



**University Hospitals Birmingham**  
NHS Foundation Trust



**My hip fracture surgery**  
My hospital stay and recovery

**Building healthier lives**

**UHB is a no smoking Trust**

## About this guide

- This guide is for patients who have fractured their hip, as well as their families and carers
- It explains what a hip fracture is and provides key information about how you will be cared for, both before and after your operation
- There's also space for you to make notes about your care
- This leaflet was co-produced by members of the multi-disciplinary team and with reference to the National Hip Fracture Database.

## Personal information

Name	
I have had	
My surgeon is	
My date of surgery was	
My expected discharge date	
Actual date of discharge	
How I am getting home?	
Notes:	

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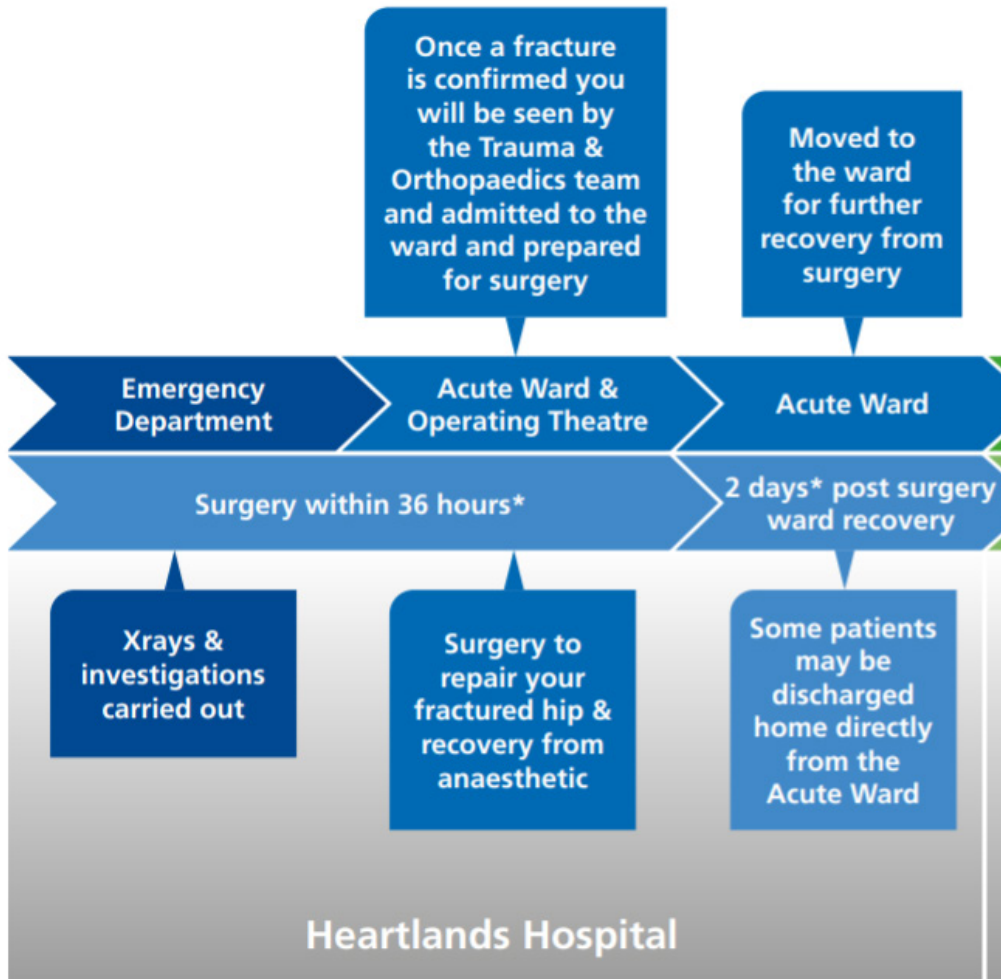
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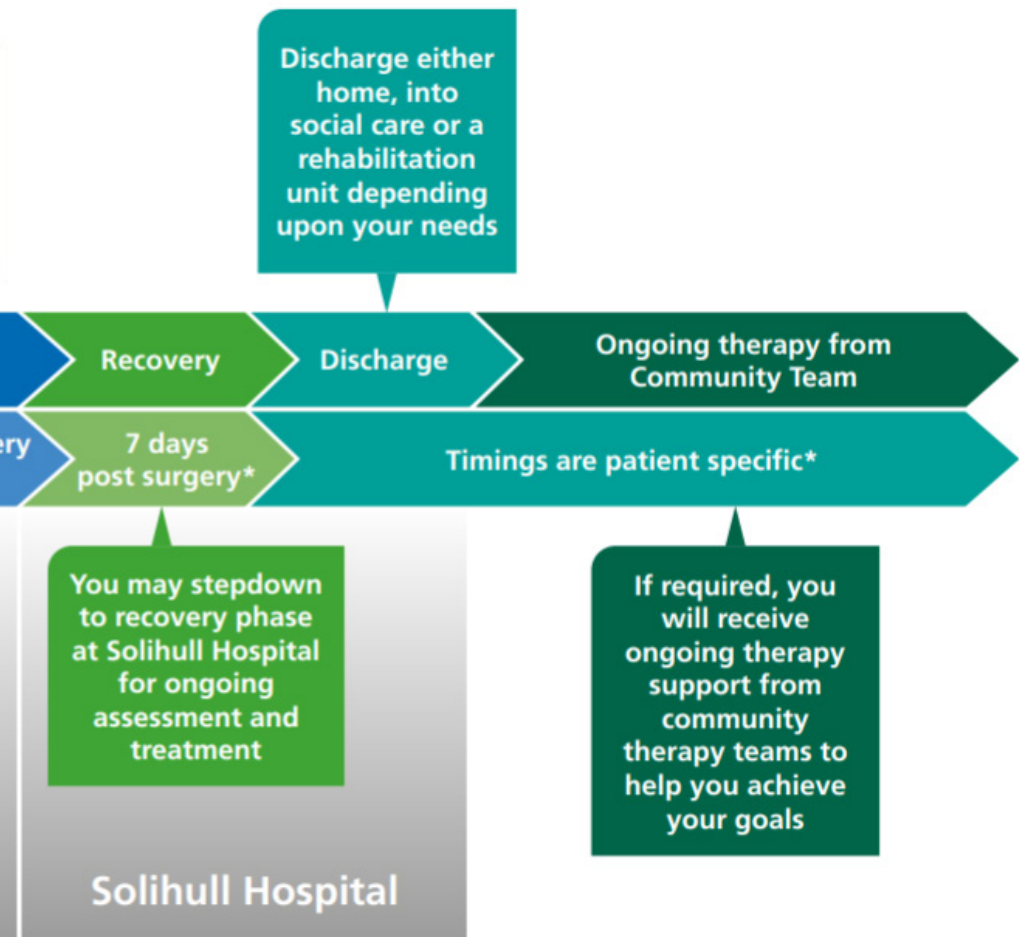
## Supporting your recovery

The patient pathway flow below describes your recovery and what to expect at each stage. You will be operated on at Heartlands Hospital, after a couple of days you may be stepped down to Solihull Hospital to continue your recovery before you are discharged either home, into social care or a rehabilitation unit depending on your needs.



Please ensure we have one main point of contact for the family listed for all communication and the correct details are provided to the nursing team to streamline all communication.

Where possible provide toiletries and hygiene products for your loved ones.



**\*Timings may vary depending on patient need and clinical prioritisation**

# Fractured hip surgery

## What is a hip fracture?

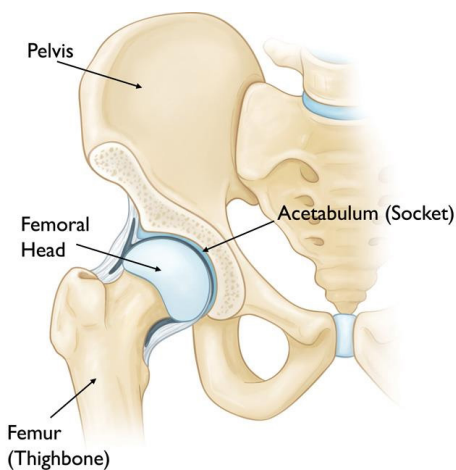
The hip joint is a ball and socket joint between your pelvis and thigh bone (femur). A hip fracture is when the top part of your thigh bone breaks.

## A hip fracture can also be called:

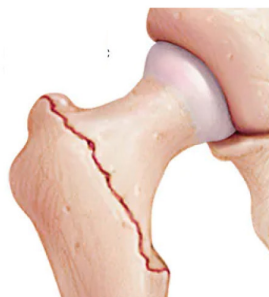
- Neck of femur fracture
- Proximal femoral fracture

## What causes hip fractures?

Hip fractures often occur in older people. Most commonly they occur following a fall from standing. The bone strength of an older person is weaker and having osteoporosis or a bone disease will further weaken the bone. With slower reflexes, it is more difficult to break the fall and the hip may take most of the pressure.



Normal Hip Anatomy



Fractured Hip

# Treatment of a hip fracture

## Treatment options

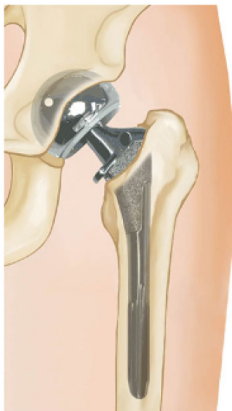
Approximately 98% of hip fractures require surgery to get the person walking again. The type of surgery you have will depend on where you have broken your hip.

If you have broken your hip across the neck of the thigh bone you may require a half hip replacement (hemiarthroplasty) or a total hip replacement.

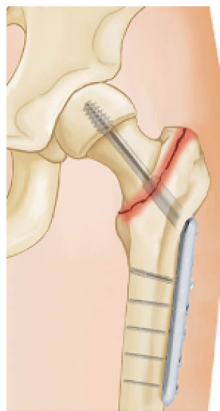
If you have a break at the head of the thigh bone, a metal screw and plate will be used to hold the bone in place allowing it to heal naturally. This is known as a 'dynamic hip screw'.

If your fracture is further away from the head of the femur, a metal rod and screw will be used (intramedullary nail).

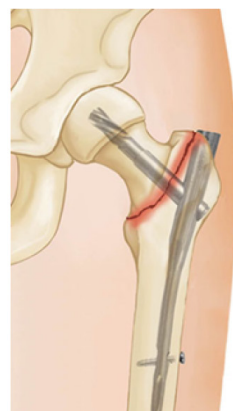
**If you have questions about your treatment, please do not hesitate to speak to a member of staff.**



**Hemiarthroplasty or  
Total Hip Replacement**



**Dynamic  
Hip Screw**



**Intramedullary  
Nail**

## **Meet the healthcare team**

A team of doctors, nurses and therapists will assess you initially when you come into hospital.

They will review what has happened and request investigations and specialist opinions from the orthopaedic surgical team.

A multidisciplinary team will be involved in your care. This is made up of doctors, nurses, physiotherapists, occupational therapists and sometimes the complex discharge team. Members of the multidisciplinary team all work together for your best outcome both before surgery and after.

### **Surgical orthopaedic consultant**

This is the senior surgeon who will be responsible for your care on the days around the operation.

### **Orthogeriatric consultant**

This is the senior medical doctor with special expertise in older patients, who will review your medical conditions during your stay.

### **Anaesthetic consultant**

This is the senior doctor who will oversee the anaesthetic and pain relief you will need for the operation.

### **Resident doctors**

These doctors support the senior doctors and will review you most days.

### **Nursing team**

The ward has a dedicated nursing team which strives to deliver high-quality nursing care. The nurses will also ensure that communication is maintained at all times and, with your consent, will ensure your next of kin is updated regularly.

## **Meet the healthcare team (continued)**

The nursing team is made up of registered nurses and Health Care Assistants who work as a team to ensure your needs are addressed effectively and on time.

There is always a senior nurse on duty and if you have any concerns or questions, please do not hesitate to speak to the nurse in charge.

### **Theatre team**

The theatre team helps to provide great care during the operation. The team consists of a wide range of skilled and experienced clinical staff who all have different roles from preparing the theatre to administering the anaesthesia, keeping you safe during the operation and as you are transferred to recovery.

### **Advanced clinical practitioner (ACP)**

ACPs are healthcare professionals, educated to master's degree level or equivalent, with the skills and knowledge to allow them to expand their range of practice to better meet the needs of the people they care for.

The trauma ACPs will assess and treat patients on the ward and in the Emergency Department, ensure that pathways and protocols are followed and take a leading role in service and staff development.

### **Trauma nurse specialist (TNS)**

Support the timely management and processing of trauma and orthopaedic patients admitted to our hospitals. They aim to transfer patients to a trauma ward as early as possible to help to make sure surgery happens in good time.

The TNS's skills allow them to identify when patients need specific treatment and help them be seen urgently, if required.

## **Meet the healthcare team (continued)**

### **Therapy team**

The therapy team consists of Physiotherapists, Occupational Therapists, Dietitians, Speech and Language Therapists and Therapy Assistants.

### **Physiotherapists**

Physiotherapists help to get you to start to move the hip as soon as possible after the operation. At first this will be through a range of non-weight-bearing exercises, progressing to weight bearing where possible. The aim is to get you up out of bed and transferring to a chair. From this, the physiotherapists will gradually develop the amount you can move and help to identify safe and appropriate discharge plans.

### **Occupational therapists**

Occupational therapists will meet you or your loved one following the operation and discuss how you were managing before coming in to hospital. They will ask questions about your home, such as the type of property and location of bathroom and facilities. This information will support the early stages of your recovery and help staff to start to make goals for you to return home, or to transfer to another facility if you require a little more time and therapy input.

### **Therapy assistant**

Therapy assistants support both Physiotherapists and Occupational Therapists. They will continue with practicing your mobility and activities of daily living. They will also discuss plans for discharge with yourself and your family.

### **Dietitians**

Nursing staff will complete nutritional screening during your hospital stay, and you may then be referred to a dietitian. If you are referred, the Dietician will assess your nutritional intake and advise on any changes to meet your nutritional needs. This will help support wound healing and recovery after surgery.

## **My care**

### **What care will I receive?**

You will be seen by a combination of team members during your stay. The aim of the therapy team is to assist in your recovery and plan your discharge out of hospital. The therapy team will get you up on the day after your surgery.

### **How will I be kept informed of my progress?**

The team looking after you will keep you updated with information on your progress and on the plans for your discharge. With your permission, they'll also be happy to discuss this with your family or friends, especially anyone who plans to assist you once you're back at home.

### **Important:**

It's essential for ward staff to understand your home circumstances. This will help in planning your recovery and avoid delays when you're ready to leave hospital.

### **What will happen to me before my operation?**

Before your operation, you will be admitted to the ward. The ward nurses will assess your risk of falls, your nutritional requirements and risk of developing pressure ulcers while in hospital.

You will meet your surgical team. The surgical team will review you on the ward and they will discuss the options to treat your broken hip. They can also discuss this with your relatives/friends if you wish. If you require surgery this usually occurs on the day of admission or the following day. They will go through a consent form with you and ask you to sign it if you are happy to go ahead.

The medical team will review your medical problems and any medications you take. They might make changes to your medications if needed.

## **My care**

You will need to fast (no food) for six hours before surgery. However, you will be able to drink up to 200ml of plain water per hour up to surgery. We will set up a fluid drip to keep you hydrated during this period.

### **Painkillers**

A broken hip can be painful and therefore you will be prescribed regular painkillers. These will be given to you regularly but if you continue to be in pain, please ask the ward nurses for further painkillers. As painkillers can cause constipation, the team may also prescribe laxatives to help with this.

### **Intravenous fluids**

Fluids will be administered through a cannula, which is a thin tube inserted into a vein. This will start before your operation as you will not be able to eat and drink for several hours before surgery.

### **Blood clot prevention**

After a broken hip you will not be able to get out of bed until it is fixed. This increases your chances of developing a clot in your leg. To reduce the chances of this occurring, we give you an elastic stocking to wear on your good leg. We will also give you an injection to thin your blood, once a day for up to six weeks following your operation.

### **Blood tests**

You may require further blood tests before surgery. You will also need further routine blood tests following your operation.

# Anaesthetic and pain management

Prior to going for surgery, you will meet the anaesthetist. They will discuss your anaesthetic with you. Anaesthesia will ensure you are comfortable during your operation. There are two main types of anaesthetic. The anaesthetist will discuss this with you.

## General anaesthesia

If a general anaesthetic is used, you will be given a combination of drugs to put you “to sleep” for the operation. For additional pain relief after the surgery, the anaesthetist may decide to inject local (regional) anaesthetic drugs into your groin or lower back.

## Regional anaesthesia

To position you on your side for a spinal anaesthetic a drug will be given to make you a little sleepy. A spinal anaesthetic is an injection of local anaesthetic drugs into your spine, making you numb from the waist down, to ensure you have no pain during the surgery. This anaesthetic will not make you go to sleep for the operation, which normally means you will recover quicker.

## Pain relief

If you have a fractured hip, you can expect to be in pain. You will feel pain both before and after surgery, so you will be offered painkillers to keep you as comfortable as possible. For some people, regular pain relief such as paracetamol is enough to keep their pain under control, but most people find they need stronger painkillers. Stronger painkillers may help to relieve your pain, but they can also cause side effects such as constipation and still may not allow you to move around comfortably in bed.

Another option is an injection in the groin. This is called a ‘nerve block’, which can be very effective in reducing pain and has fewer side effects, the block will be offered to you whilst you are in the emergency department and/or trauma wards.

## After your operation

After your operation you will be taken to a recovery room where you will be monitored by specialist nurses. If you are feeling sick, we can give you medication to help. We can also give you painkillers if required.

After you have recovered from your anaesthetic, you will be moved back to the ward. After the operation you should feel more comfortable.

### **Important:**

It's normal to feel some pain and discomfort after hip fracture surgery, but with good pain relief, you should be able to get up and start moving straight away. We will review your pain regularly but speak to a nurse if you feel your pain is stopping you from moving.

### **Moving around**

The aim of your operation is to allow you to get up and put weight on your hip straight away, usually the day after your surgery.

You may have some pain and discomfort to start with and may also feel weaker than usual. This is perfectly normal and should improve as you continue to recover. Pain relief will also make getting up and moving around easier.

Getting back on your feet again, regularly moving in bed and pressure-relieving mattresses and cushions will also help you avoid developing pressure sores while you're less mobile than usual.

### **Benefits of getting out of bed**

- Helps prevent chest infections
- Better position for eating, reduces risk of accidentally inhaling food
- Reduce risk of pressure sores
- Helps to increase muscle power
- Reduces risks of blood clots
- Improves digestion
- Possibly increases appetite

# Eat, Drink, Dress, Move

Eat, Drink, Dress, Move (EDDM) is an initiative aimed at preventing deconditioning and get patients moving.

It is encouraged and promoted by all hospital staff to help with your progression after surgery, working towards independence. Below is how you can be involved in your recovery.

## Eat

Eating well gives you energy and helps you recover more quickly and try to eat something at every meal

Try milky drinks, creamy soups and puddings to boost your intake

Try snacks between your meals

Ask your friends or family to bring in some favourite finger foods / drinks

## Drink

Staying hydrated helps you to stay well

Have a drink whenever you are offered

Water, milky drinks, tea and coffee are all available on the wards

Aim for at least 6 to 8 cups a day unless you have been advised otherwise

## Move

Moving around helps you feel more confident, makes you feel better and helps to build your appetite

Work with us when we come to get you moving. If you are able to, sit out in your chair throughout the day instead of remaining in bed

Walk with family and friends, ask us for help and use walking aids if needed

## Dress

Getting dressed in your own clothes helps you feel more like yourself

Ask your friends and family to bring in your day clothes and footwear

Get dressed or ask the nurses to help you into your own clothes



**Eat:** Try to eat at every meal and snack between meals to maintain energy and aid recovery. Ask your relatives or friend to bring in snacks. Please check with nursing staff what would be suitable.

**Drink:** Stay hydrated by drinking water, milk, tea or coffee whenever offered and keep your drink within reach to sip at throughout the day.

**Dress:** Get dressed in your own clothes and footwear and ask relatives to bring in any walking aids from home.

**Move:** Walk with the therapy team or nursing staff.

## **Nutrition**

Food and drink are key to recovering from a hip fracture. You will be encouraged to eat and drink to build up your strength.

## **Catheter**

During your recovery, you may have a catheter tube inserted to drain your bladder. This will be removed as soon as possible. In some cases you may be discharged from the hospital with a catheter. This can then be removed later at an outpatient clinic.

## **Falls**

A broken hip is commonly caused by a fall. Due to pain and weakness in the leg following a broken hip there is increased risk of having another fall. With this in mind, staff may assess your risk of falling when planning your recovery and discharge.

### **This may include:**

1. Review of your medication
2. Physiotherapy to improve your strength and balance
3. An assessment by an occupational therapist to make sure that you can manage day-to-day activities safely. This might include providing any equipment which may help
4. Strategies to prevent further falls, or how to summon help if you do fall again

## **Potential complications**

A hip fracture is a serious injury and, in some cases, can be life-threatening.

## **Mortality**

Sadly, some people in this situation will experience a significant deterioration in their health and in severe cases may not survive. In view of this an opportunity may be taken to discuss advanced care planning and what should happen if you become very unwell. We would like to support patients and their families during this time so please do communicate any wishes you have with the ward team.

## **Delirium**

Delirium is a common side-effect of surgery and causes difficulty in focusing attention and remembering people and things. This can be due to a combination of factors such as pain, medications, the anaesthetic and the operation, unfamiliar environment, or infection. In the majority of cases, this is a short-term condition but sometimes this might affect your memory over a longer period of time.

If you suffer from memory problems already, such as dementia or Alzheimer's disease, your symptoms might worsen after breaking your hip.

## **Chest infection**

Due to reduced mobility, you are at an increased risk of developing a chest infection or pneumonia. Getting out of bed the day after your operation will help to prevent this, along with following breathing exercises recommended by the therapists.

## **Wound infection**

Leakage from the wound may occur in the first few days following surgery. Your wound will be monitored by the ward team, and if you do get an infection, it may need to be treated with antibiotics or further surgery.

## **Pressure sores**

Due to you not being able to move very much, and potentially fragile skin, there is an increased risk of developing pressure sores most commonly on your heel or buttocks. It is very important that your position is changed regularly with support from the ward team. If you are in pain please speak to staff, as they may need to plan additional pain relief.

## **Diarrhoea**

This can occur due to medications upsetting the balance of your digestive system, especially if you are taking antibiotics.

## Constipation

A combination of medications and reduced mobility may result in constipation. You may need additional medicine (such as regular laxatives) to avoid this.

## Deep vein thrombosis (DVT)

If we cut ourselves, the blood can naturally form a clot to stop the bleeding. Sometimes an unwanted clot can form in a vein deep within the leg. This is called a DVT.

Not being able to move around puts you at increased risk of developing a blood clot in your leg. We give you an elasticated stocking to wear, along with daily blood thinning injections to reduce the risk of DVT.

## Pulmonary embolism (PE)

A pulmonary embolism happens when part of a clot (from the DVT) breaks off and travels to the lungs where it blocks the blood vessels. It can be very serious and can be fatal if not treated.

Symptoms of a PE include sudden onset of breathing difficulties (even when resting) and chest pain (which may be worse when breathing in).

**If you have any symptoms of a pulmonary embolism during your stay in hospital, please report this to a member of nursing staff immediately. If this happens when you're at home or anywhere else, please attend the Emergency Department (A&E)**

## Risk factors for DVT and PE

Just being unwell and in hospital can increase your risk but these are some of the specific risk factors

- Being over 60 years old
- Immobility (restricted movement)
- Surgery lasting longer than 60 minutes
- A previous history of DVT or PE in yourself or close family members
- Being overweight

- Having cancer
- Being medically unwell with heart failure, respiratory failure or an inflammatory bowel or joint problem
- Taking oral contraceptives containing oestrogen

## Recovery process

A member of the therapy team will speak to you or a family member about how you were managing at home previously.

The first day after your surgery, the Therapy Team will aim to sit you out of bed and walk a few steps. Once assessed to be safe to sit out in a chair, we encourage you to sit out in your chair and try to walk daily.

The Therapy team will give you exercises after your surgery. **You need to be completing these exercises by yourself or with your family every day.** The therapy team will progress your mobility and encourage you to continue this with other members of the team, such as the nurses and healthcare assistants.

A member of the medical team will review you daily to check your progress. The team will keep you updated on your progress and plans for discharge. They will be happy to discuss this with your family/carer, with your permission.

A few days after your surgery you may be stepped down to Solihull Hospital to continue your recovery and for ongoing assessment and treatment.

The therapy team will discuss your discharge and advise of appropriate discharge options.

The therapy team will always consider home as a first option for discharge. If appropriate, you may then be assessed for equipment and support to help with your discharge. This may include a care package from social services and/or community therapy within the home or in an outpatient department.

If home is not appropriate straight away, an onward referral will be discussed and completed. This may include a referral for a pathway 2 bed (temporary community bed) or via our stepdown pathway to Solihull Hospital.

If you have dissolvable stitches, these will not need to be removed. If you have metal clips, these will be removed between 10 and 14 days after your surgery.

## **Solihull Hospital**

Solihull Wards 20A and 20B are a dedicated medical ward providing high-quality care for patients stepped down following a hip fracture, with a focus on recovery and safe discharge planning. Our goal is to ensure patients receive the right care, in the right place, at the right time.

We have a multi-disciplinary team consisting of medical staff, nursing professionals, therapists (physiotherapy/ occupational therapy/ dietetics), complex discharge team and specialist teams as required.

Whilst on the ward the therapy team will continue to work with you to progress your exercises, mobility and functional independence.

We work with patients and their families to plan for discharge home as the preferred destination, or transfer to pathway 2 beds (temporary community bed or enhanced assessment beds) short term, if the multi-disciplinary team feel this is required. We will communicate with you as the patient and also family to discuss future steps.

Wards 20A and 20B are committed to supporting every patient's journey to recovery with compassion, respect, and excellence.

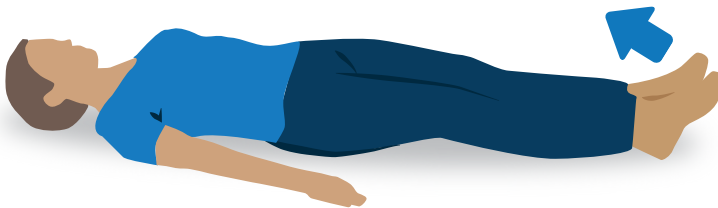
## Your hip exercises

Exercising your hip and leg muscles after surgery is vitally important for your recovery. Breathing exercises will also help.

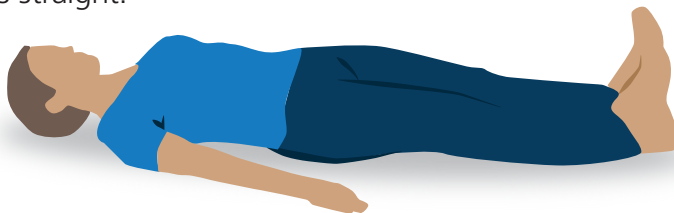
1. Exercises aim to quickly regain movement in your hip following surgery, prevent muscle loss, rebuild the muscle strength and prevent stiffness of your new hip joint.
2. You will be guided by the therapy team about which exercises to do, when to start them and how often to complete these.

### Ankle pumps

This exercise is important to help with your circulation and to prevent the formation of blood clots.



1. Sit down on the bed with your legs straight or lie on your back with your legs straight.



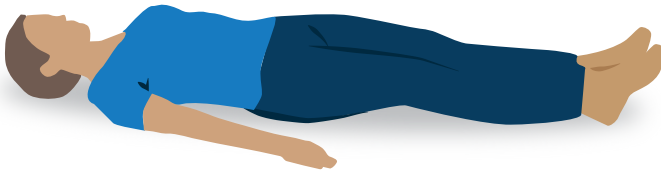
2. Bend and straighten your ankles briskly.



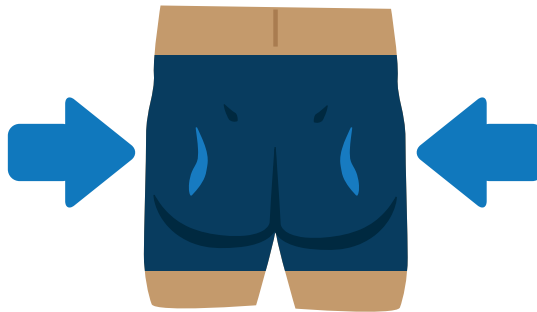
# Your hip exercises

## Static gluteal squeezes

This exercise is important to help with your circulation and to prevent the formation of blood clots.



1. Lie with your back on the bed and your legs straight.

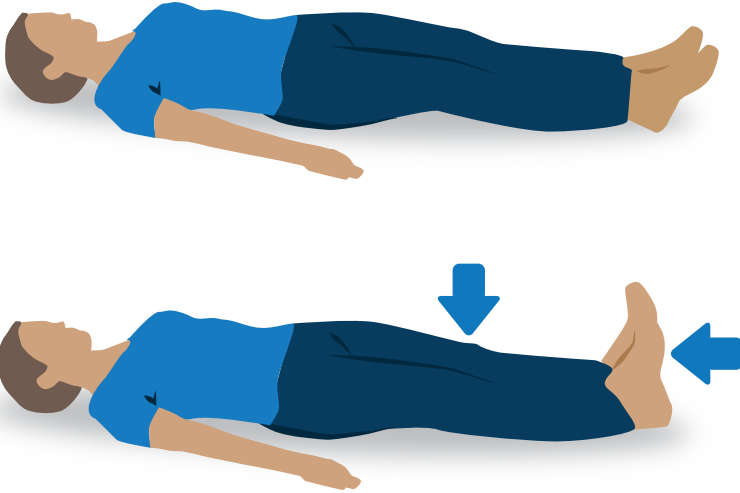


2. Squeeze your buttocks together. Hold for five seconds. Then relax for five seconds.



# Your hip exercises

## Static quads

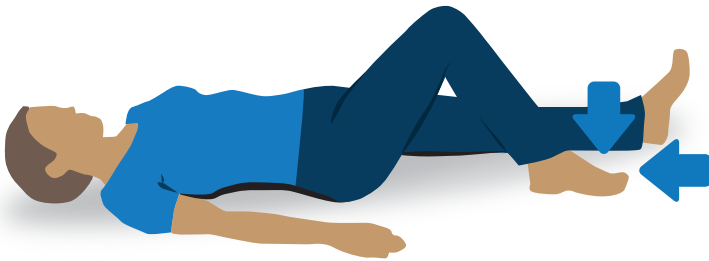
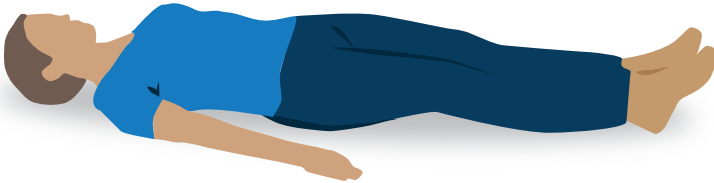


1. Lie with your back on the bed and your legs straight. Bend your toes up towards you.
2. Push the backs of your knees down firmly in to the bed. Hold for five seconds. Then relax for five seconds.



# Your hip exercises

## Hip flexion in lying

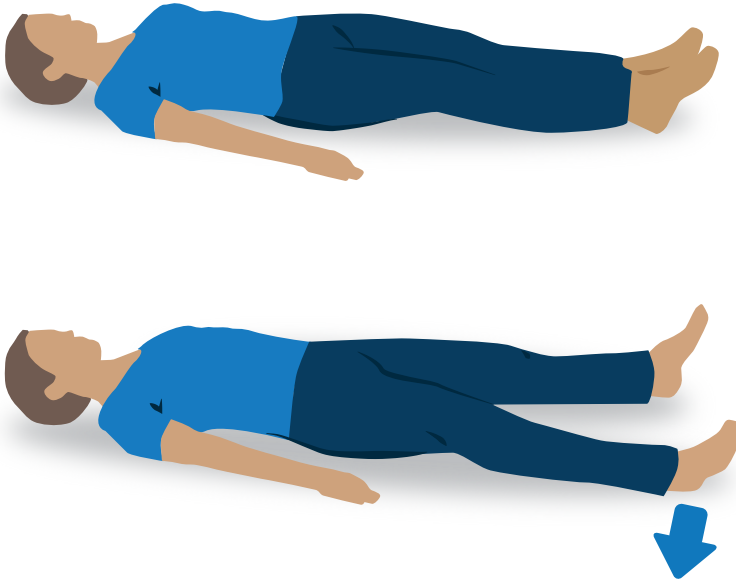


1. Lie on your back.
2. Bend your leg, keeping your heel on the bed.
3. Slowly straighten your knee. Try to keep your hip and knee aligned throughout.



# Your hip exercises

## Hip abduction in lying

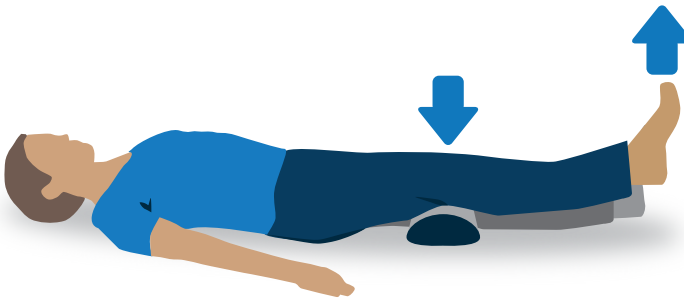


1. Lie on your back with legs straight.
2. Slide one leg out to the side as far as you can, while keeping your knee straight.
3. You must keep your toes pointing to the ceiling, slide your leg back in slowly and repeat with the other leg.



# Your hip exercises

## Inner range quads

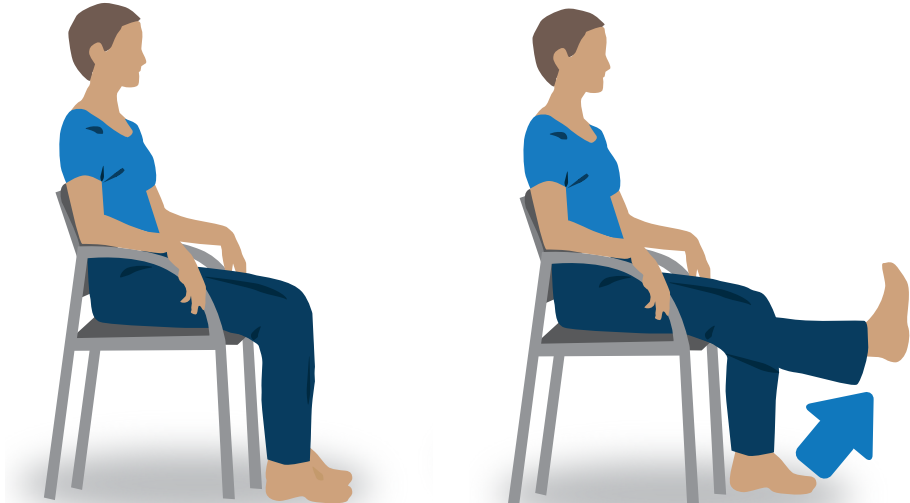


1. Lie down on your back with a rolled up towel under your knee.
2. Push the back of your knee down into the towel and lift your heel up off the bed as high as you can without lifting the knee from the towel.
3. Hold for up to 5 seconds and then return your lower leg to the floor and repeat. Exercise can be repeated on unoperated leg.



# Your hip exercises

## Sitting knee extensions

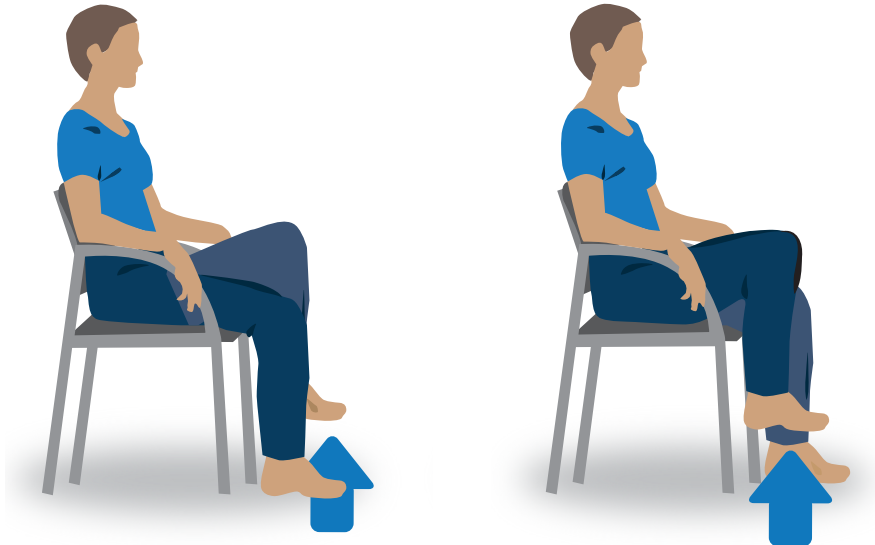


1. Start by sitting upright in a chair, with your feet flat on the floor.
2. With your toes pointing towards the ceiling lift your foot up off the floor.
3. Straighten your knee and tighten your muscles and hold.



# Your hip exercises

## Sitting hip flexions (seated marching)



1. Start by sitting upright in a chair, with your feet flat on the floor.
2. Begin marching on the spot by slowly raising your right leg, then return to the starting position. Repeat with the left.



# Your hip exercises

## Seated toe taps

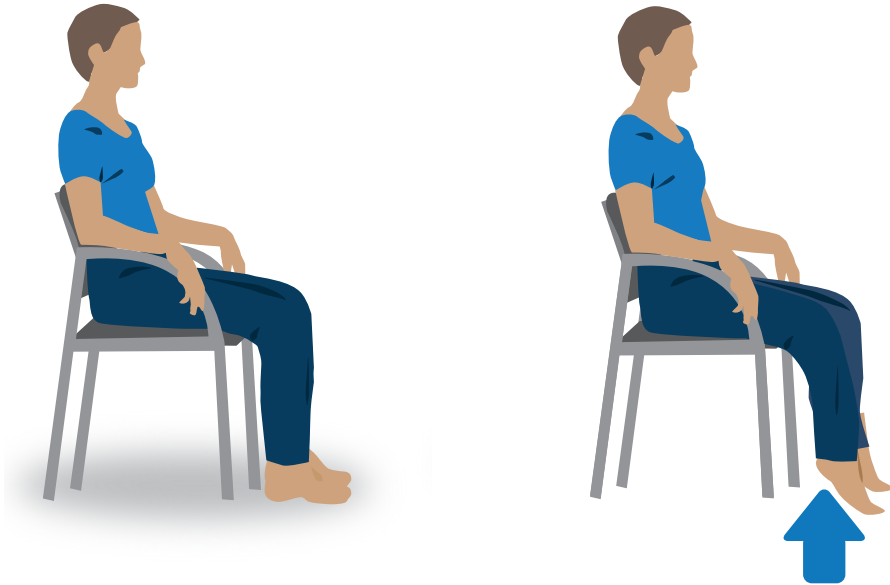


1. Start by sitting upright in a chair, with your feet flat on the floor.
2. Keeping your heels on the floor, lift your toes off the floor, then return to the starting position.



# Your hip exercises

## Seated heel raises



1. Start by sitting upright in a chair, with your feet flat on the floor.
2. Keeping your toes on the floor, slowly raise your heels off the floor, then lower them.



# Your hip exercises

## Sit to stand: standing

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. Start by sitting upright in a chair. Move your bottom forward so you're sitting towards the edge of the chair.
2. Place both feet flat on the floor.
3. Slide your operated leg forward and keep it out in front of you while you stand.
4. Hold the arms of the chair firmly and push up using your arms.



## Your hip exercises

### Sit to stand: sitting

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. Back up to the chair until you can feel the surface on the back of your legs.
2. Transfer your weight evenly onto both legs.
3. Straighten your operated leg out in front of you and keep it there while you sit.
4. Reach back to the armrests of the chair with your hands and lower yourself slowly onto the chair using your arms.

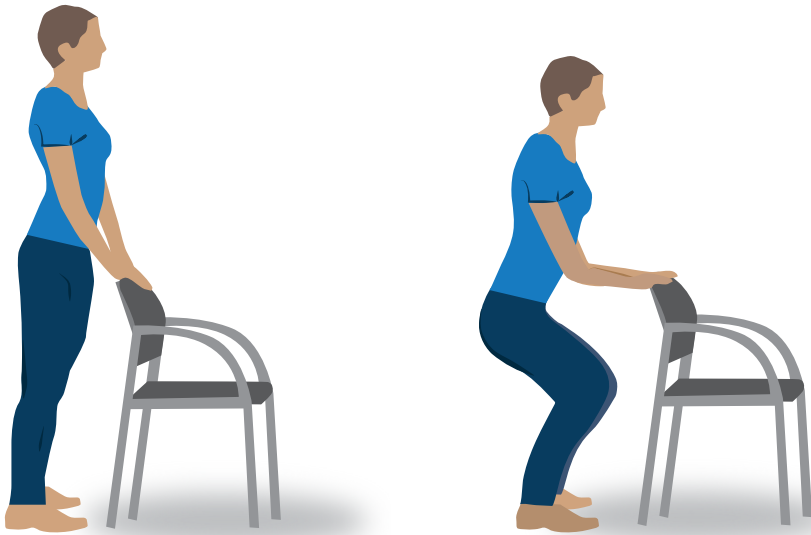


# Your hip exercises

## Partial squat

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.
2. While keeping your back straight and your hips above the level of your knees, slowly lower your body into a semi-squat position. Don't lean forward, and keep your heels in contact with the ground at all times.
3. Slowly return to starting position.

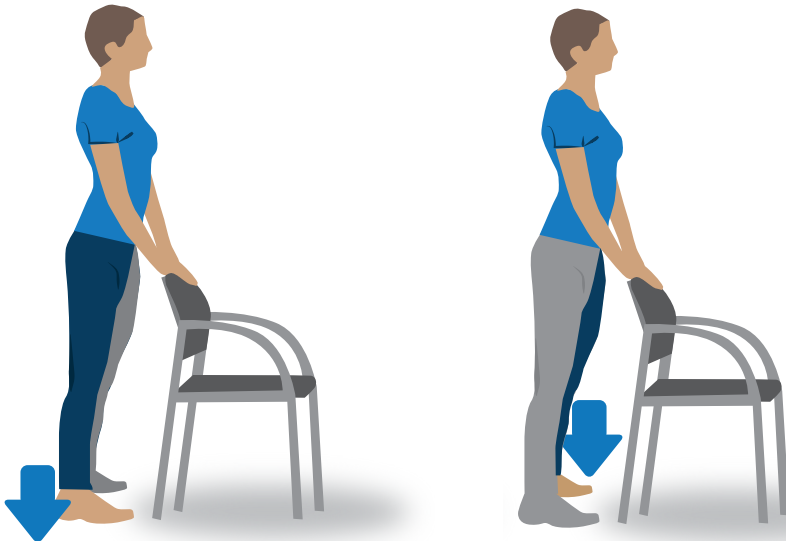


# Your hip exercises

## Standing weight transfer

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.
2. Transfer your weight from one leg to the other.



# Your hip exercises

## Standing hip flexion

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.
2. Lift your operated leg up in front of you, bending your knee as far as pain allows, aiming for 90 degrees.

Hold for five seconds. Then lower back down.



# Your hip exercises

## Standing hip extension

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.

2. Lift your leg back behind you, keeping your knee straight.

Hold for five seconds. Then lower back down. Keep your back straight throughout the exercise. Do not lean forward.



# Your hip exercises

## Standing hip abduction

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, stand side on, make sure you stand on your un-operated leg, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.

2. Slowly raise your leg out to the side, keeping your upper body still.

Hold for five seconds. Then lower back down.

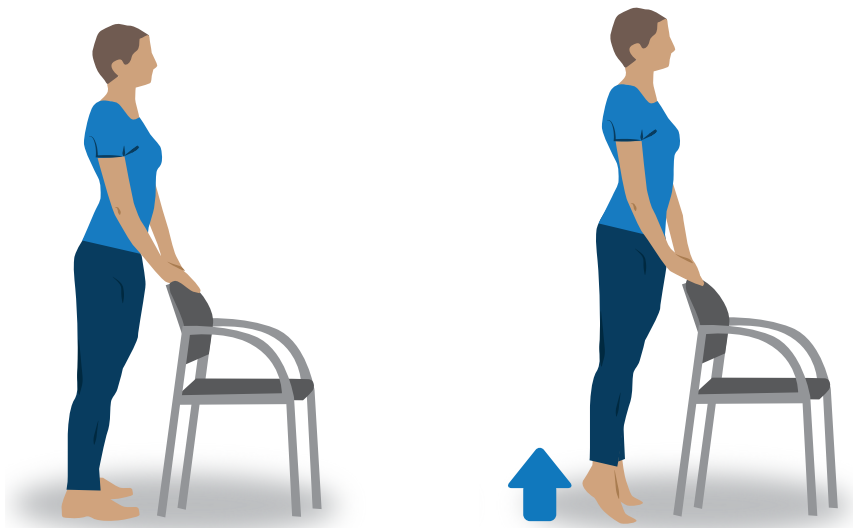


# Your hip exercises

## Heel raises

The following exercises must only be completed following Physiotherapy guidance

Please tick once approved



1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.
2. Push up on to your toes on both legs, raising your heels off the ground.

Keep your knees straight. Hold for five seconds. Then lower back down.



# Recovering out of hospital and getting back to normal



## Going up the stairs

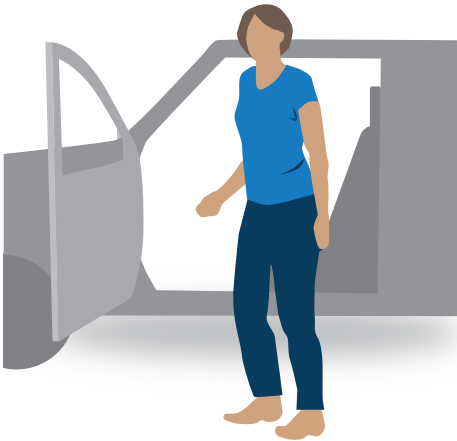
1. Stand with your crutches or sticks close to the stairs.
2. Take a step up with your non-operated leg.
3. Then take a step up with your operated leg to the same step.
4. Then bring your crutches or sticks to join you.



## Going down the stairs

1. First place your crutches or sticks one step down.
2. Then take a step down with your operated leg.
3. Then step down with your non-operated leg on to the same step.

# Recovering out of hospital and getting back to normal



## Getting into the car

1. Position yourself sideways to the car, with the backs of your legs against the seat.
2. Reach for the back of the seat base.
3. Put your operated leg out in front of you, with the knee straight, and lower yourself onto the edge of the seat; it may help if you lean back slightly.
4. Use your non-operated leg and your hands to push yourself backwards onto the seat, keeping your operated leg straight in front of you.
5. Leaning backwards, turn on your buttocks and slide your legs into the car.
6. Adjust yourself into a comfortable position.



## Getting out of the car

Reverse the above process.

# Recovering out of hospital and getting back to normal

## Risk of deep vein thrombosis (DVT)

The risk of developing blood clots can continue for up to 12 weeks after you have gone home.

- Remember to walk around as much as you can
- Drink plenty of water
- Always try to raise your leg when you are resting, if you can. This reduces the pressure in the calf veins, and helps to prevent blood and fluid from 'pooling' in the calves. You should aim to raise your foot higher than your hip so gravity helps with blood flow returning from the calf. The easiest way to raise your leg is to recline on a sofa with your leg up on a cushion
- If you have been asked to wear support stockings at home, please wear them for the recommended time (usually 6 weeks after your operation)

## Enoxaparin

You will require enoxaparin (a blood thinner) for a period of 28 days after your operation. If you are discharged earlier than this, the ward nurse will teach you or a family member to self-inject. If this is not possible, a district nurse will be arranged to administer the daily doses.

## Pain control at home

It's important to get to know your pain medicines and when to take them. If it is painful to move around, take pain medication regularly, and 30 minutes before doing any exercise.

# Recovering out of hospital and getting back to normal

## Going home with a catheter or incontinence pads

Some people may go home from hospital with a catheter or incontinence pads, this does not mean you will always need them.

When you leave hospital you will be given details for follow up care:

- If you leave with a catheter, the hospital will complete the catheter passport, a catheter pack will be provided, and you will be referred to a district nurse on discharge with a plan to trial without catheter(TWOC) in the community setting
- If you leave using incontinence pads, you will be referred to district nurses on discharge a for continence assessment and for further supply of incontinence pads at home
- If you have any concerns or haven't received any further appointments, please speak to your GP
- It's important you drink fluids regularly to stay hydrated and clean the skin around the catheter or pad daily with soap and water to reduce the risk of infections

## Recovering at home

### Daily exercises

To give yourself the best chance of getting back to doing the things you enjoy you need to continue to do your exercises to build up your strength and confidence. Keep this passport open on the exercise pages to remind yourself.

### Support at home

The team always considers home as the first option and will arrange the necessary support, which may include a care package from social services and/or community therapy.

If you are having support from community therapy, please continue to do your exercises from this passport whilst you wait for their visit.

## **Community therapy (CTT)**

You will be told when you are discharged if you have been referred to Community Therapy. Each area has its own CTT so there may be slight differences, however this is an overview of what to expect.

CTT is a rehabilitation service visiting individuals in their own home. A team member will contact you following discharge and book an assessment at your property. They will discuss your recovery so far, your goals and future steps.

Prior to your assessment, please consider goals you wish to work towards/achieve, this will enable you to gain the most from the therapy input.

If clinically appropriate following your assessment and input from CTT you may be referred to other local services to continue your recovery journey.

## **Equipment**

Equipment will be issued as identified on the ward. This is on loan for the time that you require it. When you no longer require the equipment or if there is an issue/fault please contact the relevant store

**Solihull** – 0121 329 0900

**Birmingham** – 0121 503 8850

## **Future fall prevention**

A broken hip is usually the result of a fall. Preventing further falls will be considered when planning recovery, future mobility and long-term independence. Keep your walking equipment within reach and ensure you have a means of communication to hand at all times, e.g. mobile phone or pendant alarm. If you have hearing aids and glasses, ensure you wear these, and wear sturdy footwear.

## **How can you help?**

- Take care when standing or getting up out of bed or from a chair
- Use your walking aids (if recommended) when moving around
- Wear your glasses or hearing aids (where appropriate)

- Wear appropriate well-fitted shoes
- Clear floor space, and remove clutter and any trip hazards
- Ensure your room is brightly lit so you can see where you are going

## Osteoporosis

As you get older your bones will become weaker and are more likely to break. All patients will be considered for bone strengthening treatment. You might need a bone density scan to help decide what treatment you need. Treatments can take the form of tablets, drips or injections. These need to be continued over a number of years to protect against future fractures.

## Information for friends, family and carers

We know getting a call to say your friends or family member is in hospital with a broken hip is difficult and can impact your own lives in the short term whilst you support them with their recovery.

We recommend that you read this passport to get an idea of the different stages of recovery. You can access the digital version by scanning the QR code.



We know getting people up and moving as soon as possible is key to their long-term recovery and we would like your support to encourage them to do their daily exercises.

### Things you can help with whilst in hospital:

**Eat:** Bring in snacks that your relative or friend enjoys eating and encourage them to eat something when you visit. Please check with nursing staff what would be suitable.

**Drink:** Prompt your relative or friend to have a sip of a drink when you are with them. Check with nursing staff what drinks are suitable.

**Dress:** Bring in regular day clothes and footwear, and any walking aids used at home if needed.

**Move:** Ask the nurses or therapists if your relative or friend can go for a walk. Walk with them around the bay and corridor.

## **Leaving hospital**

We aim to get people back to their home for their recovery and will arrange support if it is necessary. If possible, please help us by preparing their homes whilst they are still in hospital by making sure they are clean and tidy, moving the bed downstairs if required, removing any trip hazards, installing key safes if carers will require access.

## **Useful information**

### **General Practitioner**

Your GP can check your general health and medications. Please arrange to see them within two weeks of your discharge from hospital.

### **Orthopaedic fracture clinic follow-up**

Depending on the type of operation you have had, you may have a follow-up with the orthopaedic doctors. They may review your wound and assess how well your bone is healing.

### **Orthogeriatric follow-up**

If you are an older person who has fractured your hip, you may have an orthogeriatric follow-up. This is to review your general health, medications and bone strength.

### **Voluntary Organisations**

Depending on where you live there will be different groups available locally.

### **Solihull Age UK**

Age UK Solihull is a local charity committed to providing the best support to older people across the borough for over 40 years. If you are worried about yourself or an older person you know, they are here to help.

Contact Age UK Solihull on **0121 704 7840** to find out how they can help. They have monthly and weekly lunch clubs, a monthly coffee afternoon and occasional one-off activities for over 65's in Solihull. You can find out more on their website: **[www.ageuk.org.uk/Solihull/activities-and-events/regular-activities/](http://www.ageuk.org.uk/Solihull/activities-and-events/regular-activities/)**

### **Birmingham Age UK**

Age UK Birmingham offers lots of services for older people and their carers. They cover the whole of Birmingham City Council Area and work with Age UK Sandwell, as well as providing services in Dudley and other areas.

On their website (**[ageuk.org.uk/Birmingham/activities-and-events/](http://ageuk.org.uk/Birmingham/activities-and-events/)**) they have a timetable of wellbeing activities for everyday of the week. To book any of the activities contact **0121 437 0033** or email for information **[wellbeing@ageukbirmingham.org.uk](mailto:wellbeing@ageukbirmingham.org.uk)**

### **Other services in Solihull**

My Solihull Map (available at: **[www.solihull.gov.uk/communities/my-solihull-map](http://www.solihull.gov.uk/communities/my-solihull-map)**) connects you to your local community, where you can find places to go, things to do, and to actively engage in the vibrant services your local community provides.

The map highlights several activities and services: Free and low-cost, All-age group, Under-18, Disability-focused, Mental-health focused, Faith groups, and Sports and physical activities.

## My therapy goals

To support you by providing clear therapy goals as you recover from your hip fracture. We will endeavour to help you to recover as much as possible, but you may not return to your pre-injury level of mobility.

My goals when I am in hospital			
Date goal set	Goal	Timescale	Status

## My goals when I have left hospital

Date goal set	Goal	Timescale	Status

## Contact us

If you have any questions or concerns please contact the ward you were discharged from via the hospital switchboard:

**Heartlands Hospital – 0121 424 2000**

**Alternatively, please contact your GP or NHS 111.**

## Contacts

### Heartlands Hospital

#### Ward 17

0121 424 2217 / 0121 424 2581

#### Ward 18

0121 424 2218 / 0121 424 2986

#### Trauma Nurse Specialist (TNS)

07702954242

### Solihull

**Ward 20A – 0121 424 5220**

**Ward 20B – 0121 424 5060**

### Community Services

### Birmingham EICT

0300 555 1919 (option 2)

### Solihull Community

0121 424 5716

(there is a voicemail facility, please leave a message and you will get a call back)

### Social Services

**Birmingham – 0121 303 1234**

**Solihull – 0121 704 8007**





## Friends and family

We would be grateful if you can take the time to complete the survey below by scanning the QR code to help us continually improve our services.

### How did we do? 😊 😐 😞

If you have recently used our services we'd love to hear about your experience. Please scan the QR code or follow the link to share your feedback to help us improve our services. **Thank you. [www.uhb.nhs.uk/fft](http://www.uhb.nhs.uk/fft)**



### Accessibility

To view this information in a different language or use text-to-speech reader visit **[www.uhb.nhs.uk](http://www.uhb.nhs.uk)**, click the yellow and black circular icon in the bottom right of the web page to open the ReachDeck toolbar and then use the search bar to search by the name of the leaflet – My Hip Fracture Surgery. If you require this information in another format such as braille, please email **[interpreting.service@uhb.nhs.uk](mailto:interpreting.service@uhb.nhs.uk)**

