Northumbria Healthcare
NHS Foundation Trust

# Care after hip fracture

Issued by the orthopaedic department

## Introduction

You have been admitted to The Northumbria Hospital in Cramlington as you have a broken hip (a fractured neck of femur). This booklet is designed to inform you and hopefully answer any questions you may have about your injury, operation and treatment. It will also give you useful information about your discharge from hospital and what to expect when you get home. However, please do not hesitate to ask any member of staff if you have any concerns or questions whilst you are in hospital with us.

The booklet is divided into four colour coded sections:-

## Section 1 - Broken hip - what happens now?

In this section you will find information on:-

- Your injury and operation
- Benefits and possible risks of surgery
- The team who will be looking after you
- Involvement of your relatives and how they can help

## Section 2 - Your hospital stay

In this section you will find out about:-

- A day by day account about your care and how we will look after you
- Physiotherapy exercises

## Section 3 - Your medicines

This section deals with medicine information:-

- Commonly used medicines for those having surgery for broken hip
- Special Instructions on medicines
- How to take your medicines

## Section 4 - Leaving hospital

This section gives helpful information about what to do at home:-

- Discharge to assess process
- Physiotherapy discharge advice
- Occupational therapy information and how to return equipment
- Pharmacy advice after leaving hospital
- Wound care information
- Potential problems and who to contact should they arise

We have supplied a list of telephone numbers at the back of this booklet should you need to contact any of the team involved in your care.

## Section 1 – Broken hip - what happens now?

### Why do I need an operation?

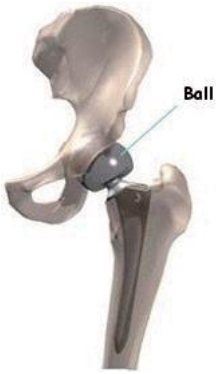
The hip joint is a “ball and socket joint”. You have broken (fractured) the upper part of your thigh bone (femur), which is part of your hip joint. This injury is called a ‘fractured neck of femur’ and usually requires an operation to fix it. The benefit of the operation is to relieve your pain and get you back on your feet and home as soon as possible.

Depending on the type of fracture you have sustained you may need a:

#### Dynamic hip screw

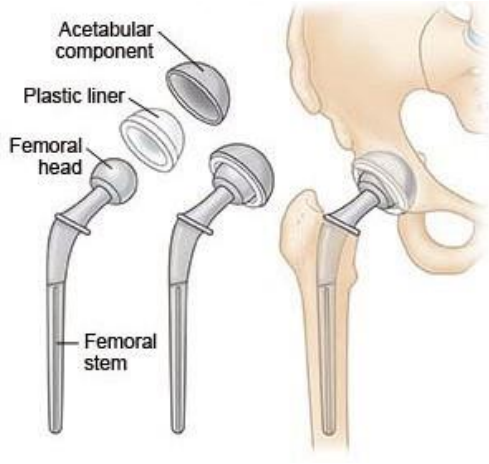

Screws or plates to "hold" the fracture while it heals.

#### Hemiarthroplasty




A Hemiarthroplasty:- the ball of your hip joint is replaced, but the socket remains your own.

# Total Hip Replacement




The ball of your hip joint and socket are replaced.

The alternatives to not having an operation are taking regular pain relief, and prolonged bed rest.

Occasionally other techniques may be used. If you need a different operation, your surgeon will discuss this with you. Our aim is to operate by the end of the next day after admission.

Your operation may be delayed if you need:-

- To stop any medication before your operation e.g. blood-thinning medication (anticoagulants)
- Further blood tests or correction of any abnormalities with your blood
- Further discussion of your x-rays by the doctor
- Further investigations e.g. heart scan
- If you have a medical condition that requires further treatment before surgery can proceed

If there is a delay in you having your operation, this will not cause any further damage to your hip.

## Possible risks

Any injury or operation has risks and it is important that you fully understand the following information. Please remember that everyone is different and progress will vary depending on your general health, age and mental state prior to admission. If you have any questions, or require further explanations, please ask any member of staff.

**Delirium** – Sometimes during a hospital stay, and after an operation a person can experience a new 'confusion'. The medical term for this is delirium.

### What is delirium?

"Delirium is a change in a person's mental state or consciousness, which is often shown as confusion, difficulties with understanding, memory and personality changes." NICE, 2020

It is quite common, and can be caused by a number of different factors. In the Trust we use a method called " A PINCH ME" to look out for and to try and reduce the risk of delirium.

**A**ssessment & Collateral – we use different assessment tools to tell us if you are doing ok, like taking blood pressure and pulse, assessing consciousness, and checking your attention. We may need to ask you lots of questions, for example how you carry out everyday tasks about your memory and preferences. This is to understand your 'normal' or 'baseline' so we can more easily detect if you are different. We may also ask your next of kin, or carers to help us understand you better.

**P**ain - we will monitor your pain, give regular painkillers, we may use the PAIN AD tool to assess for pain in patients who cannot tell us through words.

**I**nfection - we monitor for signs of infection daily by carrying out regular observations like temperature checks.

**N**utrition - we will encourage and support you to eat food that you like

**C**onstipation- and continence - we will monitor bowel movements and provide medication to help if needed. We will also look for changes in ability to pass urine.

**H**ydration - we encourage drinking fluids and record intake.

**M**edication - we monitor for medication that can increase risk of confusion, or those that may be causing other side effects, we will stop or amend these as needed.

**E**nvironment - hospitals can be busy and loud places, and the use of masks can make it more difficult for patients and staff. We encourage you to wear your glasses and hearing aids and make sure the batteries are working. We try to provide a good sleeping environment, and encourage you to tell us what you need to help you. We use clocks, calendars, conversation and family photos to orientate you. We try to get you home as soon as you are able to.

Whilst delirium can be distressing, it is usually short term and will be monitored, investigated and treated if necessary. It can last longer in some patients who have dementia. Delirium is not always fully resolved in hospital and sometimes patients go home still with delirium. We will talk to your family and listen to their concerns as they know you best. Please ask if you would like a delirium leaflet.

**Deep vein thrombosis (DVT)** - is a blood clot in a vein. It may present as a red, painful and swollen leg. A DVT can pass through the blood stream and go to the lungs (a pulmonary embolism - PE). This is a serious condition that affects your breathing and affects about 1 in 100 patients. In order to reduce the risk of a DVT, you will be taught exercises and will be prescribed a blood thinning medication. However, one of the best ways to prevent this condition is to get up and start moving and walking.

**Bleeding** - This is usually a small amount and can be stopped in the operation. However large amounts of bleeding may mean you require a blood transfusion, iron transfusion or iron tablets. Rarely, the bleeding may form a blood clot or large bruise around the wound.

**Pain** - You may have local anaesthetic put into your groin to help with pain relief before the operation when you are in the emergency department. This reduces pain and makes movement more comfortable. The local anaesthetic may be repeated in theatre.

Your hip will be painful after the operation. You will be offered regular medication to reduce the pain; this involves a combination of tablets and/or medication via a drip. It is important to tell staff if the medication is not helping you and to ask for additional pain relief.

If you already take strong pain medication, we will try to keep you on the same medication and adjust it as needed.

If you have dementia, you may show us that you are in pain by becoming agitated or aggressive rather then telling us. If you can't verbally tell us that you are in pain, we use an assessment tool called PAIN AD to assess if you need painkillers.

**Infection** - This is a risk of surgery and is taken very seriously. You will be given antibiotics in theatre just before your operation. The operation will be performed in sterile conditions and with sterile equipment.

Despite these precautions however, a small number of patients develop a wound infection (about 4 in 100). If this happens, your wound may become red, hot and painful. There may also be a discharge of fluid or pus. Infections are usually treated with antibiotics, but an operation to wash the joint out may be necessary. In rare cases the implant inserted to fix your hip may be removed and replaced at a later date. Rarely infection can lead to a blood infection and antibiotics may be required for a longer time.

**Chest infection** - The risk of getting a chest infection or any respiratory complications is reduced by taking regular deep breaths and getting up on your feet and start moving and walking as soon as possible after your operation.

**Catheterisation** - If you have difficulty in passing urine either before or immediately after the operation, you may need a tube inserted into your bladder temporarily.

**Pressure sores** - Your skin can become sore when your mobility is reduced. The areas most at risk are your sacrum (bottom), elbows and heels. Please tell a member of staff if you have any discomfort. The best way of reducing the risk to your skin is early mobility.

**Constipation** - This is a common problem associated with reduced mobility and medication. Increasing the amount you drink, eating healthily and exercising will help. Please inform the nursing staff if you have any problems.

**Swelling of the legs** - This often occurs and can take several months to go down. If your leg becomes hot and painful, you need to inform the staff.

**Dislocation** - If your operation consisted of the ball of the hip joint being replaced, there is a small risk of dislocation - this means that the ball joint has come out of the socket. This will require a further operation.

**Avascular Necrosis (AVN)** - A rare complication that can occur in patients who have screws and/or plates inserted. This is a loss of the blood supply to the top of the thigh bone. If this happens, the head of the thigh bone becomes weak. It may need replacing with a hemiarthroplasty or a total hip replacement.

**A broken hip is a serious condition. Getting up and about as soon as possible is one of the best ways to prevent many of the above complications. The physiotherapists and/or nursing staff will get you out of bed within a day of your operation.**

## Bone Health

For those over the age of 50 years old with a hip fracture sustained as a result of a low trauma event e.g. a fall, we will assess your bone health and potential risk of osteoporosis.

Osteoporosis is the thinning (reduced density) of bones and affects us all as we get older. It means the bone is more likely to fracture (break).

It is treated with medications called bisphosphonates and there are lots of different ones available.

To help us measure your bone density, we may refer you for an outpatient bone density X-ray called a DEXA scan (Dual Energy X-Ray Absorptiometry). This is a quick and easy test which helps us determine if you have osteoporosis.

Lots more information about osteoporosis, DEXA scans and bisphosphonate treatment is available through the Royal Osteoporosis Society online at: www.theros.org.uk.

## Your anaesthetic

- You are likely to have a local anaesthetic nerve block injection into your groin area after your first x-ray. This will make your leg feel heavy and reduce your pain.
- You will probably have another nerve block in theatre as part of your anaesthetic to improve your comfort after surgery. It may take a day or so for the feeling to fully return in your leg and this is completely normal.
- For the operation itself, most patients will be recommended to have a spinal anaesthetic in combination with sedation. You may be given a general anaesthetic instead.

## The spinal anaesthetic

This involves a small injection of local anaesthetic between the bones in the lower part of the back around the nerves of the spinal cord. This causes temporary numbness and heaviness from the waist down and allows surgery without feeling any pain.

## Sedation

You may also be given sedation alongside a spinal anaesthetic to reduce your awareness of theatre activity during surgery.

## General anaesthetic

Some patients may have a general anaesthetic, this would mean that you are fully asleep during the operation.

**You will see an anaesthetist before your operation to discuss the best anaesthetic for you.**

## The team looking after you

During your stay on the orthopaedic ward the following people may be involved in your care:-

- Orthopaedic doctors
- Anaesthetist & pain team
- Ortho-geriatric team (care of the elderly doctors)
- Nurses, health care assistants and trauma orthopaedic nurse coordinators
- Occupational therapists (OT), physiotherapists and assistants
- Pharmacists and pharmacy technicians
- Care manager / social worker
- Dietician and/or nutrition assistant
- Mental Health Services For Older People
- Speech and language therapist (SALT)

Please do not hesitate to ask any if you have any concerns or questions about your care.

## Involvement of relatives / carers

You will play a big role in helping your family member/friend get back home.

Ways in which you can help are by:-

- Bringing in patient's own medication (in original packaging if possible) and a list of all regular medication.
- Bringing in loose, comfortable clothing.
- Bringing in good fitting slippers or shoes.
- Completing the heights form for the OT.
- Helping and encouraging the patient to do their exercises.
- Encouraging the patient to walk regularly.
- Encouraging the patient to eat and drink and sit out for meals when possible
- Share what you know about the patient
- Offer a listening ear
- Let us know if you think there are changes to behaviour that we may not have noticed
- Remind them of the date and day

**Start planning for discharge now:**

- Have a supply of quick and easy meals at home
- Make sure the heating is working
- Try and be there when they first come home
- Try and be there for the first visit by the rehabilitation team

Remember, rehabilitation programmes and recovery activities are tailored to meet individual needs. Underlying medical conditions e.g. dementia may mean that a more functional approach is more appropriate, e.g. such as walking practice rather than specific exercises.

All members of the team carry out rehabilitation through everyday tasks such as the health care assistants encouraging the patient to walk to the bathroom, practising getting on and off the bed with the therapists and encouraging regular changes of position in the chair. We will be happy to discuss individual programmes with you.

There are risks and benefits of rehabilitation. Unfortunately for some patients who have fallen, there will be risk of further falls, but we reduce these risks by using suitable seating and providing observation of at risk patients.

## Nutrition

You will be asked not to eat or drink – to be 'nil by mouth' before your operation.

Once you have had your operation, it is important that you eat and drink well as this will help your recovery. We record what you eat and drink to ensure that you are having the right amount for you. We also have a range of nutrition supplement drinks you can try. These will ensure you have the right nutrients and enough calories for your recovery.

There is a choice of food at mealtimes. A staff member will help you choose and book your meals. Please let the staff know what type of food you like, or if you have any special dietary requests. For patients with cognitive impairment it is essential that the family or carers let us know this information.

Special diets to suit you can be prepared, including pureed food and thickened drinks.

We have nutrition assistants on the ward who will help you if you have difficulty with eating your meals or drinking. They will remind you to eat and drink regularly and ensure your drinks are within easy reach. We will encourage you to sit out into a chair to enjoy your meals.

## Section 2 - Your hospital stay

### Before your operation

You will:

- Rest in bed
- Take regular deep breaths to reduce the risk of chest infections
- Be screened for MRSA (a nose and groin swab) and MSSA
- Be offered regular pain relief
- Have a drip (intravenous infusion)
- Need to use bed pans/urinals
- Be informed when you need to stop eating and drinking. You will be able to have clear fluids up to two hours before your operation
- Be assessed by an anaesthetist who will discuss your anaesthetic with you
- Be told about your operation and asked to sign a consent form
- Be asked questions about your home circumstances in order to start planning your future discharge
- Be asked to arrange for some loose, comfortable clothing and appropriate footwear - good fitting slippers or shoes - to be brought in by your family, if you have not already done so

## Day of operation

- Your operation may be cancelled / delayed depending on your medical condition (how well you are) or if a more urgent case is admitted with life threatening injuries
- We need to make sure you are warm before you have your operation. This helps wound healing. You may need to wear a warming blanket to raise your body temperature
- Your nurse will stay with you and escort you to theatre
- You may need oxygen from a mask for a while

- Your temperature, pulse, breathing and blood pressure will be monitored regularly
- You may have a catheter put into your bladder
- After your operation you may start eating and drinking gradually, once you are awake
- Your wound will have stitches or metal clips, which will be removed 12 – 14 days later
- Your pain will be assessed and pain relieving medication given regularly and on request
- After your operation you might be able to sit up in the chair with the help of the physiotherapists / nurses if your medical condition allows
- A member of the pharmacy team will come and speak to you about your regular medication. They will check any medication you have brought in and tell you about new medications. They will answer your medication questions.

## Day one

You will:

- Be helped to sit in a chair and to take a few steps with a walking frame and members of the orthopaedic team
- Be encouraged to eat and drink and your drip will be removed
- Need to take regular pain relief
- Be offered laxatives if you experience difficulties opening your bowels (this is not unusual)
- Need a blood test and maybe an x-ray of your hip
- Start hip exercises (See exercise sheet at the end of this section)
- Be encouraged to wear your own clothes
- Your wound dressing will only be changed if it becomes soiled
- A referral to social services about home care will be made if needed.

## Day two

You will be encouraged to:

- Get dressed
- Sit up in a chair for longer periods
- Do your hip exercises and begin to walk with a walking frame a little further on the ward
- Practise getting in and out of bed and standing up from the bed and chair
- During the week the occupational therapist (OT) will assess your ability to complete activities of daily living such as wash and dress and identify any equipment needs or support. Your relatives may be asked to measure your furniture at home
- Your catheter (if you have one) may be removed
- We will discuss your progress with you and your carers and start making an appropriate discharge plan
- You may be referred to a social worker or care manager to discuss home support.

## Day two or three to discharge

You may be transferred from The Northumbria Hospital in Cramlington to a local hospital to continue with your rehabilitation and recovery activities from day 2 or 3 (see section 4).

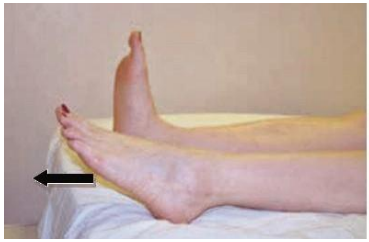
If you are medically well and are mobile you may get home from The Northumbria. The following steps will also apply to you.

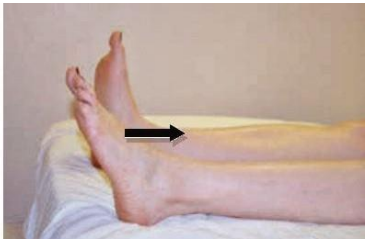
- You will be encouraged to continue to get dressed daily, sit in a chair for your meals and to walk with your walking frame. You will gradually increase the distance you walk each day and the number of times you walk. The nurses and health care assistants will encourage you to walk to the bathroom as part of your ongoing rehabilitation

- You may start to use crutches or sticks depending on your progress and safety
- You will continue to do your exercises
- The OT will continue your assessment. This will help us decide what equipment and help you might need at home
- Your physiotherapist will practise steps or stairs with you if required for your discharge home
- We will discuss the plans for your discharge from hospital with you
- Any equipment you might need for home will be delivered before you are discharged
- You will be seen by the elderly care team to discuss how you fell, bone protection and further rehabilitation should this be necessary
- The pharmacy team will regularly check your medication throughout your stay.

## Exercises following your operation for Fractured neck of femur (hip)

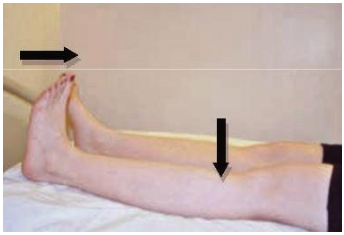
1. Take several deep breaths every hour.
2. **Ankle exercises** - When lying, move your feet up and down quickly. Keep your knee straight during the exercise so that you will also stretch your calf muscle. Repeat 10 times, at least 3 times a day.



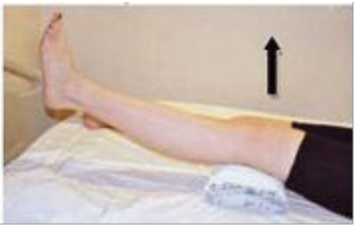


3. **Buttock squeezes** - Squeeze your buttocks firmly together, hold for 3 seconds then relax. Try not to hold your breath when doing the exercise. Repeat 10 times, at least 3 times a day.

4. **Tightening the thigh muscles** - Sit or lie with your leg straight out in front of you. Pull your foot back towards you and tighten the muscle on the front of your thigh by pushing your knee down. Hold the muscle tense for 3 seconds and relax. Repeat 10 times, at least 3 times a day.

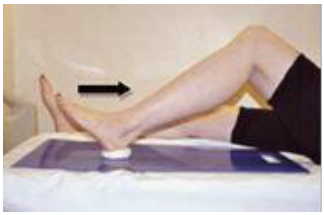


5. **Heel lifts** - Sit or lie with a rolled-up towel under your knee. Pull your foot back towards you, push down onto the towel and lift the lower part of your leg so that your heel lifts off the bed. Straighten your knee as far as possible and hold for 3 seconds. Repeat 10 times, at least 3 times a day.

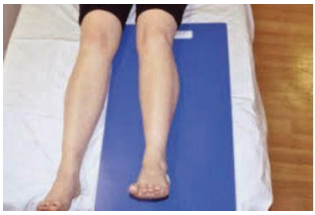


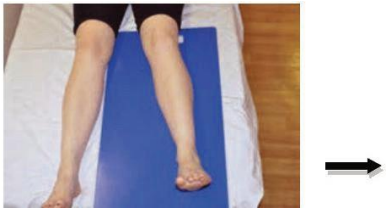
6. **Bridging** - Lie on your back with your knees bent and feet flat on the bed. Lift your bottom and hold for 3 seconds then lower. Repeat 10 times, at least 3 times a day.

7. **Hip and knee bends** - You can use a board or tray for this exercise. Lie with your leg straight out in front of you. Keep your heel on the board and slide your foot back towards you. Hold for 3 seconds then slowly straighten. Repeat 10 times, at least 3 times a day.

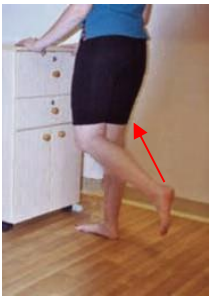


8. **Sideways hip exercise** - You can use a board or tray for this exercise. Lie with your legs straight out in front of you. Keep your heel on the board and slide the foot of your operated leg out to the side (away from the opposite leg). Hold this position for 3 seconds then slide the leg back to the middle. Repeat 10 times, at least 3 times a day.



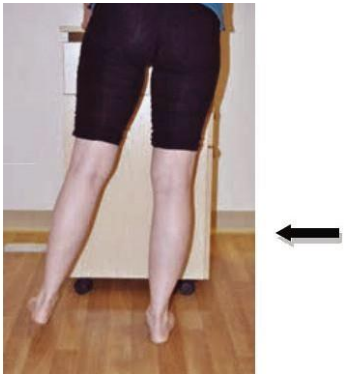


9. **Knee bends in standing** - In standing hold onto a chair or table. Bend your operated leg backwards raising the heel up behind you. Repeat 10 times, at least 3 times a day.



10. **Forward hip movements in standing** - In standing hold onto a chair or table. Slowly raise your operated leg allowing your hip and knee to bend. Hold for 3 seconds then place your foot back on the floor. Repeat 10 times, at least 3 times a day.

11. **Sideways hip movements in standing** - In standing hold onto a chair or table. Slowly take your operated leg out to the side. Hold for 3 seconds then place your foot back on the floor. Repeat 10 times, at least 3 times a day.

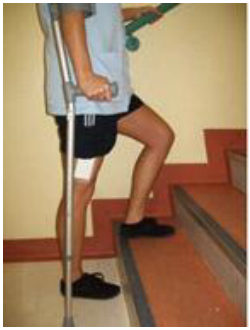


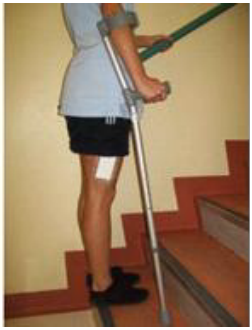
12. **Backwards hip movement in standing** - In standing hold onto a chair or table. Slowly take your operated leg out backwards keeping the knee straight. Hold for 3 seconds then place your foot back on the floor. Repeat 10 times, at least 3 times a day.

Remember walking is good for you. Take regular short walks throughout the day.

## Stairs or steps

The physiotherapist will practise the stairs with you.





## Going upstairs

Lead with your un-operated leg, followed by operated leg and then the stick or crutch. Always use a hand rail if available.

## Going downstairs

Place stick or crutch down first, followed by operated leg then un-operated leg last.

## Falls

After you have had a fall, it is likely that you will be worried about potential falls in the future.

We have a leaflet "Get up and Go" which gives prevention of falls advice. Ask if you would like one and your therapy team can advise you on when to start these specific exercises.

To reduce the risk of falls:

- Ensure that you have regular eye tests
- Wear your glasses as advised
- Wear well-fitting shoes
- Use any walking aids provided
- Clear clutter from your floors, remove any loose rugs
- Consider leaving a light on at night
- Continue to do your exercises
- Have your medication reviewed regularly.

As part of your recovery and rehabilitation, your therapy team can show you how to get up off the floor if you fall again.

Your GP surgery will have information on local ageing well groups who can also advise on falls prevention and exercise when you are back at home.

## Section 3 - Medicines information for patients after hip fracture surgery

This section contains a brief overview about medication commonly prescribed following hip fracture surgery. Please also consult the patient information leaflet supplied with your medicines.
If you have any questions regarding your medication please speak to a member of the pharmacy team.

| Paracetamol | |
|---|---|
| What is it for?  | To help control your pain after surgery. |
| How do I take it?  | Take ONE or TWO tablets FOUR times a day. |
| Common side effects?  | Side-effects are rare. Some patients may develop a rash.<br>It is important to keep to the prescribed dose as too much can cause liver damage. |
| Anything else?  | Paracetamol is also contained in other painkillers (e.g. co-codamol) and some cold remedies.<br>Always check first that it is safe to take any other medication with your Doctor, nurse or pharmacist. |

| Codeine phosphate | |
|---|---|
| What is it for?<br>  | To help control your pain after surgery. |
| How do I take it?<br>  | Take ONE or TWO tablets up to FOUR times a day if you have pain or are going to do something that brings on pain.<br>You can ask for extra pain relief in between doses if you have pain. |
| Common side effects?<br>  | • Nausea / feeling sick<br>• Drowsiness /dizziness<br>• Constipation<br>• Dry mouth<br>• Confusion<br>• Itching |
| Anything else?<br>  | Tell the Doctors or nursing staff if you feel that the painkillers are not working or are too strong so we can find the right painkiller for you.<br>Tell the Doctors or nursing staff If you feel nauseous or sickly as medication can be given to counteract this.<br>These drugs can be addictive if taken for too long. We advise that you will only need to take these for a short period of time after discharge( up to one week) If you are still having considerable pain beyond this time you should speak to your GP. |

| Strong opioid painkillers, e.g. oxycodone, morphine. | |
|---|---|
| What is it for?<br>  | To help control your pain after surgery. |
| How do I take it?<br>  | You will be given strong painkillers twice a day for the first few days. These will be switched to weaker painkillers as the pain improves.<br>You can ask for extra pain relief in between doses if you have pain. |
| Common side effects?<br>  | • Nausea / feeling sick<br>• Drowsiness /dizziness<br>• Constipation<br>• Dry mouth<br>• Confusion<br>• Itching |
| Anything else?<br>  | Tell the Doctors or nursing staff if you feel that the painkillers are not working or are too strong so we can find the right painkiller for you.<br>Tell the Doctors or nursing staff If you feel nauseous or sickly as medication can be given to counteract this.<br>These drugs can be addictive if taken for too long. They are only recommendend for short term use. Your GP will not continue them after discharge. |

| LAXATIVES, e.g. senna, laxido, sodium docusate. | |
|---|---|
| What is it for?<br>  | To treat constipation.<br>Constipation is common after surgery.<br>It may be caused by the opioid painkillers that are given to control your pain.<br>It can also be caused by being dehydrated and not being as mobile after your surgery. |
| How do I take it?<br>  | The doses used may vary and you will be advised on how to take on discharge.<br>Typical doses are:<br>**Senna**<br>Take TWO tablets at NIGHT<br>**Laxido**<br>ONE or TWO sachets each day<br>**Sodium Docusate**<br>Take TWO capsules TWICE a day |
| Common side effects?<br>  | • Stomach cramps<br>• Diarrhoea |
| Anything else?<br>  | Drinking plenty fluids and mobilising after surgery can also help prevent constipation. |

| Tinzaparin | |
|---|---|
| What is it for?<br>  | To reduce the risk of developing a blood clot after surgery. |
| How do I take it?<br>  | By injection ONCE a day between 3pm and 6pm.<br>The nurse will advise you on the dose before discharge as this can vary depending on your weight.<br>Used syringes need to be carefully disposed of in a sharps bin. |
| Common side effects?<br>  | • Bruise and / or bleed more easily<br>• Rash at the injection site |
| Anything else?<br>  | Speak to a doctor urgently if you develop any of the following symptoms:<br>• Breathlessness / chest pain<br>• Coughing up phlegm with blood in it<br>• Leg pain and swelling<br>• Unexplained or excessive bruising / bleeding |

| Bisphosphonates, e.g. alendronate, risedronate. | |
|---|---|
| What is it for?<br>  | To strengthen bones and reduce the risk of further fractures. |
| How do I take it?<br>  | Take ONE tablet ONCE a WEEK on the same day.<br>Take whilst sitting or standing with a large glass of tap water at least 30 minutes before breakfast and any other medications. |
| Common side effects?<br>  | • Headache<br>• Pain in the muscle, bone and/or joints<br>• Nausea, diarrhoea, constipation<br>• Indigestion |
| Anything else?<br>  | Bisphosphonates do have some more severe but rare side-effects. Check the patient information leaflet for more information. |

| Calcium and vitamin D supplements, e.g. Accrete D3 | |
|---|---|
| What is it for?<br>  | To maintain normal levels of calcium and vitamin D which helps strengthen bones. |
| How do I take it?<br>  | Dose depends on preparation you have been prescribed. Check the label on your medicine pack. |
| Common side effects?<br>  | • Headache<br>• Pain in the muscle, bone and/or joints<br>• Nausea, diarrhoea, constipation<br>• Indigestion |
| Anything else?<br>  | Calcium and vitamin D is often given with a bisphosphonate (e.g. alendronate, risedronate) to prevent fractures.<br>It is important not to take calcium and vitamin D supplements at the same time of day as your bisphosphonate. |

| Octenisan wash | |
|---|---|
| What is it for?<br>  | An antibacterial wash lotion for hair and body that can help prevent infection by reducing and possibly removing micro-organisms including MRSA. |
| How do I take it?<br>  | • Use as a liquid soap all over the body once a day for 5 days and, if possible, to hair on alternate days.<br>• Applied to wet skin and hair paying particular attention to nose, armpits and groin.<br>• Leave for 1 minute before rinsing and drying with a clean towel. |
| Common side effects?<br>  | Octenisan is suitable for most skin types including very sensitive skin. Most people do not experience problems. Rarely mild skin irritation may occur. Stop if becomes severe. |
| Anything else?<br>  | Inform nursing staff if you have had a previous severe reaction to Octenisan.<br>You will have been swabbed when you were first admitted. If these swabs are clear, then treatment may be stopped early.<br>For further information, consult the patient information leaflet supplied with your medicines. You can also ask to speak to a member of the pharmacy team. |

| Mupirocin 2% nasal ointment | |
|---|---|
| What is it for?<br>  | An antibacterial nasal gel for the nose that can help prevent infection by reducing and possibly removing micro-organisms including MSSA. |
| How do I take it?<br>  | • Wash and dry your hands.<br>• Place a small amount of gel onto your finger (about the size of a match stick end).<br>• Apply to the inside of both nostrils.<br>• Take care not to introduce too deep into the nostrils.<br>• Press the sides of the nose together to spread the gel.<br>• Wash and dry your hands.<br>• Use twice a day for 10 days. |
| Common side effects?<br>  | You may be able to taste the nasal gel. Most people do not experience problems. Rarely mild skin irritation may occur. Stop if becomes severe. |
| Anything else?<br>  | Inform nursing staff if you have had a previous severe reaction to Mupirocin.<br>You will have been swabbed at pre-assessment or when you were first admitted. If these swabs are clear, then treatment may be stopped early. |

# Section 4 - Leaving hospital

## Home or rehabilitation and recovery activities

We try to discharge as many people as possible back to their own home. Further therapy will be arranged if there are ongoing rehabilitation goals.

Before you go home, we will check that:

- You are medically well
- Your wound is dry
- Your pain is well controlled
- You are able to walk or transfer safely
- You are able to undertake essential tasks at home e.g. getting washed with or without help
- You are able to climb the stairs or a step (if needed) or be agreeable to ground floor living if stairs are not possible
- You're happy with any care package
- You can manage your exercise activities
- Your equipment has been arranged.

If there are any problems with the above, you may need a period of rehabilitation in another hospital or a different ward before you go home.

## Discharge to assess

A few people benefit from additional therapy input, known as "Discharge to Assess" (D2A). This may involve the D2A team meeting you on the ward and taking you home to address any concerns or difficulties you might have following your operation. The D2A team will aim to support you to remain at home as safely as possible. They may arrange further support at home or a period of time at a rehabilitation ward if that would be benficial for you.

## Physiotherapy discharge advice, activity and exercise programme

You will be probably be discharged from hospital with a walking aid. As your strength and confidence improves you will be able to progress with your walking aids. Do not discard your walking aids completely unless you can safely and confidently walk without a limp.

Some patients have to restrict the weight they put through the operated leg for a number of weeks. If this applies to you, your consultant or physiotherapist will explain in more detail.

## Activity

Exercise is a critical component of home rehabilitation, particularly during the first few weeks after surgery. You should be able to resume most normal light activities of daily living within 3 to 6 weeks following surgery. Your home exercises will include movement exercises, strength and balance training, transfer practice and walking progress. Some discomfort with activity and at night is common for several weeks.

Your activity programme should include: a walking programme initially in your home, and later outside, which will slowly increase your mobility and endurance.

You should feel confident walking indoors with little or no discomfort before walking outdoors. We also recommend that you gradually increase walking outdoors by walking for 5 minutes in one direction then returning home. You should then increase the overall time you walk every 2-3 days. Try to walk on flat ground and have someone to accompany you.

Please listen to your body. If you have increased swelling or pain then you may have overdone the activity. Have a day of rest and then gradually increase your walking again.

You may also start resuming other normal household activities, for example cooking, washing up, as well as sitting, standing and walking up and down the stairs.

Please continue the exercise activities given to you by the physiotherapist several times a day to restore movement, improve your balance and strengthen your hip joint.

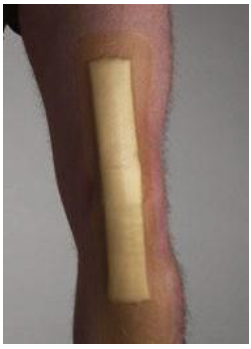
## Occupational therapy information

Before your discharge the occupational therapist (OT) will have assessed you and identified any care or equipment needs you may have. They will then organise their delivery and fitting and any package of care before discharge.

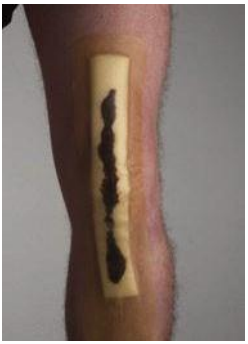
Equipment is provided for residents of Northumberland and North Tyneside. If you live outside this area then the OT will liaise with your local equipment provider, and arrange delivery/fitting. When you are at home, if you feel that you need different or additional equiment or help, then contact Onecall or Care point. (Numbers at the back of this booklet).

### How to care for your wound

These pictures show how the dressing works.



**Picture 1**
Your dressing will look like this when it is first applied.



**Picture 2**
Your wound will leak into your dressing, and then will dry up, this is normal. This does not need changing.

Your wound dressing should remain in place for at least 7 days and up to 14 days.

The community nurses will only change the dressing if:-

- the dressing will not stay in place or attach to your skin
- It is not intact - that means the dressing is leaking onto your clothing or bed sheets.

Please do not change the dressing yourself.

If you are concerned about your wound please call the ward or our specialist nurses who deal with wound care (surgical site surveillance nurses) at any time. The telephone numbers can be found on the contact numbers page at the back of this booklet.

## Leaving hospital – pharmacy

The hospital pharmacy team may recommend referral to your community pharmacy to ensure that any changes to your medicines are communicated. The community pharmacy will be able to ensure your regular medicines are updated with any changes, answer questions you may have and provide any additional support that you may need to help you take your medicines correctly.

## Further potential complications, what to watch out for and who to contact

All contact numbers will be found on the contact sheet at the back of this booklet.

**Joint infection** - a small number of patients develop a wound infection (about 4 in 100). If this happens, your wound may become red, hot and painful. There may also be a discharge of fluid or pus. Should you notice any of these symptoms, please contact the ward or the surgical site infection nurses.

**Deep vein thrombosis** - (a blood clot in a vein) and pulmonary embolism - (a blood clot in the lungs) you should watch for any of the following signs:-

- A red, painful and swollen leg
- Increased or worse than usual breathlessness or chest pain
- Excessive bleeding from your wound

Should you notice any of the above, please attend The Northumbria Hospital in Cramlington.

- If you cough up phlegm and notice blood in it
- If you have any unexplained bleeding (e.g. bloodshot eyes or bleeding from your nose)

Please contact your GP for either of the above problems.

**Joint dislocation** - This can happen if you have had a hemi-arthroplasty or total hip replacement. Following dislocation you will notice a shortening of the leg and your foot may be turned outwards. There will be severe pain when you try to move your leg.

**Failure of screw type fixation** - Occasionally the screws become loose and the fixation of the fracture will fail. Should this happen you will notice increased pain and you will find it difficult to put weight through your leg. Should you notice either of the above, please attend The Northumbria.

**Unequal leg length** - It is possible after a hip fracture to have a difference in your leg length. Should you notice this and it is a problem for you, please contact your GP who will arrange a shoe raise.

**Urinary incontinence** - A small proportion of people suffer from this after an anaesthetic and it is usually temporary. Should you suffer from this at home, please see your GP.

## Contacts

Please contact the ward if you have any queries about letters or appointments.

| | |
|---|---|
| Joint Equipment Loan Store Cramlington | 01670 730595 |
| Joint Equipment Loan Store North Tyneside | 0191 2006184 |
| Surgical Helpline (Wansbeck)<br>8:30am until 3pm Monday to Friday | 01670 529431 |
| The Northumbria, Ward One | 0191 6072412 |

Out-of-hours please contact the ward you were discharged from.

For community rehabilitation or care manager:-

| | |
|---|---|
| Onecall (Northumberland) | 01670 536400 |
| Care point (North Tyneside) | 0191 3371000 |

## Notes

## Alternative Formats

If you would like a copy of this information in large print, another language, audio tape or other format please call the Contact Centre on 03 44 811 8118.

## Other sources of information

### NHS 111

### NHS Choices
www.nhs.uk/pages/homepage.aspx

### NICE (National Institute for Health and Clinical Excellence)
www.nice.org.uk

### Patient Advice and Liaison Service (PALS)
Freephone: 0800 032 0202
Text: 07815 500015
Email: northoftynepals@nhct.nhs.uk


### Northumbria Healthcare NHS Foundation Trust
General Enquiries 03 44 811 8111
www.northumbria.nhs.uk



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