

Friends and Family Test (FFT)

We have introduced a new way of measuring what people think of our services. We now offer all our inpatients and those who visit our emergency department (A&E) the opportunity to take the 'Friends and Family Test'.

The single question 'how likely are you to recommend our ward to friends and family if they needed similar care or treatment?' has been added to our electronic patient experience trackers (PET) machines. Please take the time to provide feedback so that we can improve the service we provide.

One step at a time, recovering from your broken hip

A patient's guide



Whittington Health
Magdala Avenue
London
N19 5NF
Phone: 020 7272 3070

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.... caring for you 

Introduction

You have had surgery to repair a broken hip. This leaflet is designed to help answer questions you and your family might have about your recovery. How you should move and sit once you have left the hospital and the assistance we will provide to help you.

Hip surgery

Your surgeons will operate in order to help you get back on your feet. The type of operation you have had, depends on the location and severity of the fracture.

- You may have pins, screws, or rods (internal fixation devices) to hold the fractured bone in place.
- Sometimes, the surgeons might decide that some or all of your hip needs to be replaced instead.

Once the surgeons have fixed your bones, you must take care of your new hip as you recover at home.

Wound Care

Avoid infection by washing your hands often. If an infection occurs, it will need to be treated immediately. Symptoms of infection may include a fever or leakage of white, greenish, or yellowish-coloured fluid from the wound. So call your GP right away if you suspect an infection.

Avoid soaking your wound in water (no hot tubs, bathtubs, swimming pools) until your wound is dry. You can shower as needed as the dressing you were discharged with from the hospital is waterproof. Avoid touching your wound until it is fully healed.

The aim is for you to be discharged to your own home. You will be referred to the social services on your admission for a package of care if we consider it necessary and if you have agreed. If you and your family have any concerns, please do not hesitate to discuss them with the nursing and therapy staff.

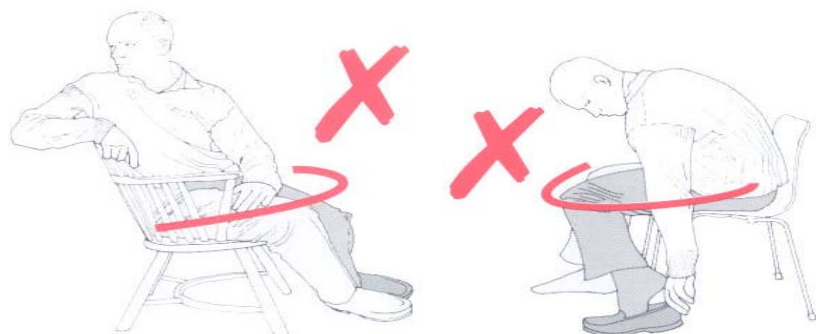
Further in-patient rehabilitation

If you require an intense multidisciplinary therapy programme you may be recommended for in-patient rehabilitation.

This will only be recommended if you are able to actively participate with the rehabilitation programme and if you are likely to benefit significantly from therapy on an in-patient basis. Realistic goals are discussed and you will need to be motivated to reach them within the four – six weeks you would have on the rehabilitation unit.

The list of recommended rehabilitation facilities depends on the borough you live in and will be discussed with you by the therapists.

Do not turn your operated hip inwards, or twist it, or turn sharply



Follow-up

Therapy follow-up sessions will be discussed with you on a one-to-one basis. If you have any concerns, you can contact the orthopaedic enhanced recovery nurse, by calling the main Whittington Hospital switchboard on 0207 272 3070 and ask for bleep 2746.

The enhanced recovery nurse is available on Monday, Tuesday, Thursday and Friday between 9.00 am to 5.00 pm. Outside of these hours, please contact Coyle ward directly on 020 7288 5446 and speak to the nurse in charge.

In some cases you may be followed up in falls clinic. This appointment will be given to you when you are being discharge or a letter posted to your home address.

Your surgeon will decide if you need to have a follow up appointment in the fracture clinic and will arrange for this to happen. This is usually if you are partial or non weight bearing following your operation. Partial or non weight bearing will be determined by the surgeons and means how much weight you can or are allowed to put on the operated leg/hip.

General advice

Take your pain medication as directed or as needed. As the pain eases, the pain medication should gradually be reduced.

Do not drive until your are able to do the emergency stop or until your doctor says it is safe for you to do so. Never drive if you are taking strong pain medication as it can make you drowsy.

You will be given a blood thinning injection whilst in hospital which will continue for up to 28 days following your operation. After you have been discharged from hospital, a district nurse will give these injections if you are unable to do it yourself.

The district nurse will remove the staples on your wound two weeks after surgery. The staples were used to close the incision in your skin. For some patients, steristrips are used to close the incision in your skin.

Do go for short walks regularly. Try to slowly increase the amount you are doing each day as advised by the therapist. The amount you do will not damage your hip, but might tire you at first.

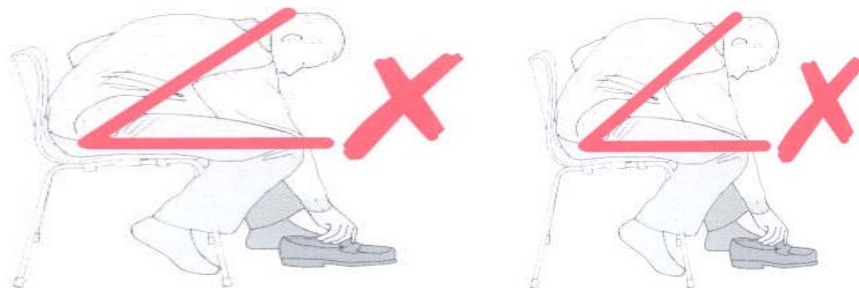
If you develop pain in your calf or chest, please go to the emergency department or contact your GP urgently.

Moving safely

If you have had a half joint hip replacement, called a hemiarthroplasty, remember to follow the hip precautions for three months after the operation. This is to reduce the risk of dislocating your new hip while the soft tissue around your hip are still healing.

- The occupational therapist will ensure all your furniture at home is an appropriate height. They would also provide you with any necessary equipment.
- Sit on a firm cushion when you ride in a car and avoid sitting too low.
- If you have any further questions about hip precautions, and activities to avoid after your operation, please speak to a therapist or staff nurse on the ward.
- It is recommended that you sleep on your back for the first 12 weeks after the operation. However, if you find this uncomfortable, you can sleep on your operated side with pillows between your legs.
- Follow your doctor's orders regarding how much weight to place on the affected leg.
- If required, an easy gripper will be provided to you whilst you are on the ward by the occupational therapist. This is given to patients who had hemiarthroplasty (a half hip replacement) to assist you to pick up items on the floor as to avoid bending over thereby reducing the risk of hip dislocations.
- Do not bend your hip to less than a 90 degree angle, for example, do not raise your knees above your hips, and do not bend down to your feet. Please see figure one on the opposite page.

Figure one



Do not cross your legs or ankles

