

*Keeping you mobile*

Hip Fracture Surgery

# What to expect

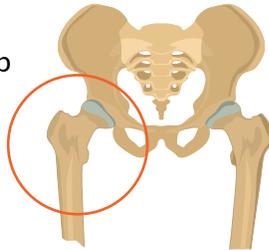
Before, during and after surgery



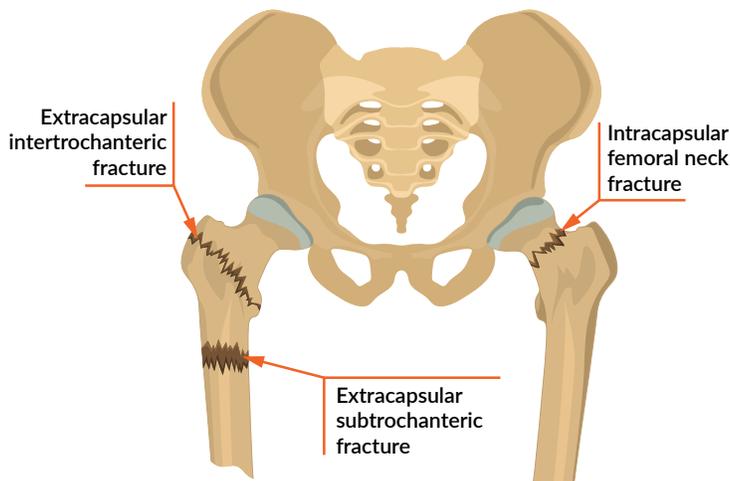
# What is a hip fracture?

A hip fracture is a break at the top of the femur (thigh bone).

The hip is a ball-and-socket joint where the femur joins the pelvis. Hip fractures can occur at the head, neck or upper shaft of the femur.



Below are illustrations showing different types of hip fractures and types of surgical repairs.



Hip fractures often occur after a fall. Osteoporosis (a condition that weakens bones and makes them brittle) can greatly increase your risk for fractures, even with a small fall. However, you do not have to have osteoporosis to be susceptible to fractures.



To learn more about Osteoporosis or bone health visit [beacon.health/osteoporosis](https://beacon.health/osteoporosis)

# We're here to help

Falls - even small ones - can cause a hip fracture that needs surgery. Falls aren't planned, so we know you most likely didn't have surgery on your to-do list right now. We are here to help. This brochure and your dedicated care team will help you prepare and learn what to expect from the days and weeks ahead. Your doctor is always your best source of information for your specific needs, but the following pages share common expectations to help you recover and get back on your feet again.

## Start planning your recovery now

You will need to set up your recovery plan before you are discharged from the hospital. Plan on needing help during recovery. Consider if a loved one has the strength and time to provide 24-hour care or if you should plan to recover in a skilled nursing facility. There are more recovery details later in this brochure and we also have discharge planning nurses and social workers to help you.



### Did you know?

The terms "fracture" and "break" mean the same thing and can be used interchangeably.



## Our team approach to care

At Beacon, every care team includes you, your family and a group of highly skilled and trained providers. This team will help you make decisions throughout the process and manage your recovery. We're here to support you every step of the way.

### Your Beacon team will include:

- An **orthopedic surgeon** who will diagnose your hip fracture and work with you to decide the best treatment option and perform your surgery.
- A **hospitalist** – a medical doctor that cares for patients admitted to the hospital. This doctor will manage your medical conditions and coordinate your care with any specialists as needed.
- **Nurse Practitioners (NP) and Physician Assistants (PA)** that provide daily care and assist surgeons and hospitalists while you are in the hospital.
- **Nurses and nursing assistants** who will provide your daily care, help keep you comfortable and manage your pain during your stay.
- A **case manager or social worker** who will discuss your discharge plan, living situation and insurance with you and your family.
- **Physical therapists (PT)** will work with you to build an exercise and mobility program to ensure you are safe as you continue your recovery.
- **Occupational therapists (OT)** will teach you how to safely perform your activities of daily living like dressing, bathing, and hygiene. They may issue equipment to help improve your independence as you continue your recovery.
- **Registered Dietitian Nutritionists** will improve your nutritional status to support recovery of your hip fracture.

## We're proud to be just one facet of your care team.

A strong recovery needs your best efforts - as well as the full involvement of those around you.



# Preparing for surgery

You will receive a few tests, including x-rays, to make sure you get the treatment best suited for you and your fracture. Your care team will discuss the results of these tests and options with you. For the best recovery, our goal is to have you in surgery and moving out of your bed, within 24 hours of your injury.

## Why surgery?

Surgery is the most common and effective treatment for a hip fracture. Depending on the type of fracture, surgery will either realign the bones or replace the hip joint.

If you are at a high risk for complications from surgery, your doctor may prescribe bed rest and medications instead of surgery. Non-surgical options may also be recommended for people who won't significantly benefit from surgery, such as those who were unable to walk before the fracture or those who have minimal pain from a minor fracture.

## Your surgery day

- **Remove all jewelry (including rings), contact lenses and nail polish.** You may wear your glasses, hearing aid or dentures, but these will be removed in the surgical area before your surgery. They will be available to you immediately after surgery.
- **Empty your bladder.** You will be asked to empty your bladder. A catheter may be placed in the bladder before surgery and kept there for a few days if necessary.
- **Identifying the hip to repair.** Initials are placed on the hip that needs repair by your surgeon. This is a safety measure to ensure everyone in the operating room knows which hip will be addressed.
- The hip that will have surgery **may be shaved and will be cleaned.**
- **An intravenous (IV) line may be started** to give you fluid and medication through a vein.
- **You will be taken to the preoperative waiting area.** Your family members and friends will be shown where to wait while you are in surgery.
- **Anesthesia.** Before surgery, a member of your anesthesia team will talk with you about the types of anesthesia they may use – general or spinal anesthesia. This is determined by your health, input and any concerns of the anesthesiologist. There are other options your anesthesiologist may discuss such as a regional nerve block method (fascio-iliaca) which has been shown to help control pain (sometimes even after surgery).



### Did you know?

- Surgery typically takes from one to three hours
- Blood transfusions are sometimes needed before, during or after surgery
- Casts, splints and traction devices are not needed after repairing a hip fracture.

## Your safety and the prevention of falls is our priority.

Patients and families often underestimate the chance of falls during recovery. Don't make this mistake.

## After surgery

- **After surgery.** You'll be moved to the Post Anesthesia Care Unit (PACU), also known as a recovery room. At this time your family will be notified you are out of surgery. You'll stay there until the anesthesia wears off and you are stable. This usually takes a few hours. You will then be moved back to your hospital room.
- **Length of stay.** You will stay in the hospital for about three to four days after surgery. In the hospital you'll work on physical therapy, occupational therapy and pain management.
- **Getting out of bed.** Surprising to most, it's important that you don't stay in bed too long after surgery. Therapy will begin within 24 hrs of your surgery.
- Your goal is to increase activity a little each day to build strength and continue recovery beyond the hospital. It may seem hard at first, but moving your body speeds recovery and helps prevent problems. Depending on your specific needs, your orthopedic surgeon will communicate any restrictions with you. Expect to get out of bed every day after surgery and for all meals.
- **Managing pain.** Even with medication, some pain is normal after surgery. Our goal is to help manage your pain enough to do therapies, mobilize and help you heal. You will receive pain medication with pills or through an IV. Ice packs can also be used to help lessen pain and swelling. **Talk to your doctor or nurse if your pain isn't controlled and you are very uncomfortable.**



### Did you know?

Some pain medications, such as narcotics, may cause confusion or disorientation. Our goal is to adequately treat your pain with a combination of medications so you can discontinue narcotics in a timely manner.

See the next page for a smart and safe recovery.





Exercise is important  
for a strong recovery.

## Leaving the hospital

Where you recover after leaving the hospital needs to be determined ahead of time. You are likely to recover in a nursing facility, and in some instances, may be able to recover at home or a family member's home with assistance. Before you leave the hospital you will schedule a follow-up visit with your primary care doctor to monitor your recovery.

**Discuss the following with your care team to better understand your recovery from the surgery:**

- How is your overall health?
- Do family members have the time and strength to provide full-time, 24-hour care at home?
- Do you have a condition - such as dizziness or imbalance - that makes you more likely to fall?
- How successful was your in-hospital therapy? Do you feel strong and stable?
- What is your insurance coverage?

Recovery takes time, patience and effort. With proper care and rehabilitation, some people are able to return to pre-injury levels of activity and independence.

Hip fractures usually take 3-6 months to heal but it can take up to one year. Less than half of all patients regain their previous level of function and may require more help or use of walking devices (cane, walker).

## How to have the best recovery

When it's time to leave the hospital, your doctor will have specific instructions for you based on the type of surgery you had, your medical history, health condition, and in-hospital recovery progress. These instructions will help you:

**Put weight on your operated leg.** Therapy will help you adapt to any mobility restriction established by your surgeon.

**Manage pain.** Your doctor will recommend prescription and/or over-the-counter pain medication. If these don't manage your pain well, call your doctor.

**Continue physical therapy.** Do the exercises your doctor and therapists recommend. Continue your exercises and mobility as prescribed. These are the most important things you can do to ensure the best recovery possible.

**Tell your other healthcare providers.** For example, dentists will ask you to take antibiotics before dental work to prevent infection if you have a partial or full hip replacement. Make sure your primary care physician, heart doctor or any other doctor knows about your hip surgery and the type - particularly if you have a hip replacement.

**Prevent blood clots.** Deep vein thrombosis (DVT) or pulmonary embolism (PE) are uncommon but potentially life-threatening complications after a hip fracture. Your doctor will often give you medication to help manage this. **Please let your doctors know if you or family members have a history of blood clots. If you took blood thinners before your hip fracture, please let the medical team know so they can decide which medications to use after surgery.**

# Staying healthy

You can prevent future fractures by following these tips:



**Never hesitate to reach out to your surgeon or care team**

**with any questions**

regarding next steps or concerns. We are here to make your experience as smooth and uneventful as possible.

**Gradually increase your activity.** Daily activities will become easier as you progress with your exercises and mobility. After you recover from surgery, a more active lifestyle can improve the strength of your hip and prevent fractures.

**Eat a healthy diet rich in vitamin D, calcium and protein.** The most common cause of hip fractures is osteoporosis. The more you do to strengthen your bones, the better you will be at preventing future fractures. Avoid nicotine and excessive alcohol or sugary drinks like soda. If you are over 65, talk to your doctor about nutrition and medical treatments to prevent and treat osteoporosis.

**Protect against falling.** Be especially careful about walking on stairs or wet/icy surfaces, getting out of the bathtub or shower and other situations where you may be at risk of falling. Make sure your home is safe to help avoid accidents. Have someone help you if necessary, and use a cane, walker, crutches or handrails when needed.



## Call 911 if you experience

- Chest pain
- Difficulty breathing or shortness of breath
- Any reason you would normally seek emergency medical care

## Call Your Doctor if you experience

- Fever of 101 degrees or higher
- Redness, swelling or leaking from your incision that worsens
- Pain in your calf that worsens
- Loss of feeling in your foot or leg
- Pain that is not controlled by medication
- Continued nausea or vomiting



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