

Trauma & Orthopaedic Department

Hip fracture

We welcome you to the Orthopaedic Ward.

This booklet is designed to inform you and your family of the care you will receive following surgery for a fractured neck of femur (hip fracture).

You have a broken hip which is a common injury amongst older people, and is often caused by a fall. Falls tend to be more common in over 65s; one in three will fall each year. As you get older, your bones weaken. Osteoporosis and other diseases which affect your bones can further weaken the bones, which mean a fall from standing height may result in a fracture.

What is a hip fracture?

The hip is a ball and socket joint, which is formed by the top of the thigh bone and the pelvis. A hip fracture is a break in the ball or thigh bone, and is usually diagnosed by an X-ray or scan. The type of surgery you have will depend on where the break is.

What is the usual treatment?

During your stay you will be allocated to your own orthopaedic consultant and their team of doctors and specialist nurses. They will be looking after your medical issues and concerns until you are discharged. They will be asking you for information about your medical history. They will explain to you the treatment you will be having, both its benefits, and its risks and complications.



Patient Information

The most common treatment for a fractured hip is surgery. This will enable you to move about in the bed more easily, or to start walking again. A small number are too unwell for surgery.

You will be reviewed by our anaesthetic team and they will offer you a spinal or general anaesthesia after discussing the risks and benefits. They might also consider nerve blocks to optimise pain control and relief.

Before your surgery your leg will be marked clearly with a pen, and you will be prescribed a pre-op drink which you will have a few hours before your surgery. This drink is designed to give you extra strength for the surgery. You will then need to be 'nil by mouth' as guided by your medical team.

Once you have had your operation, it is essential you are eating and drinking enough to give you the energy to move around but also to help with the healing of your hip.

Your operation will be one of the following:

- A partial or total hip replacement
- Fixing the fracture with a plate
- Fixing the fracture with screws
- Fixing the fracture with a rod inside the bone

If you are a smoker, we advise you to stop smoking in order to help with wound healing and reduce the risk of complications. Advice and support will be offered, and nicotine replacement therapy is available on request.

When will I have my surgery?

You will usually have your surgery on the day that you are admitted to hospital, or if not the following day. This may not be possible for some people, for example if they are too unwell.

After your operation you will be briefly looked after in the theatre recovery area, to optimise your recovery after the procedure. You will then be brought back to the ward for ongoing monitoring and fluid management.

Patient Information

If you are able to eat, you will be offered a light meal. It is important that you eat and drink well after surgery in order to facilitate and enhance recovery. Nursing staff will encourage and monitor your intake of fluids, in order to prevent dehydration. If you are eating or drinking less than normal, speak with a member of staff.

How soon after the operation will I be able to get out of bed with the physiotherapists and occupational therapists?

The majority of patients will be able to sit out of bed the following day after their surgery, and put their full weight through their operated leg. Initially it may be painful, and you may feel weaker than normal.

Sitting out and walking will help to reduce the risk of developing a pressure sore. You may also be given a pressure relieving mattress and cushion whilst you are less mobile than normal. Please inform a member of staff if you have any discomfort in your elbow, heels or bottom.

You will be given a home measurement form. We ask that a member of your family or friend obtain measurements of your bed, lounge chair or settee and toilet.

Initially, you will be reviewed daily by our therapy team to observe your progress, and to help you achieve your goals as soon as possible.

Some key milestones are:

- Day 1: To sit out of bed and eat lunch and begin the exercise programme
- Day 2: To get dressed and to walk within the ward area with assistance
- Days 3 to 6: To carry out your own exercise programme throughout the day and to improve walking and dressing skills until independent.

During the rest of your stay in hospital you will be assisted with the following:

- Transferring to and from a bed, a chair and the toilet
- Kitchen activities

Patient Information

- Steps and stairs
- Plans for discharge
- Equipment ordered for home
- Falls advice

To help achieve this please ensure you have the following brought into hospital as soon as possible:

- Comfortable day clothes
- Indoor footwear, comfortable shoes/sandals (flat and not backless)

You may want to think about:

- What support you will have when you get home, including food supplies and heating
- Any specific concerns

When will I be discharged? Will I be able to go home?

It is hard to say when you will be discharged from hospital, as different patients cope differently with the stresses of breaking their hip, going through surgery, and the rehabilitation after.

The amount of time you will spend in hospital will depend on a variety of different things including: how well you are including if you develop a chest infection, your previous mobility level and how much support you need when you are discharged.

You will generally be able to go home once you are able to walk independently with a frame or crutches, and can manage going up and down the stairs. If you are unable to manage the stairs, you could speak to your family about bringing the bed downstairs. You also need to be able to wash and dress yourself and make meals independently, or have someone who can help you with these tasks, like family, friends or carers.

If your rehabilitation is taking a little bit longer you may be referred to rehab at St Cross Hospital in Rugby. Also if you live in Rugby and are well

Patient Information

enough, you may also be able to be transferred to St Cross Hospital's orthopaedic ward (Cedar Ward).

Will I have any check-ups once I am discharged from the ward?

As the surgical repair of a hip fracture is generally so successful, the majority of patients do not need to attend an orthopaedic outpatient appointment.

You may also be referred for community physiotherapists to visit you in the community to continue your rehabilitation and progress your walking and independence. Alternatively, you may be referred to outpatient physiotherapy.

If you do have any problems once you are discharged, then please contact your GP or refer to useful contacts listed on page 10.

Early exercise programme

Following an operation with a general anaesthetic, prolonged bed rest or decreased mobility, you are at more risk of developing a chest infection, deep vein thrombosis (DVT) or blood clots, muscle weakness and joint stiffness.

You may feel frightened by the thought of starting to walk again, you might have a fear of falling or simply don't feel well enough to start exercising.

However, it is essential to perform these exercises independently throughout the day to enable you to start walking again.

Patient Information

Deep breathing exercises

Take a deep breath in through your nose, hold for a couple of seconds, sniff, and then breathe out through your mouth.

Perform these three times every 30 minutes.

This exercise helps to maintain a clear and healthy chest. Your chest is more susceptible to infection after an operation due to sleepiness and prolonged lying.

Foot and ankle exercises

Pump your ankles up and down fairly briskly for **10 seconds** in the bed or the chair. **Complete every 30 minutes.**

This exercise improves the circulation in the legs, helps to prevent blood clots, reduce swelling and encourages the return of sensation.

Static gluteal contractions

Squeeze your buttocks together and hold for **5 seconds** in the bed or the chair. **Repeat 5 times, every 2 hours.**

This exercise helps to improve the circulation around your hip and improve hip movement whilst walking.

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Knee bracing (static quadriceps)

Lying down or slightly reclined, bend your ankles by pulling your toes towards your face. At the same time brace the knee into the bed so that it is straight. Imagine that you are trying to squash a tennis ball under your knee.

Hold for 10 seconds and repeat 10 times. After the operation it is best to do this every hour.

This exercise helps you regain control of your knee ready for standing and walking.



Knee extension (inner range quadriceps)

Lying down on the bed with a rolled up blanket under your knee so that it rests in a bent position, lift your foot off the bed whilst keeping your thigh on the blanket. Straighten your knee.

Hold for 5 seconds and repeat 10 times 3 to 4 times per day.

This exercise strengthens your thigh muscles in preparation for steps and stairs. The thigh muscles provide stability from the front of your knee.



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Sliding board exercises

(You could use a plastic bag or tea tray at home)

a. With a sliding board under the operated leg and a 'donut' under the heel, slide your foot slowly up and down the board. Work to bend your hip and knee, bringing your foot closer to your body.

Repeat 10 times, 3 to 4 times per day



b. With the sliding board in position, slide your leg gently out to the side until you feel a stretch in your groin, then return to start position.

Repeat 10 times, 3 to 4 times per day



Patient Information

Chair Exercises

Ankle pumps

Start with your feet flat on the floor. Finish with your toes lifted up. Make sure you keep your heels on the ground

Perform every 30 minutes for 10 seconds



Through range quads

Start with your knee bent. Finish with your knee straight.

Perform 10 of each, 3 to 4 times per day



Marching in chair

Lift your back of your thigh up of the chair by bending your hip.

Perform 10 of each leg, 3 to 4 times per day



Patient Information

Should you have any questions please feel free to discuss this with your Physiotherapist.

Visiting times

Monday to Friday – 6:30pm to 8pm

Weekends and Bank Holidays – 2pm to 4pm and 6:30pm to 8pm

Additional discharge advice

If you have any problems or concerns, please do not hesitate to contact us.

Orthopaedic Occupational Therapy: 02476 965106

Orthopaedic Physiotherapy: 02476 965046

Nurse Practitioner: 02476 965107

Ward 52 Area 1: 02476 967738 **Area 2:** 02476 96763

Area 4: 02476 965305

Ward 53 Area 1: 02476 965311 **Area 2:** 02476 965309

Area 4: 02476 965313

Useful contacts

Coventry Carers Centre: 02476 633 788

Age Concern: 02476 258 176

Orbit Housing: 02476 438 304

(Care and repair – for repairs and alterations)

Coventry Mobility Centre: 02476 630 444

(For equipment needs)

Patient Information

Multicare (equipment): 02476 472 600

Wheelchair Hire Information

Red Cross: 02476 302 645

Midland Mobility: 02476 713 913

www.nhs.uk/change4life

www.nhs.uk/smokefree

www.alcoholconcern.org.uk

If you experience any other non-therapy related problems such as, discomfort or oozing from your wound, **please contact your GP for advice.**

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The Trust has access to interpreting and translation services. If you need this information in another language or format please contact the Physiotherapy Department on 024 7696 6183 and we will do our best to meet your needs.

The Trust operates a smoke free policy.

To give feedback on this leaflet please email feedback@uhcw.nhs.uk

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