NHS
University Hospitals Birmingham
NHS Foundation Trust

My hip fracture surgery

My hospital stay and recovery

Building healthier lives

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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 am having / have had	
My consultant is	
I had surgery on	
My expected discharge date	
How I am getting home	
Notes:	

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Your Journey

Emergency Department

When you attend our Emergency Department, we will carry out X-rays and investigations to make sure you get the help you need.

Ward

Once a fracture is confirmed you will be seen by the Trauma & Orthopaedics team, admitted to the ward and prepared for surgery.

OR Theatre & Recovery Room

You will then have surgery to repair your fractured hip and will be allowed to recover from the anaesthetic.

Ward

You will be able to recover further from surgery while staying in one of our hospital wards.

Rehabilitation

During rehabilitation, you will receive assistance from physiotherapists, occupational therapists and dietitians to help you prepare for going home.

Follow on Care

When you're ready, you will be discharged home or referred to an appropriate care setting.

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.

Fractured hip surgery

What is a hip fracture?

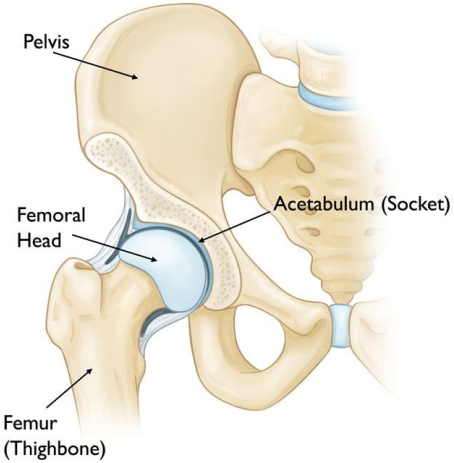
The hip joint is a ball and socket joint between your pelvis and thigh bone (femur). A hip fracture is when the top part of your thigh bone breaks.

A hip fracture can also be called:

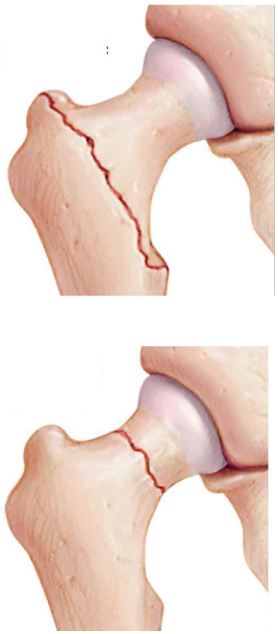
- Neck of femur fracture
- Proximal femoral fracture

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

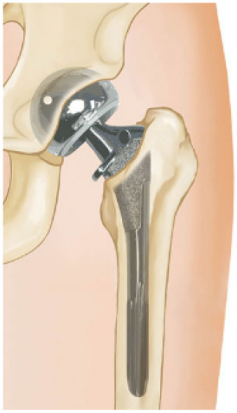
Approximately 98% of hip fractures require surgery to get the person walking again. The type of surgery you have will depend on where you have broken your hip.

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.

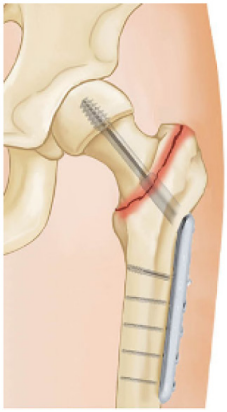
If you have a break at the head of the thigh bone, a metal screw and plate will be used to hold the bone in place allowing it to heal naturally. This is known as a 'dynamic hip screw'.

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

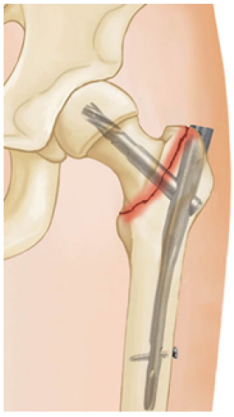
If you have questions about your treatment, please do not hesitate to speak to a member of staff.



Hemiarthroplasty or Total Hip Replacement



Intramedullary Nail



Dynamic Hip Screw

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.

Junior 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

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 practictioner (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 practitioner (TNP)

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

Meet the healthcare team

Therapy team

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

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 rehabilitation and help staff to start to make goals for you to return home, or to transfer to another rehabilitation facility if you require a little more time and therapy input.

Dietitians

Nursing staff will complete nutritional screening during your hospital stay, and you may then be referred to a dietitian.

The dietitian would then assess your nutritional intake to ensure you are meeting your nutritional needs to support wound healing and rehabilitation after your 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 rehabilitation 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 rehabilitation 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

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.

Catheter
If you find it difficult or uncomfortable to use a bedpan, the ward nurses will insert a small tube (catheter) into your bladder to drain your urine. In some cases you may be discharged home with this. This can be removed at an outpatient clinic after you return home.

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

Potential complications

A hip fracture is a serious injury. In some cases, unfortunately, in some serious cases, it 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, 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 you break 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.

Potential complications

Pressure sores

Due to you not being able to move very much, and potentially thin skin, there is an increased risk of developing pressures 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). What is 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.

Potential complications

Pulmonary embolism (PE)

What is a 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

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 type 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.

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. Speak to a nurses if you feel your pain is stopping you from moving.

Falls and dislocation

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 rehabilitation 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

Before your operation

You will need to fast (not eat or drink) for six hours before surgery. We will set up a fluid drip to keep you hydrated during this period.

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 drugs 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. We will review your pain regularly but if you are in pain please tell the nursing staff on the ward.

After your operation

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

Family, friends and carers, we need you!

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 if your relative or friend can go for a walk. Walk with them around the bay and corridor.

After your operation

Mobilising

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 and 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

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.

Rehabilitation

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 your 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.

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 may be discussed and completed for your local area.

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.

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

Your hip exercises

Suggested hip exercises

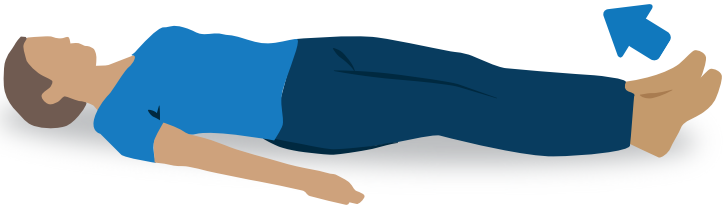
Exercising your hip and leg muscles after surgery is vitally important for your recovery. Breathing exercises will also help.

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.

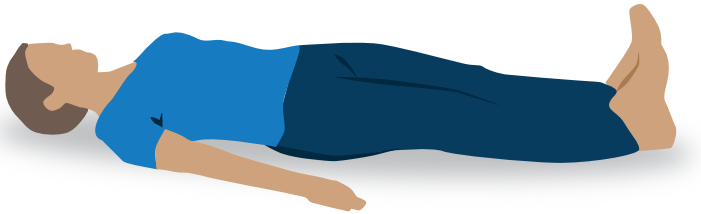
2. You will be guided by the therapy team about which exercises to do, when to start them and how often to complete these.

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.

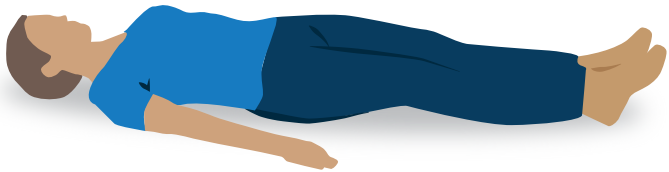


2. Bend and straighten your ankles briskly.

Your hip exercises

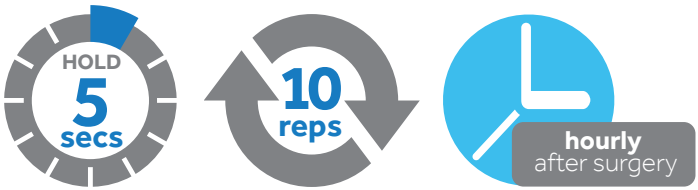
Static gluteal squeezes

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



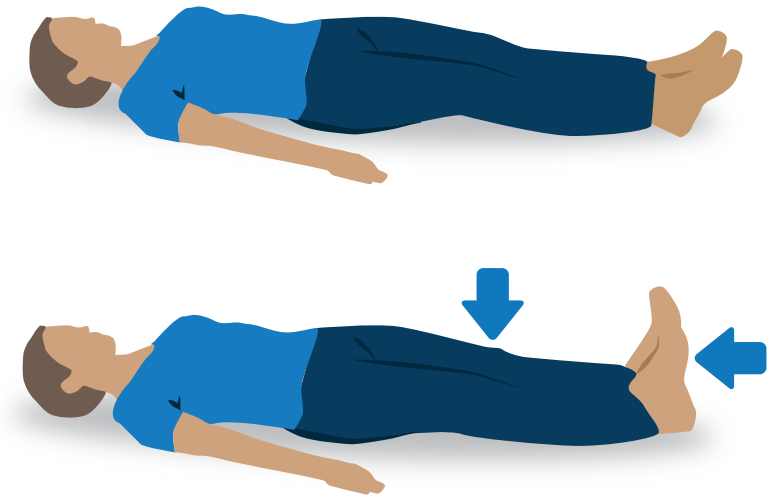
1. Lie with your back on the bed and your legs straight.

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



Your hip exercises

Static quads

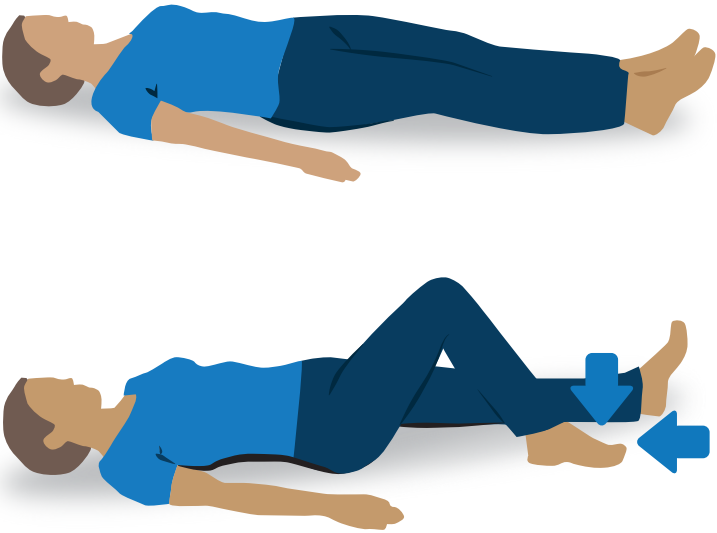


1. Lie with your back on the bed and your legs straight. Bend your toes up towards you.

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



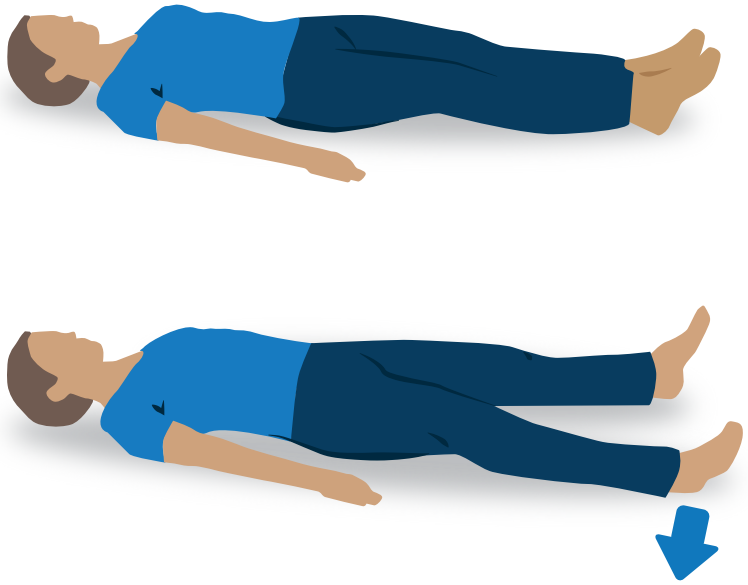
1. Lie on your back.

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



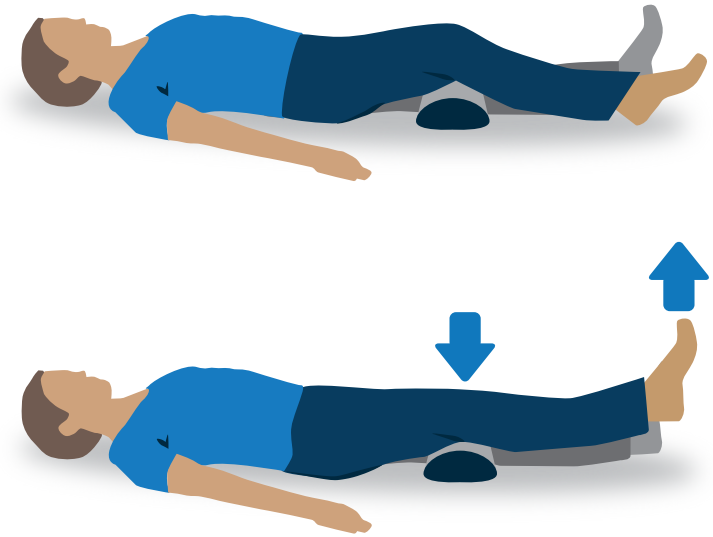
1. Lie on your back with legs straight.

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



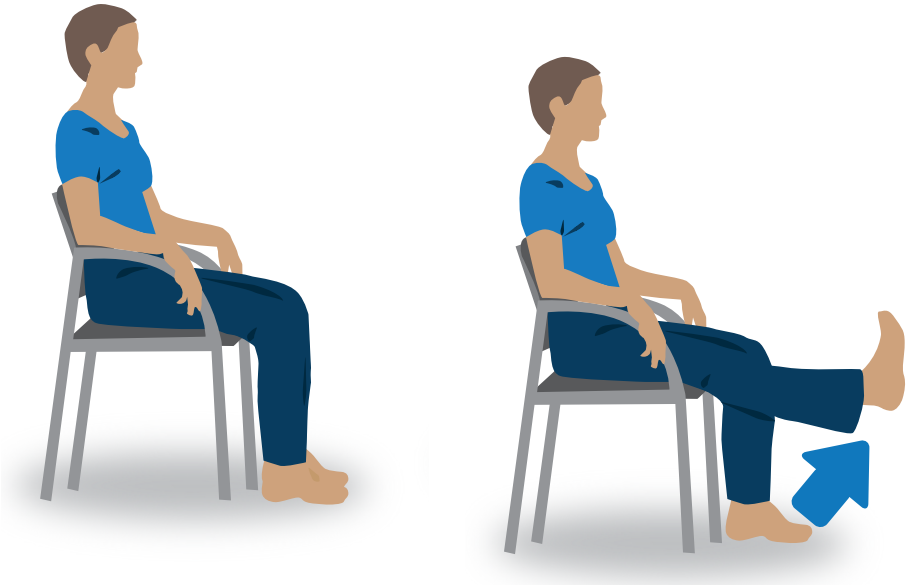
1. Lie down on your back with a rolled up towel under your knee.

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



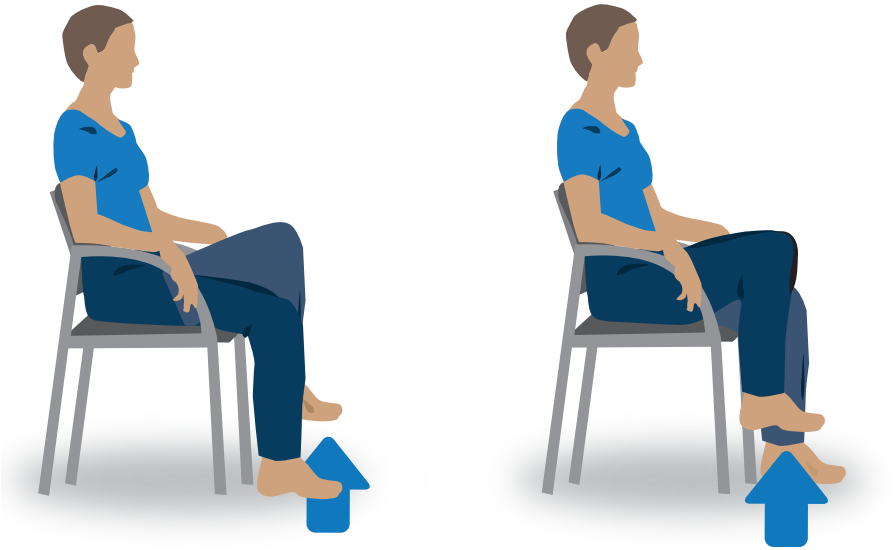
1. Start by sitting upright in a chair, with your feet flat on the floor.

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)

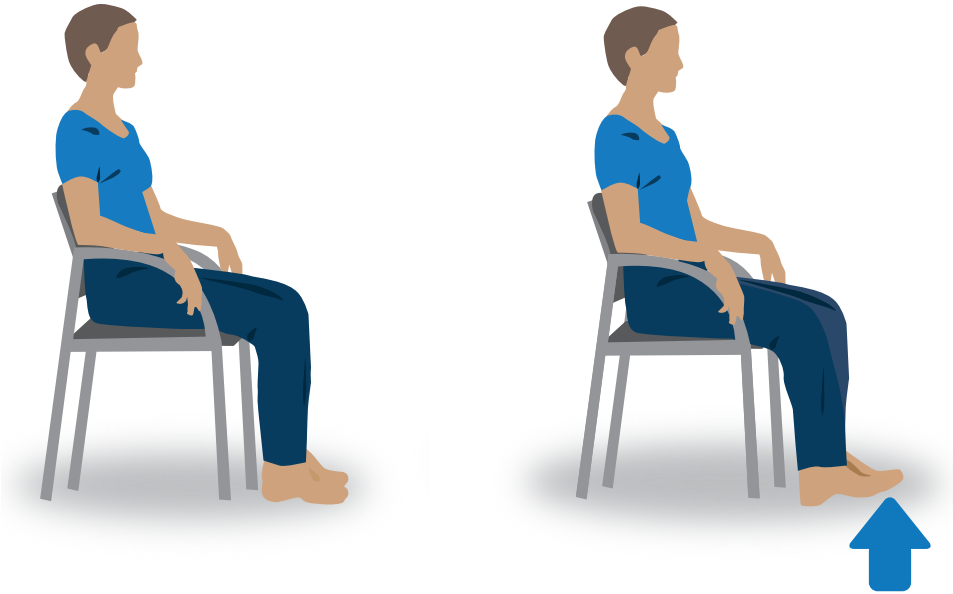


1. Start by sitting upright in a chair, with your feet flat on the floor.

2. Begin marching on the spot by slowly raising your right leg, then return to start position. Repeat with the left.

Your hip exercises

Seated toe taps

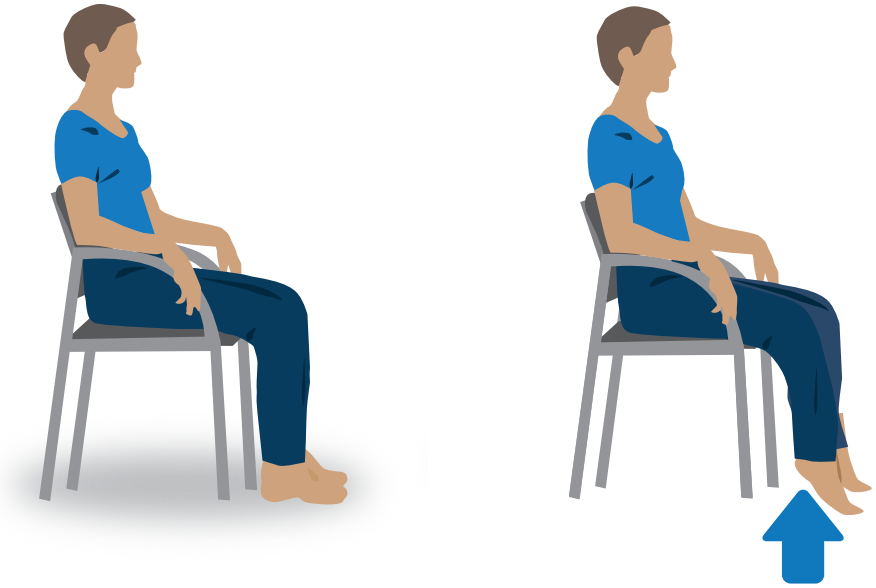


1. Start by sitting upright in a chair, with your feet flat on the floor.

2. Keeping your heels on the floor, lift your toes off the floor, then return to 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

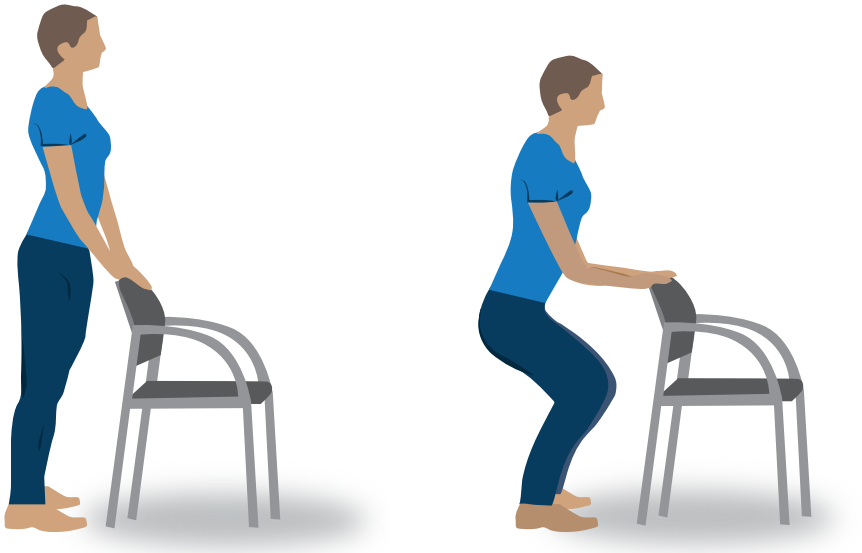
1. Back up to the chair until you can feel the surface on the back of your legs.
2. Transfer your weight evenly onto both legs.
3. Straighten your operated leg out in front of you and keep it there while you sit.
4. Reach back to the armrests of the chair with your hands and lower yourself slowly onto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

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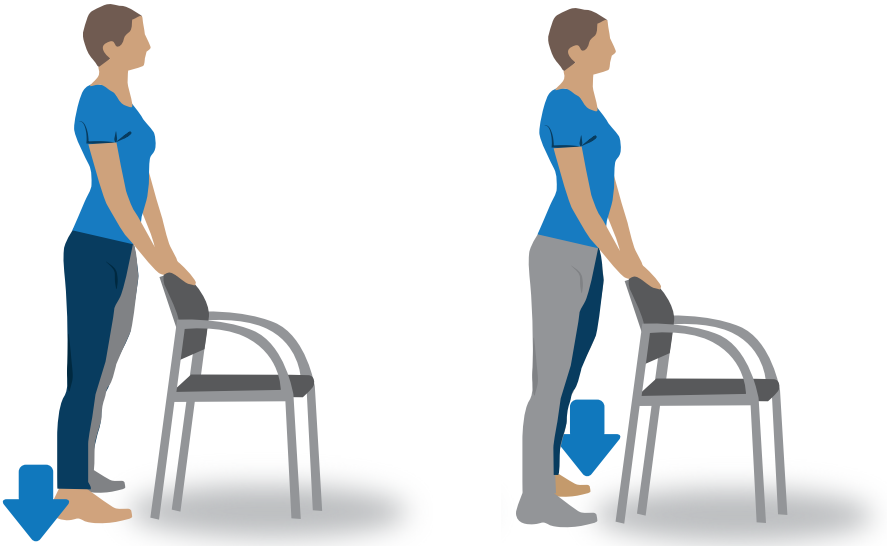
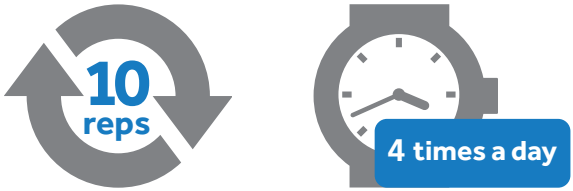


1. In a standing position, hold on to or lean on a stable surface such as a kitchen counter or the back of a firm chair.
2. Transfer your weight from one leg to the other.



Your hip exercises

Standing hip flexion

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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

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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

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1. In a 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

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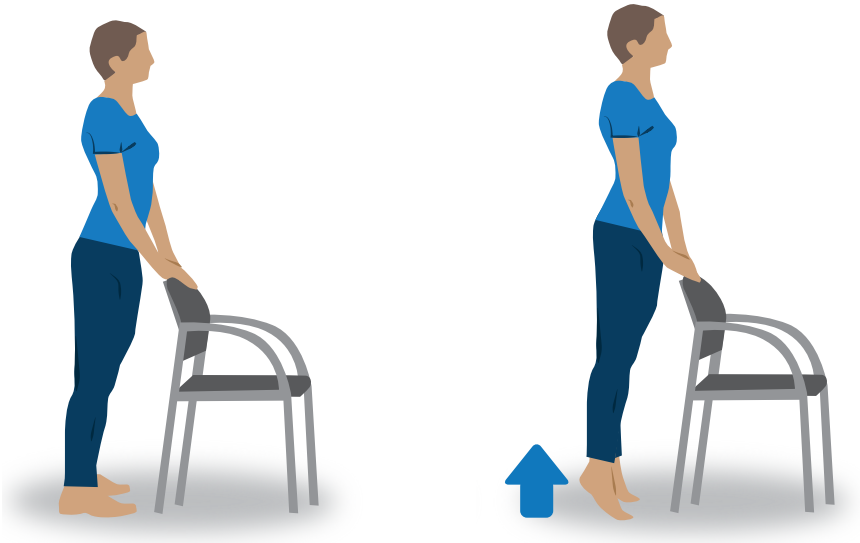
☐ Please tick once approved



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 post-discharge and getting back to normal

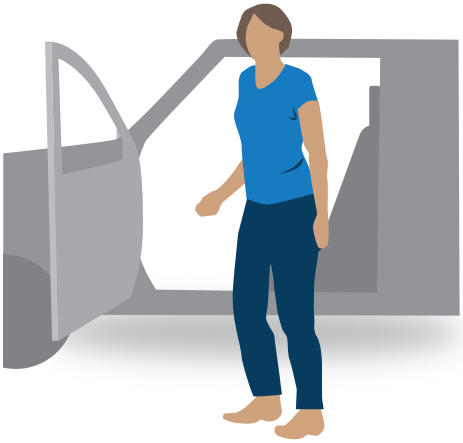
Going up the stairs

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 post-discharge 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 you 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 post-discharge and getting back to normal

Risk of deep vein thrombosis (CVT)

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 at home

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.

Occupational therapy assessment

The occupational therapist will assess whether you will require any equipment when you are discharged.

Future fall prevention

A broken hip is usually the result of a fall. Preventing further falls will be considered when planning rehabilitation, 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

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 will have a follow-up with the orthopaedic doctors. They will 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 will have an orthogeriatric follow-up. This is to review your general health, medications and bone strength.

Community follow-up
If it is necessary, your therapy team will refer you for outpatient or community physiotherapy to progress your rehabilitation and achieve your longer-term goals.

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

Solihull

Ward 20A - 0121 424 5220

Ward 20B - 0121 424 5060

Community Services

Birmingham EICT
0300 555 1919 (option 2)

Orthopaedic Outreach
0121 424 4713

Queen Elizabeth Hospital Birmingham

Ward 410 - 0121 371 4151

Ward 412 - 0121 371 1450

Any Questions?

You should write down any questions you want to ask your healthcare team so you don't forget them.
Please speak to a member of staff if you have any concerns about your mental wellbeing during your treatments. There are many resources available to support you during this time.

PI23/2658/02 Author: Joanne Thompson
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