

## You have been admitted with a hip fracture

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This booklet has been designed by health professionals to provide you and your relatives with the information to guide you through your hospital stay.

Our aim is for you to regain a good level of mobility and to return to your home environment with an appropriate level of assistance.

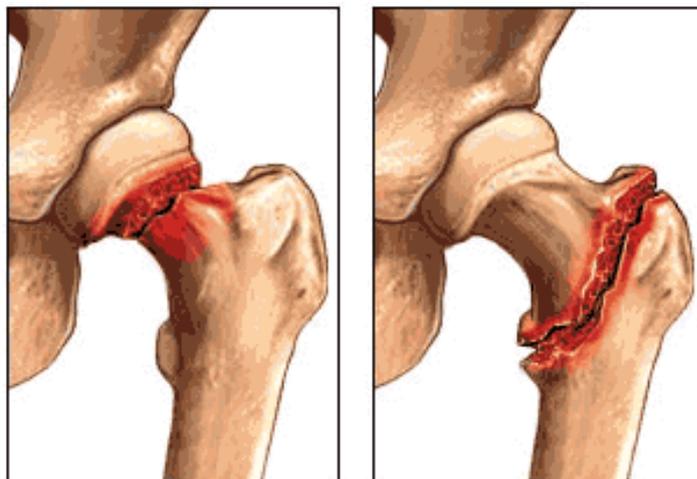
We anticipate a hospital stay of 7-10 days. However, some people may recover quickly and others will take a bit more time.

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### What is a hip fracture?

A hip fracture is when the neck (top section) of the femur breaks. It is sometimes known as a broken hip or a fractured neck of femur. A hip fracture can be 'intracapsular' (the bone within the joint capsule breaks) or 'extracapsular' (the bone outside the joint capsule breaks).

The site of your hip fracture can determine the treatment that the orthopaedic surgeon suggests.



### What is the treatment for a hip fracture?

A hip fracture will normally require an operation to ensure the bone heals properly and in the correct position. Without surgery it is difficult to keep the bone in position and the bone can take a long time to heal.

The operation you have will depend on the type of fracture you have, your surgeon will decide on which is the best fixation for you. The aim of the surgery is to get you back on your feet and home safely as soon as possible.

Conservative treatment (i.e. no surgical treatment) is also sometimes an option in patients too unwell to undergo surgery or if the fracture is very stable and the surgeon believes it will stay in place without fixation.

### What happens when you arrive at the hospital

- Your care will begin in the Emergency Department (A&E).
- A doctor will examine you and will take your full medical history.
- You will be asked about your fall, how it occurred and was this the first time you have had a fall.
- You will be asked if you have any allergies (this could be to medication or to foods or substances).
- You will be given pain relief.
- An x-ray will be taken of your hip and possibly one of your chest.
- A cannula (small plastic tube) will be placed into a vein (usually in the hand or arm) to enable you to receive fluids and/or medication. There will be a slight sting when this is put in, but once placed, it should be comfortable.
- Blood tests will be taken as well as an electrocardiogram (ECG) tracing of your heart.
- As soon as it is practical, you will be transferred to a ward.

### Arriving on the ward

- You will be admitted to the Hip Fracture Unit (Emmer Green Ward) on Level 3 Battle Block. If a bed is not available on Emmer Green Ward, you will be admitted to the Trueta and Heygroves Trauma Unit.
- You will meet members of the multidisciplinary team (see pages 4-5).
- A doctor will explain about your operation and ask you to sign a consent form. At this stage, the risks of surgery should be discussed with you and your family. Complications can include infection, failure of wound healing, failure of bone healing, dislocation of hip prosthesis (hip replacement only) and post-operative confusion. Please feel free to discuss these with your doctor.
- The anaesthetist will see you prior to your operation to establish that you are fit for surgery and to discuss the anaesthetic options.
- You may be given special carbohydrate drinks before your operation. These drinks will provide your body with energy during your operation and when you are unable to eat.

- At this stage you will need to remain in bed. You may be able to use bedpans/bottles to pass urine or it may be necessary for a urinary catheter (a fine tube) to be inserted in to your bladder to enable you to pass water. You will need to use a bedpan for opening your bowels.
- As an emergency admission you will be put on the trauma list for emergency cases requiring an operation. Whether you have your operation in the morning or the afternoon will depend on when there is space available on the theatre list.
- Please note that there is always the possibility of your operation being cancelled if a more urgent case is admitted or the anaesthetist may feel that you require another treatment to ensure you are fit enough to have an anaesthetic. The nurses will tell you and your family if this happens.

### On the day of surgery

- You should not eat or drink anything (other than the nutritional drinks you have been advised to take) for at least 4 hours before surgery unless otherwise directed. You should also not eat sweets or chew gum during this time.
- You will be helped to wash and will be given a theatre gown to wear.
- You will have an arrow drawn on your injured leg.
- You will be taken to theatre on your bed.

### After your operation

- You will wake up in the recovery room.
- Your pulse, blood pressure, temperature and hip wound will be checked frequently.
- You will have continuous fluid from a drip administered through your cannula.
- You will be given oxygen by way of a mask or through little plastic tubes placed under your nose.
- You will be transferred back to the ward once you are stable.

### Back on the ward

Please ask friends or relatives to bring in the following for use on the ward:

- Your regular medication in its original packaging.
- Toiletries such as soap, face cloth, toothbrush and toothpaste, shaving equipment, deodorant, shampoo and hairbrush.

- A supportive pair of slippers or shoes.
- Some day clothes.
- Glasses or hearing aids.

Whilst you are staying on the ward it is useful to identify one member of your family to contact the ward and pass information on to others. This helps the nurses as they will only have to relay information about your condition once. Visiting is restricted so please consult the ward staff to confirm appropriate times. Visiting times are displayed in a frame outside each ward for visitors.

### Your ward team

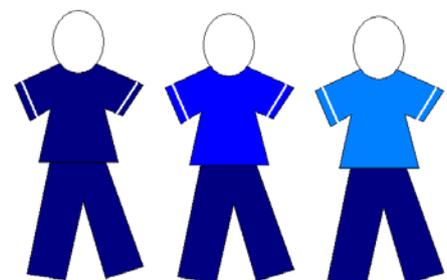
You will be looked after on the ward by a team of health professionals. All members of the team should be wearing an identification badge and identify themselves to you. Below is a quick reference guide to their roles.

#### Doctors

- Doctors do not wear a uniform.
- You will be admitted to the ward under the care of an orthogeriatric consultant and should be seen daily by a member of his/her team.
- Orthogeriatricians are doctors who specialise in the management of fragility fractures. They will be assessing the nature and the cause of your fall. They may also advise you to take some tablets for osteoporosis to prevent any future fractures. If you are below 75 years, you will be referred for a DEXA scan to assess the risk/severity of osteoporosis. This scan uses x-rays to determine how strong bones are.
- You will also be allocated to the care of an Orthopaedic surgeon who will be in charge of the surgical treatment of your fracture.

#### Nursing staff

Nursing staff wear navy blue trousers and tops in various shades of blue to denote ward sister (navy), senior staff nurse (royal blue) or staff nurse (pale blue).



- The role of the nursing staff is to administer drugs, assist with personal care and to ensure that you are comfortable throughout your stay.

## Physiotherapist and Occupational Therapist



- Your physiotherapist will wear navy blue trousers and either a white tunic with blue stripes on the sleeve or a white polo shirt.
- The role of a physiotherapist is to help you regain your mobility.



- The occupational therapist wears green trousers and a white tunic with green stripes.
- The role of an occupational therapist is to ensure you will manage at home after leaving hospital and they will provide you *with or recommend any equipment you may need to assist you with this.*

## Other Ward Staff

- Health Care Assistants (males wear white tops and blue trousers, females wear a purple and white stripe tunic with blue trousers) will assist you with personal care on the ward if necessary.
- Pharmacy (white tunics with pharmacy printed in green) will ensure you are taking your regular medication along with any prescribed in the hospital.
- Porters (navy blue trousers and polo shirts) will transport you to different departments.

## Recovery following surgery

### Day 1/2

- You will have a blood test.
- Your wound will be checked.
- You may have an x-ray.
- Your drip will be taken down once you are drinking.
- Normal diet and fluids will be resumed.
- Regular pain relief will be given.
- Your bladder and bowel functions will be monitored.
- You will do ankle and breathing exercises.
- You will be taught exercises to strengthen your hip by your physiotherapist.
- You will be assisted to get out of bed and sit in a chair (day 1) and take a few steps (day 2).

- Your occupational therapist will ask you a few questions about your home and how you manage day to day tasks.
- You may be issued a furniture heights form.
- There may be particular hip movements that you need to be careful about. Your occupational therapist and physiotherapist should discuss this with you and give you written information.
- You arrange for day clothes and appropriate footwear to be brought in to the hospital.

### Day 3/4 onwards

- You should continue your exercises and you may be given some additional ones to do while standing.
- You may dress in your day clothes; staff will assist if needed.
- Your bladder and bowel functions will continue to be monitored.
- You will continue to practise your walking with assistance/supervision as required. The aim is to walk a little further each day in preparation for discharge.
- Your occupational therapist will assess how you will manage day to day tasks and whether you may need any aids at home and will arrange this.
- If you need to climb stairs at home you will practise this in hospital with a physiotherapist.
- You will need to think about how you will get home. Please discuss transport arrangements with the nursing staff.
- Before you are discharged, the ward staff will arrange your medication to take home and discharge letters.

### Leaving hospital

Following the operation, we aim to discharge you from the hospital within 10 days. Most patients should be able to return straight back to where they were admitted from.

You may need extra support on discharge which will be assessed during your time on the ward and there are many schemes for continuing rehabilitation at home. While waiting for the rehabilitation scheme to commence at home, you may be taken home by the HFESD (Hip Fracture Early Supported Discharge) team, who will continue to assist with your rehabilitation at home until the community team take over.

Occasionally, it may be necessary to refer patients to community hospitals to continue rehabilitation.

Your discharge plans may change as you improve while you are on the ward. This will be discussed with you at the time.

### Useful contacts

Emmer Green Ward (Hip Fracture Unit) 0118 322 8272 / 0118 322 6901

Trauma Unit (Trueta & Heygroves Wards) 0118 322 7541

### Other leaflets available

- Welcome to Emmer Green Hip Fracture Unit
- How to prevent falls and improve your mobility and bone health
- Information and exercises following a gamma nail
- Information and exercises following a dynamic hip screw
- Information and exercises following cannulated screws
- Information and exercises following a hemiarthroplasty
- Information and exercises following a total hip replacement (trauma)

For more information about the Trust, visit [www.royalberkshire.nhs.uk](http://www.royalberkshire.nhs.uk)

This document can be made available in other languages and formats upon request.

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