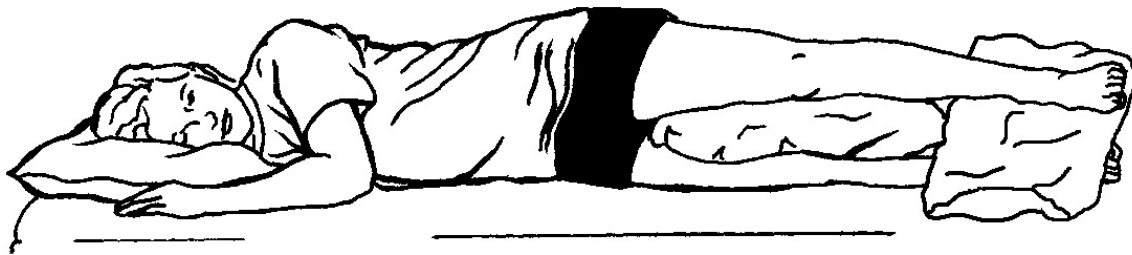


## **PILLOW TALK**

(Post-surgical positioning)

### **Lying on Side**

- 1–2 pillows lengthwise between the legs.
- One pillow under the ankle/foot.
- Pillows behind the back.
- Avoid lying on the operated side.



### **Changes in Behaviour or Mood**

A hip fracture is a traumatic event that may reveal other underlying conditions that an older person maybe experiencing. In particular, there are three medical conditions that often occur for older persons. None of these conditions happen because a person is growing older, rather they are diseases. Three common diseases that are important to understand when a person experiences a hip fracture are: Depression, Dementia and Delirium (outlined below). You and your health-care team will need to work together to identify and manage interventions for these disease processes.

### ***Essential features of Delirium***

- Reduced clarity of awareness of the environment with reduced ability to focus, sustain or shift attention.
- Change in cognition such as memory deficit, disorientation, language disturbance or perceptual disturbance.
- The disturbance develops over a short period of time (usually hours to days) and tends to **fluctuate during the course of the day**.

### **Behaviours that can occur with delirium include**

- Hyperactivity (restless state, constant motion), hypo activity (inactive, withdrawn, sluggish state) or a combination of the two.
- Attempts to escape one's environment (often resulting in falls).

- Removal of medical equipment (e.g., intravenous lines, catheters).
- Disturbances in vocalizations (e.g., screaming, calling out, complaining, cursing, muttering, moaning).

Delirium is different than dementia which develops more slowly and doesn't change as much during each day.

With treatment, these signs and symptoms often go away or decrease. The physician will review your medications and may reduce or stop them as needed. The team will try to provide a structured environment, encourage you to drink lots of fluids, and will help you to get up and moving around as early as possible.

### **Caring for persons with Delirium**

- Talk with the health-care team about signs you see.
- Talk with your loved one, use a calm, soft voice when speaking.
- Assure them they are safe and in the hospital, and talk about strategies to keep them safe with the health-care team.
- Know they are not themselves and may forget what they say.
- Encourage them to do as much as possible for themselves, help them with what they cannot do.
- Bring photos and familiar things.
- Think about a list of family who may stay around the clock so they are not alone and feel secure.
- Use a wall calendar to reinforce the day.

**If you would like more information on Delirium, Dementia and Depression, please contact your health-care team.**

## **Everyday Activity After Hip Fracture**

With time, patience, and some hard work, we hope that you will be able to regain your independence and return to doing those activities that you enjoy. During your hospital stay, the health-care team will help you to solve any problems that you may have in carrying out your everyday activities.

*Here are some guidelines to get you started.*

### **Positioning in bed**

- It is best not to lie on your operated side at first. You will not be comfortable and it is not good for healing.
- You may want to use extra pillows to position yourself comfortably.

### **Getting in and out of bed**

- A high, firm bed will be easier to use.
- You may find it easier to get into bed with your operated leg going in first (the nurses and therapists will review this with you).

### **Sitting**

- You can sit up for as long as you are comfortable, but it is important to get up from sitting often and move about.
- Sit on a firm chair with armrests.
- A seat height at least level with your knee is best.
- If you need to make the seat higher, put folded sheets or blankets on the seat. **Do not use soft cushions or pillows.**

### **Toileting**

- Your toilet at home may be too low for you to use safely or comfortably.
- The health-care team will help you to decide what type of equipment you may need.



### **Bathing**

- You can shower when your surgeon gives you permission, until then wash at the sink.
- When you are allowed to shower, you may need special equipment to manage safely, and the health-care team will help you decide what type of equipment will be best for you to use.



- Use a non-slip rubber bath mat on the floor of the shower so you do not slip.
- You may want to consider installing a hand-held shower to make showering easier.
- You may need to use a long handled bath sponge for washing your feet or your back more easily.
- The health-care team will review with you how to get in/out of the tub/shower before you go home.

### **Dressing**

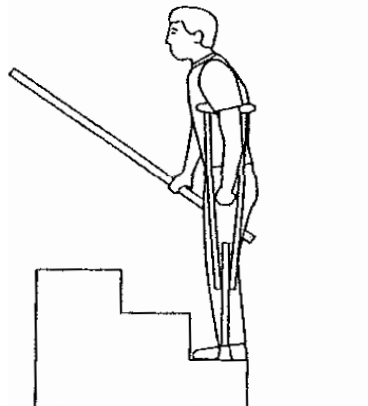
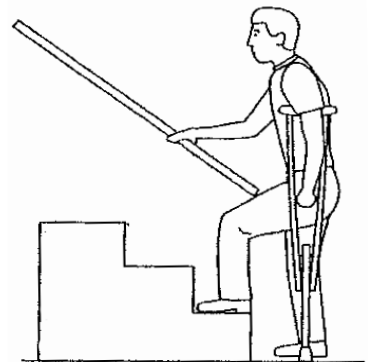
- Sit on the edge of a firm bed or chair to get dressed.
- If you have trouble reaching your feet or managing any part of your clothing, the health-care team can show you some new techniques that should help you.
- The health-care team may show you some special dressing aids like a reacher, a long handled shoehorn, and elastic shoelaces that may allow you to be fully independent in dressing.



### **How to use your crutches on the stairs**

Sooner or later, you will have to get up and down stairs using your crutches. After making sure the bannister is solid, here is how to do it:

- First, stand at the bottom of the stairs, and shift your crutches to your left hand.
- Grasp the bannister firmly with your right hand. Using your left hand, carefully support your weight on the crutches.
- Now step up onto the first step with your uninjured leg.
- Support your weight on that leg as you grasp the bannister tightly, and pulling yourself up to that step.
- Then bring the injured leg up onto the first step, and then your crutches.
- Continue the procedure as before. Go slowly to avoid losing your balance.
- To get down the stairs, remember that you always move the crutches first and then your injured leg.



### **Remember:**

**Up with the “good” leg, Down with the “bad” leg.**

## **Riding in a car**

- Talk to your surgeon about when you will be ready to drive again.
- You may ride in a car as a passenger as soon as you leave the hospital.
- It is not a good idea to go for long trips right away. If you are in the car longer than an hour, it is a good idea to get out, stretch your legs and walk around.
- If you plan to use public transportation, ask about Para Transpo.
- The health-care team will review with you the best way to get into your particular vehicle.

Move the car seat as far back as possible

Recline the seat

Back up to the seat until you feel the back of the seat on your legs

Extend your operated leg

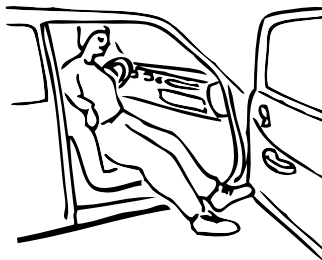
Hold onto the back of the seat and the car to stabilize yourself

Lower yourself onto the seat

Slide back and lift your legs into the car. (If you have had hip surgery, do **NOT** bend more than 90 degrees)

A piece of plastic or a large garbage bag over the cushion may help you to slide in more easily

You can also try a device called a “Handybar” that can assist you to get in and out of a regular car. This can be purchased at medical supply stores.



## **Activities around the house**

- Make sure you allow yourself time to rest. This is as important to the healing process as your walking and exercise routines.
- Think about who can help you once you are home. Heavy housework like vacuuming, cleaning the bathroom, and yard work are activities that you should not do.
- Use your walking aid (walker, crutches) to support yourself during meal preparation and homemaking tasks.
- Sit when possible; e.g., sit on a high stool to prepare food at the counter.
- You may want to consider using Meals-on-wheels for a while. Ask your nurse if you have any questions.

### **Sexual activity**

- You may resume sexual activity when you feel comfortable.
- The health-care team can help to answer any questions you may have about safely resuming sexual activity. A handout with more information on returning to sexual activity after a hip replacement is available from your occupational therapist.

## **Safety in the Home: Preventing Falls**

- Use the equipment as suggested by your physiotherapist and occupational therapist.
- Walkers/crutches take up more room when you are walking. Be sure to open up the space at home by clearing away excess furniture, rearranging things like floor plants, floor lamps, and the coffee table. Watch out for things in your path; e.g., electrical cords, pets.
- Add rails to staircases that are used regularly, including outdoor stairways.
- Take up any scatter mats, runners or small rugs.
- Use a night light at night to light your way.
- If you live alone, you may want to consider purchasing an emergency call bell system (e.g. Lifeline). We can provide you with information on this.
- If you live alone, consider alternative temporary living arrangements with your family/friends or in a retirement home.
- Be extra careful when floors are wet (especially in the kitchen and the bathroom).
- Wear a good non-slip, supportive shoe or slipper around the house. Do not go around in stocking feet—you are safer in bare feet.
- Put a non-slip, rubber mat in your bathtub for more secure footing. Avoid sitting at the bottom of the bathtub—you may have difficulty getting out.
- Sit on a firm surface (bed or chair) while getting dressed. This will prevent you from getting tired and will help you maintain your balance.
- Carry items safely by using pockets (on your clothing or apron) or use a knapsack or a basket/bag on your walker.
- Move frequently used items to places that will be easy to reach (waist or eye level). For example everyday items to shelves and cupboards that are easy to reach.
- Small pets can be a safety hazard—you may need to consider this before you return home.

## Eating Well

Eating well is one of the things you can do to help heal your fractured hip. Many people who fracture their hips did not eat enough of the right foods before coming to the hospital.

*Ask yourself:*

- |  |                              |                             |
|--|------------------------------|-----------------------------|
| • Did I eat at least three times a day?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did I eat enough to keep from losing weight?   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| • Did I have protein-rich foods like meat, poultry, fish, eggs, milk, cheese, beans or lentils at least twice a day? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **no** to any of these questions, changing how you eat is especially important. Even if all your answers were **yes**, there may be changes you can make to help speed up your healing.

**Choose foods from the four food groups; breads and cereals, fruits and vegetables, milk products and protein foods.**

### Getting Enough Calcium

Calcium is a mineral that helps build bones. Milk and milk products are the best food sources of calcium.

Try to have several servings each day. Other sources of calcium are canned sardines or salmon with bones, dried cooked beans and broccoli.

If you do not use milk or milk products, consider taking a calcium supplement with added Vitamin D.

### Getting Enough Protein (Building Materials)

Protein repairs, maintains and builds body tissues. It also helps you fight infection. You need more protein right now, so make a special effort to eat high-protein foods at meals and snacks.

*High protein ideas:*

- |   |                                      |
|---|--------------------------------------|
| • Meat, chicken, fish, eggs                                 | • Ice cream, pudding, yogurt         |
| • Milk, milkshakes  | • Peanut butter                      |
| • Skim milk powder—add to milk you drink or to cooked foods | • Nuts and seeds                     |
| • Cheese, cottage cheese—add to many dishes                 | • Legumes—peas, beans, lentils, tofu |



## **Getting Enough Calories (Food Energy)**

Make sure you eat enough to keep from losing weight, and if needed, to gain back weight you have lost.

*How to increase calories if your appetite is limited:*

- Eat small meals more often (three or more times a day).
- Choose a variety of foods. Enjoy a lot of vegetables and fruits each day.
- Have protein-rich foods at each meal.
- Drink liquids that are nutritious, such as milk, juice and milkshakes. Have less tea, coffee and pop.
- Limit alcohol: too much alcohol can lead to weaker bones that break easier, possibly leading to more falls and fractures.
- Fats—such as cream, margarine, butter, oil, mayonnaise and salad dressing (not low calorie).
- Sweets—such as jams, honey, syrup, sugar, marshmallows.
- Dried fruits, nuts, seeds.

## **Going Home**

### **Transportation**

Arrange for someone to pick you up early on the day you go home.

### **Long-Term Care (LTC)**

If you are from a nursing home and you are doing well, plan to return to the nursing home of Day 4 after your surgery.

### **Rehabilitation**

Rehabilitation is based on your functional ability to return home. If you require rehab before going home, that will be arranged for you.

### **Community Care Access Centre (CCAC)**

If you require any services from home care, that will be arranged for you.

### **Home safety**

Check that the recommended equipment has arrived or been rented or purchased. Check that you have prepared the home following the *Safety in the Home* suggestions listed on page 19 of this booklet.

### **Follow-up appointments**

The physiotherapist will help you plan how you will continue your physiotherapy after going home.

Before leaving, you will receive a follow-up appointment to see the surgeon that operated on your hip. This is usually four to six weeks after you have left the hospital. You may need a prescription for medication.

### **When at home, call your orthopedic surgeon or family physician if any of the following occur:**

- Increased pain in calf or thigh
- Increased pain in your leg
- Your leg appears shorter than the non-operative side
- Swelling, tenderness or redness in either leg
- Temperature above 38 degrees celcius taken at least 30 minutes after eating or drinking
- Drainage, redness, swelling, a foul odour or opening of incision
- Increased difficulty with walking
- Shortness of breath
- Chest pain

### **Things to remember!**

- Lie down several times a day with your operated leg slightly elevated to decrease swelling.
- Continue to practice exercises as instructed by the physiotherapist.
- Safety proof your home by removing scatter rugs, using night lights, having railings installed along stairs, moving electrical and telephone wires out of the way and not waxing floors.
- Use a firm sturdy chair with armrests. Avoid chairs on wheels and swivel chairs. Use a firm bed and avoid waterbeds, futons or low beds.
- Avoid moving too quickly. Let people know that it will take longer to answer the phone or door.
- Prevent constipation by drinking plenty of fluids, add fibre to your diet, remain active and avoid overuse of laxatives.

**Further information can be found on the following web sites:**

- Canadian Orthopedic Foundation: [www.canorth.org](http://www.canorth.org)
- Medline Plus: Information on various medical conditions: [www.medlineplus.gov](http://www.medlineplus.gov)
- The Arthritis Society: [www.arthritis.ca](http://www.arthritis.ca) or 905-897-2995
- Health Link BC: [www.healthlinkbc.ca/kb/content/mini/aa6973.html](http://www.healthlinkbc.ca/kb/content/mini/aa6973.html)
- Hip Fracture: Mayo Clinic.com  
[www.mayoclinic.com/health/hip-fracture/DS00185/METHOD=print](http://www.mayoclinic.com/health/hip-fracture/DS00185/METHOD=print)
- Hip Injuries and Disorders: [www.nlm.nih.gov/medlineplus/hipinjuriesanddisorders.html](http://www.nlm.nih.gov/medlineplus/hipinjuriesanddisorders.html)

## Notes

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.