

GOING HOME

Every effort is made to discharge you as soon as you are medically fit and safe, with the aim to get you back to your place of residence. Your discharge planning is started as soon as you come on to the ward. Expected length of stay after this surgery is about 7 days. You will be assessed by physiotherapist to ensure you are safe to be discharged and the occupational therapist to ensure your house is safe for you to return to and make any modifications required.

You will be given medication for 2 weeks and your GP will be informed of any change in your medication.

You may need help at home from family, friends and carers. If they are unable to do this, or you require additional support, you will be referred to community based services (i.e. Social Services, Intermediate Care, Physiotherapy and Occupational Therapy).

If you have osteoporosis or brittle bones you may need a DEXA scan or if you are over the age of 75 you will be treated for this.

You will have a falls assessment and given advice to avoid falls after you go home.

DISCHARGE ADVICE

Swelling

It is not uncommon to have swollen ankles for at least 3 months following your surgery. If your calf becomes swollen and tense to touch, you may have developed a DVT. Contact your GP urgently or attend the Accident & Emergency Department for advice.

Painkillers

Only take the tablets you were given on discharge. As the pain eases, these should gradually be reduced.

Stitches / clips

These will be removed 14 days after the operation by either your practice nurse or district nurse or if you remain in hospital by a nurse on the ward.

Exercise

Do continue your exercise regime as taught to you by your physiotherapist.

GENERAL ADVICE

If you develop pain in your calf or chest, or your wound becomes red, hot or oozes please come to the Accident & Emergency Department or contact your GP.

This hospital takes part in the National Hip Fracture Data Base and information about your care will be collected during your hospital stay and you may be contacted after leaving the hospital to find out how you are getting along.

Hip Fracture Patient Information Leaflet



**Direct number for Kennedy ward:
01895 279066/279502**

**Visiting times
3-5pm and 6-8pm**

If you need to visit outside visiting hours please speak to the Ward Sister or nurse in charge.

This leaflet has been designed to help you have a better understanding of the type of injury you have sustained and the operation you require.

During your stay in hospital if you or your next of kin have any questions please do not hesitate to ask the ward sister and their nursing team or one of the doctors on the ward.

WHAT IS A HIP FRACTURE?

A hip fracture or broken hip is a crack or break at the top of the thigh bone or femur, where your leg meets your pelvis. A hip fracture occurs mainly in the elderly due to a fall.

Almost all patients with hip fractures need an operation to fix them.

Where the fracture is, how bad it is (if the bones have moved), and your age will determine how the surgeons will choose to fix it.

There are three main types of operation available, namely:

- Hemiarthroplasty/Total Hip Replacement
- Dynamic Hip Screw
- Intramedullary Nail

All types of surgery are aimed to let you put as much weight on your operated leg as you can afterwards.

WHAT HAPPENS BEFORE YOUR OPERATION?

On arrival in the A&E you will have:

- X-ray of your hip and chest
- Blood tests
- ECG (tracing of heart)
- Drip (for fluids/medicines)
- Pain relief (medicine/ nerve block)
- You may need a catheter (tube in bladder)

WHAT HAPPENS ON THE WARD?

You will have a pressure relieving mattress. We will operate on you as soon as possible to do so safely. You will need to be fasted for 6 hours before your operation. A doctor will obtain consent for the operation and mark the leg. A multi-disciplinary team of specialists will look after you on the ward.

ANAESTHESIA

The anaesthetist will see you before the operation to assess you and will discuss the type of anaesthetic. **Spinal anaesthesia or general anaesthesia** is often used during hip fracture surgery.

WHAT HAPPENS AFTER YOUR OPERATION?

After your operation you will be transferred to the recovery room where you will be closely monitored till you are safe to return to the ward. You may also have a wedge (triangular pillow) between your legs if you have had a hip replacement.

Pain medications or injections will be given to help control your pain. It can be common to feel sick or be confused initially after the surgery. The ward staff will attempt to ease this by medication for the sickness and reassurance with the confusion. You may sit up and start moving all four limbs as soon as you wish.

You will be given an injection and compression stockings to reduce the risk of Deep Vein Thrombosis (DVT), which are clots in the veins of your leg. You will also receive antibiotics to reduce the risk of infection.

You will have some blood tests and may need an X-ray of your hip depending on the type of operation.

It is very important that you start to walk as soon as possible. This helps with healing and will prevent any further complications. A nurse or physiotherapist or will help you to do your exercises regularly.

