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## **INTRODUCTION**

You have been admitted to NYU Medical Center for surgery to repair your fractured hip. Please take time to read this handout which has information that should answer most of your questions. This handout discusses what you can expect during your stay in the hospital and when you go home. It describes how the members of the health care team, physicians, nurses, social worker, physical and occupational therapists will work with you, the most important team member, to ensure a smooth transition to home. Please share this information with your family members and/or friends.

It is anticipated that you will be ready for discharge 4-6 days after your surgery although this will vary depending on your individual needs. Many people are surprised at how quickly their activity progresses after surgery. The health care team will be helping you with any concerns you have about discharge. Included in this booklet is a list of questions to help you plan for your discharge. Your options, including the need for transfer to the Rusk Institute of Rehabilitation or another type of rehabilitation facility, will be discussed with you.



## **BEFORE SURGERY**

Soon after your admission to the unit, a nurse and orthopedic resident doctor will assess your condition. The nursing staff will make you as comfortable as possible and give you prescribed medication including pain medication, and check the injured leg for any problems. If you have any questions, please speak with your nurse.

You will be seen by several members of the medical staff prior to your surgery, including the orthopedist who will perform the surgery, an anesthesiologist who will discuss the type of anesthesia you will have, and if needed, an internist, who will monitor any medical problems.

Blood tests, urinalysis, chest x-ray and electrocardiogram are usually done in the Emergency Room or soon after your admission to the Nursing Unit.

After the surgery has been explained to you, you will be asked to sign a consent form giving the doctor permission to do the operation. Please ask any questions or voice any concerns that you have with the surgical team or nursing staff.

You may also have a consultation with a physiatrist (*a physician who specializes in rehabilitation medicine*) as well as a social worker. If you do not meet with these team members before surgery, they will see you soon after surgery.

### **DIET:**

You will generally not be allowed to eat or drink anything by mouth until after surgery. This is called **NPO**. However, if you do not have surgery soon after you are admitted, the nursing staff will inform you and you will be allowed to eat. An intravenous (*IV*) may be started for you to receive medications and fluids.



**COUGHING AND DEEP BREATHING:**

Your nurse will show you how to do some simple deep breathing and coughing exercises. You will also be shown how to use the Incentive Spirometer, or Inspiron. These exercises will help prevent lung problems. You should do these exercises every hour while you are awake.

**ACTIVITY:**

You will be on **bedrest** (*need to stay in bed*) until after surgery. The nursing staff will help you to turn in bed. It is important that you turn frequently (*every 1-2 hours*) to avoid excessive skin pressure. A urinal or special bed pan called a fracture pan, which is easier to use, will be provided. If you are unable to urinate, a Foley catheter may be inserted to empty your bladder.

In some cases, your bed may have a special bed frame with a device called a **trapeze**. The trapeze is designed to help you move better while you need to stay in bed before surgery. Right after surgery, you can use the trapeze to help you get out of bed. The nursing and physical therapy staff will give you instructions on how to use it. As your activity increases, you will be able to get out of bed without using the trapeze.

**PAIN MEDICATION:**

Medications for pain relief will be prescribed by your physician. These medication may be given by injection or in pill form. Please inform your nurse when you are in pain. It is also important that you let the nurse know if the medication is not relieving your pain. It is usually advisable to take pain medications every 3-4 hours prior to surgery.



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To help the staff evaluate your level of pain, you will be asked to rate your pain using a scale of 0-10 with 0 meaning no pain and 10 indicating the worst pain. Using this scale will help your physicians and nurses make sure that your pain is adequately relieved.

**IMMEDIATELY BEFORE SURGERY:**

Immediately before surgery, you will be given medication to help you relax. You will be taken to the Operating Room in your bed. The surgery will generally take **3** hours. From the Operating Room you will be transferred to the Recovery Room where you will be closely monitored until the effects of the anesthesia wear off.

After you go to the Operating Room, your visitors can wait in the solarium on the 12<sup>th</sup> floor. The nursing staff will inform them when the surgery is over. If your visitors prefer to wait at home, you can give one contact person's telephone number to the surgeon's office. The contact person will be called after surgery is completed.



## **AFTER SURGERY (WHILE IN THE HOSPITAL)**

Immediately after surgery you will be taken to the Recovery Room on the 6<sup>th</sup> floor until the effects of the anesthesia wear off. From the Recovery Room you will be taken to a room in one of the post-op units or one of the surgical units. Visitors are not allowed in the Recovery Room but your family members or friends will be able to visit you soon after you are transferred to your room.

### **ASSESSMENT:**

Your nurse will closely monitor your condition. Initially after surgery, your blood pressure, pulse and temperature will be taken frequently. In addition, your nurse will inspect the incision site, check the operated leg, and help you change position often to help make you comfortable. As your recovery progresses, these observations will be less frequent.

### **DIET:**

Initially after surgery, you will not be allowed to eat or drink anything by mouth. Shortly after, you will then be given a clear liquid diet. If you tolerate liquids, you will resume the diet you followed prior to surgery. This is usually the day after surgery. Eating a well balanced diet helps promote wound healing. It is important that you eat even if you don't feel like it to ensure wound healing.

### **ACTIVITY:**

The evening and night following surgery you will remain in bed. If you have had a hemiarthroplasty, a special pillow will be used to help you maintain hip precautions. The nursing staff will help you turn every 2-4 hours. Changing your position will help keep you comfortable and help prevent skin friction. The day after surgery you will be evaluated by a physical therapist, who will explain the



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rehabilitation program to you. You will be instructed in prescribed exercises and, if needed, hip precautions. These are activities that you should avoid for a period of time specified by your physician that will protect your hip from being dislocated. Initially since you will only be able to put some weight on

the operated limb, the physical therapist will show you how to use an assistive device such as a walker or crutches to help with walking.

Each day you will gradually increase the frequency and distance that you walk. Also, you will be taught how to climb stairs. The Occupational Therapist will instruct you on how to safely perform daily activities using proper body mechanics and energy conservation techniques. If you need to follow hip precautions, the occupational therapist will instruct you in using adaptive equipment to help you maintain these precautions when dressing and bathing. The occupational therapist will continue to help you become more independent in these activities.

### ***COUGHING/DEEP BREATHING:***

One of the most important ways you can help yourself, in addition to turning, is by doing the coughing and deep breathing exercises that were demonstrated before your surgery and by using the Inspiron. Unless otherwise instructed by your nurse, you should do these simple exercises every hour while awake to clear your lungs of mucus.

### ***ELASTIC STOCKING (TEDS):***

You may be instructed to wear special elastic stockings called **TEDS** or anti-embolism stockings after your surgery. These special stockings will improve circulation for the legs and minimize the formation of blood clots in your veins. Doing the toe and ankle exercises that your nurse will demonstrate will also help prevent formation of blood clots.



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In addition, your doctor may prescribe the use of anticoagulants such as heparin or lovenex to prevent blood clots. In some cases, your physician may order the use of a device called **antiembolic boots** which help promote blood flow in the legs and help decrease the chance of blood clots from forming.



**PAIN MANAGEMENT:**

Your nurse will give you pain medication which the surgeon has ordered. Right after your surgery you will receive injections for pain relief. These injections can be either into a muscle, into a vein using a process called **PCA** (*Patient Controlled Analgesia*) or through a spinal catheter (**epidural**). These are explained in a separate section. Your surgeon will determine the most appropriate pain relief method for your specific needs. Taking medication for pain relief during the period after surgery will help your recovery. Do not hesitate to ask for it when it is needed. As your level of discomfort decreases and you are able to tolerate liquids and food, you will receive pills for pain management. Keep in mind it may be helpful to take pain medications prior to your physical therapy appointment or your walks on the unit. As you did before surgery, you will be asked to evaluate your pain using the pain scale.

**BLADDER AND BOWEL FUNCTION:**

If a Foley catheter was inserted into your bladder, it will be removed as soon as possible. After it is removed, you should use the fracture bedpan or urinal and will be encouraged to use the bedside commode or to go to the bathroom. Due to decreased activity and pain medicine, you may experience constipation after surgery. Increasing your fluid and fiber intake can decrease this effect. Stool softeners and laxatives may also be ordered.

**MEDICATIONS:**

As stated above, medications for pain relief and laxatives and/or stool softeners for constipation may be prescribed. In addition, medications such as aspirin or anticoagulants may be started to minimize the possibility of blood clots forming. Iron and folic acid to prevent or decrease anemia may also be prescribed.



**CARE OF INCISION SITE:**

Initially your incision will be covered with a dressing that your surgeon or one of the residents will change on the second or third day after surgery. After this, the nurse will change the dressing as needed, usually every shift. In addition, during surgery a drain called a hemovac may be inserted. Depending on the amount of drainage, this will be removed one or two days after surgery.

It is very important to keep this incision clean and dry at all times. Before you are discharged, you should look at your incision so that you can report any changes to your physician.

**DISCHARGE:**

Most patients are ready for discharge 4-6 days after surgery. Your nurse, physical and occupational therapists and physician will discuss specific discharge information including medications, incision care, activity instructions and follow-up appointments at this time. Discharge time is 9:00 am. The need for transfer to a rehabilitation facility for further physical therapy after discharge will be evaluated. If you are discharged home directly from Tisch Hospital, a Visiting Nurse referral will be made for the continuation of physical and occupational therapy at home. In addition, arrangements for any special equipment such as a wheelchair, shower chair or grab bar will be made before you go home. Since reimbursement for equipment will vary depending on your insurance, you need to check with the staff in the Discharge Planning Unit regarding what your plan covers. You should continue to use the walker, crutches and adaptive equipment for as long as your physician, physical and occupational therapists recommends. You can take equipment (*i.e. raised toilet seat, walker, crutches or any other adaptive equipment*) that you received in the hospital home with you.



## **GENERAL DISCHARGE INSTRUCTIONS**

The following are general guidelines. Your physician and nurse will review information that is specific for your individual situation.

### **BATHING:**

- Discuss with your physician when you can shower or tub bathe. A tub bath is not recommended if you need to maintain hip precautions.
- You should use a shower chair and a long handled sponge to make it easier for you and if needed, to help maintain hip precautions. It is advisable to have someone available to help you the first few times you shower.
- Drying your feet and putting on shoes before leaving the bathroom are recommended to prevent falls. In addition, the use of a rubber mat can prevent slips when getting in or out of the tub or shower.

### **GENERAL ACTIVITIES:**

- Arrange the most commonly used objects in the kitchen, bathroom and bedroom so that they are within reach.
- Determine most efficient method of accomplishing your daily activities.
- Plan your activities so that you can do them at a moderate pace. Avoid rushing which can contribute to falls.



**STAIRS:**

- Stair climbing is permitted but should be limited to once or twice a day.
- Remember the adage—up with the good, down with the bad. (your unoperated leg should go up a step first and your operated leg should step down first)
- Use the assistive device as you were instructed by the physical therapist.

**SEXUAL ACTIVITY:**

- Initially, discomfort may limit sexual activity. Remember, when you resume sexual activity, if you had a hemiarthroplasty that you need to make sure that your operated leg does not pass the midline of your body, that you do not bend the hip more than 90 degrees, that you do not bend forward and that you do not move your leg so that your toes are pointing in or out. Your physical therapist can discuss this with you if you wish.

**CAR TRAVEL:**

- Riding in a car is permitted but for longer trips, you should stop frequently so that you can stretch to decrease stiffness and swelling.
- You should not drive until your physician recommends that you can.
- Maintain hip precautions when getting into and out of a car if you had a hemiarthroplasty.



## **GENERAL GUIDELINES IF YOU HAD HEMIARTHROPLASTY**

These guidelines are to protect your new hip from being dislocated. The period these precautions need to be continued after surgery is based on your individual condition. This is usually 3-4 months.

- Do not bend at waist more than **90 degrees**.
- Don't pick anything up from the floor without using the reacher.
- Knees should be lower than the hip.
- Do not cross legs.
- Do not roll leg inward or outward.



## **WHEN SHOULD I CALL THE DOCTOR?**

Your physician should be notified if any of the following symptoms (possible danger signs) develop:

- Sudden increase in pain.
- Fever greater than 100° .
- Signs of possible infection - redness, tenderness, and stiffness in the joint and surrounding area.
- Drainage from incision site.
- Bleeding from incision site.
- Separation of edges of incision site.

After you have completed reading this pamphlet, please speak to your nurse regarding any additional questions. Please remember that we would like to make your stay as comfortable as possible.



## **PREVENTATIVE (PROPHYLACTIC) ANTIBIOTIC THERAPY**

If you have had a hemiarthroplasty or total hip replacement, you will need antibiotics before certain diagnostic procedures (*especially those involving the GI (gastrointestinal) or the GU (genitourinary) tract*) or dental procedures. The antibiotics will prevent bacteria from collecting on your artificial joint.

The antibiotics are prescribed to be taken prior to and after any dental work or diagnostic procedure. The medication usually prescribed is a derivative of penicillin. However, if you are allergic to penicillin another drug will be prescribed.

It is very important that all doctors and dentists who treat you know that you have had a hemiarthroplasty or total hip replacement. If they have any questions, they should contact your orthopedist.

The following are the most common procedures that usually require antibiotics:

### **GI TRACT**

Sigmoidoscopy  
Colonoscopy  
Surgery on anus or  
rectum

### **GU TRACT**

Cystoscopy  
D&C  
Surgery on prostate  
or bladder

### **DENTAL**

Cleaning  
Extraction  
Periodontal-  
Treatment



## **RESOURCES**

### **ANATOMY OF THE HIP**

The hip joint is where the head of the femur (*the large upper bone of the leg*) fits into the acetabulum on the pelvis. The hip joint is a “*ball and socket*” type joint which allows you to move your leg in multiple directions. Below is an illustration depicting these structures.



***TYPES OF SURGICAL PROCEDURE***

A hip fracture refers to a break of the upper part of the femur. The type of repair that is needed will depend on where and how the bone was fractured. In some cases, the fracture can be repaired by using “pins” or “screws” to stabilize the femur. In other cases, the top of the femur may need to be replaced with a prosthesis (*artificial part*). This is called a **hemiarthroplasty**. Activity restrictions after surgery will vary depending on how the fracture was repaired. This will be discussed with you soon after surgery. If you have had a hemiarthroplasty, you will need to follow the hip precautions given for the period of time specified by your physician.