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Fractured Neck of Femur

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如有需要，本传单可提供其他语言/版式

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Na żądanie ta ulotka może zostać udostępniona
w innych językach/formatach.

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Admission to the ward

Welcome to our ward. Ward 3 Alpha is a specialised hip fracture ward. You will be admitted to 3 Alpha from A&E and will stay on this ward before and after your surgery.

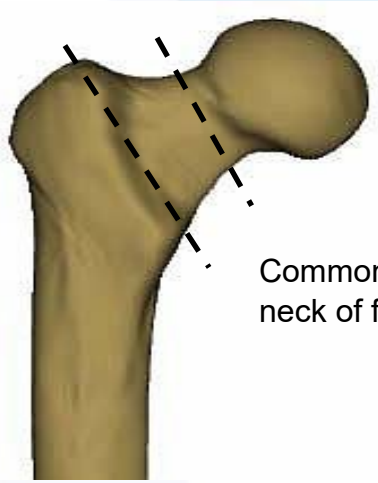
We understand this is a very upsetting time for you and your family and friends, but we hope to make your stay with us as comfortable and problem free as possible. We hope this leaflet will help to answer any questions you or your family/friends may have during your stay on Ward 3 Alpha.

Please ask family/friends if they can provide a supply of toiletries, reading material, comfortable day clothing, nightwear and sturdy shoes to wear whilst sitting out and mobilising. Only have a small amount of money with you and try not to have any valuables.

What is a Fractured Neck of Femur?

The femur is one of the largest and strongest bones in the body.

A fractured neck of femur is when the top part of the hip bone becomes broken. This type of fracture will require an operation to repair it.



Common places for the neck of femur to fracture

Driving

You are advised not to drive for at least 6 weeks following your operation. However, please check with your consultant and insurance company when it is appropriate to resume driving. You need to be able to complete an emergency stop comfortably.

The following steps are recommended when getting in/out of a car:

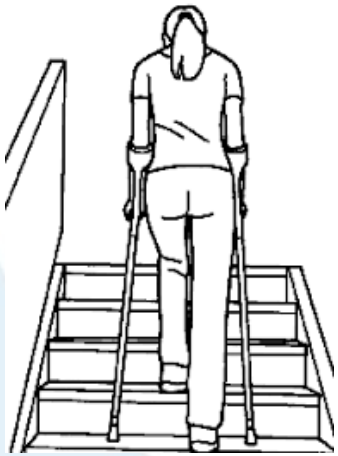
- Park on level ground and, where possible, avoid accessing the car on a curb.
- Get someone to move the passenger seat as far back as possible, recline the seat and place a plastic carrier bag onto the seat to help with turning.
- Ask someone to hold the door open and use the doorframe for support with one hand and the other to feel for the back of the seat.
- Place the operated leg out in front of you and gently lower yourself to the seat.
- With the plastic bag beneath you to ease the movement, slide your bottom backwards and turn yourself into a forward facing position in the seat bringing your legs into the car. Bring the back support back up. The plastic bag **must** be removed prior to the car moving.
- Reverse the procedure to get out of the car.

Where possible, avoid long car journeys – have a break every 2 hours and walk around. Also consider alternative arrangements if the seats are deep bucketed or very low.

Step Technique

If going up/down a step where there is no rail, use both crutches.

Move crutches together, in the same sequence as above, taking care with your balance.



Remember…

When going **up** each step - lead with the non-operated leg.

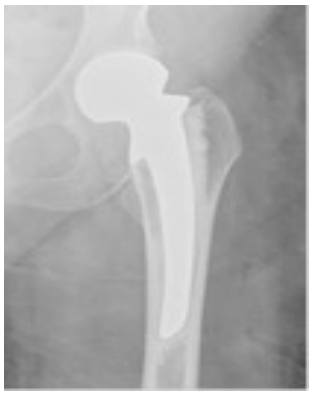
When going **down** each step – lead with the crutch, followed by the operated leg.

Types of Surgery

Most fractures need an operation to fix the broken bone. The most common types of surgery are shown below.

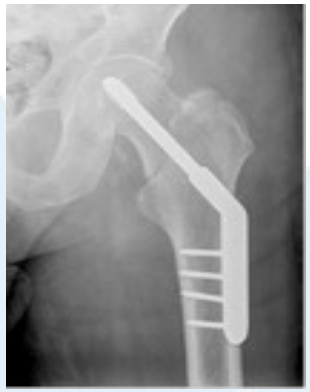
Hemiarthroplasty

Involves taking out the broken piece of bone (ball) and replacing it with an artificial one. Only the ball part of the joint is replaced. The socket is not damaged and so is left intact.



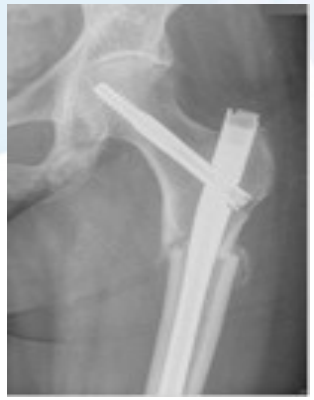
Dynamic Hip Screw

This is a stainless steel plate, which is placed across the fracture and held in place by a number of screws. It holds the bones in position whilst they knit back together.



Intramedullary Nail

Involves a nail down the middle of the thigh bone, fixed into a position with pins.



Staff Involved in Your Care

Orthopaedic Surgeon – will perform your operation and review you during your hospital stay.

Anaesthetist – will assess your health for anaesthetic. They will look after you during surgery.

Medical Doctor – is ward based and will review your medical condition regularly.

Orthogeriatrician – will review you on a weekly basis.

Nursing staff and Healthcare Assistants – will look after all your care needs.

Therapy Team – consists of Physiotherapists, Occupational Therapists and Therapy Assistants. They will be involved in your rehabilitation and discharge planning from hospital.

Social Worker – will organise any carer support for home on discharge if required.

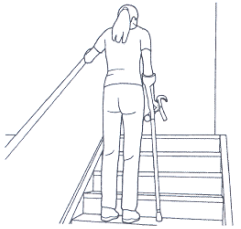
Dietician – will assess your dietary needs.

Discharge Co-ordinator – will work with the multidisciplinary team to help with your discharge.

Other members of the multi-disciplinary team may also be involved in your care as required.

Stairs Technique

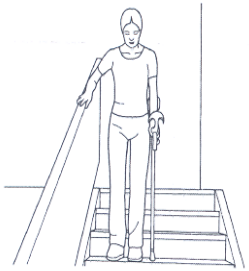
Going Upstairs:



Start with both feet and your crutch on the same step and hold on to the hand rail. Carry the other crutch in the hand leaning on the crutch you are using. (Or ask someone to carry it for you)

Step your **good** leg up first, then lean on your crutch and the rail and step your bad leg up to the same step. Make sure the whole of your foot is placed on the step. Finally bring your crutch up to the step you are standing on.

Going Downstairs:



Start with both feet and your crutch on the same step and hold on to the hand rail. Carry the other crutch in the hand leaning on the crutch you are using. (Or ask someone to carry it for you)

Place your crutch down on to the next step….then step your **bad** leg down first, then lean on your crutch and the rail and step your good leg down to the same step.

Excessive pain swelling or redness

It is normal for your leg to remain swollen and the muscles to ache after exercise for several months after your operation.

You may have an area of numbness around your wound site for some weeks. However, if you suffer from excessive and prolonged pain, swelling or redness, please alert your GP as soon as possible.

Wound Care

Keep your dressings clean and dry and leave the dressings intact. You will be referred to a district nurse who will arrange for removal of staples and wound review as needed.

If your wound bleeds, apply pressure to the area for 10-15 minutes. If bleeding continues contact your GP or go to A&E or nearest walk in centre.

If there are any signs of infection i.e. redness, inflammation, pain or you have a temperature then contact your GP or go to A&E or nearest walk in centre.

Mobility

You should aim to walk around the house regularly. Try not to sit for prolonged periods during the day. You can walk outdoors as soon as you feel confident enough and aim to build up your walking distance gradually. Remember, the rate at which everyone progresses will be different, so set your own goals and aim to see some improvement each week.

Before Surgery

The operation you will have will depend on the area of the hip you have broken. The orthopaedic surgeon will explain the operation to you and the possible complications and risks.

We hope to get you to surgery within 36 hours of your admission but delays can sometimes occur for medical reasons, emergencies or theatre capacity.

We will try to keep the amount of time that you will be kept nil by mouth prior to theatre to a minimum and keep you and your family regularly updated and informed.

You will also be given two pre load drinks, this is an isotonic sugary drink designed to provide the body with energy during a period of starvation. This may enhance your post-operative recovery.

After Your Operation

Once you have recovered from the anaesthetic you will return to the ward. You may still feel very tired and may sometimes feel disorientated. You may have an oxygen mask on to aid your breathing and to help you wake up.

The nursing team will check your temperature, blood pressure, pulse, and oxygen levels regularly over the next few hours. You will be encouraged to drink fluids. You will be given regular medication to control pain and limit any nausea as required. It is very important that you take regular pain relief so that you will find it easier to start moving again. Moving your ankles up and down will help with your circulation.

Deep Breathing Exercises

This helps to keep your chest as clear as possible. Take 3 or 4 deep breaths, try to breathe as deeply as is comfortable. After the last breath aim to “huff” out the air (a forced out breath). This may stimulate a cough. Some people may experience a productive cough after the anaesthetic. A productive cough is when you have a cough that produces mucus or phlegm (sputum). You may feel congested and have a ‘rattly’ or ‘tight’ chest which will be monitored by the medical staff on the ward. (See breathing exercises in the Fractured Neck of Femur exercise booklet).

Day 1 After Your Surgery

The therapy team will go through your exercises and assist you out of the bed. You will be encouraged to take a few steps with the most appropriate mobility aid and to sit out in the chair.

During Your Stay

As you progress with your recovery you will be encouraged to actively participate in therapy as appropriate:

* Complete exercises – (See exercise booklet to be completed on your own and or with your family.)
* Practice your walking (with all ward staff).
* Practice getting washed and dressed.
* Practice making a hot drink.
* Practice managing steps/stairs.
* Practice getting on and off the chair, bed and toilet.

(We will ask your family to measure the heights of your furniture at home to identify if any adaptive equipment is required).

Note: you may have to move to another ward during your stay to ensure continuity of care.

You are advised to have a sit down, ‘strip-wash’ by the sink initially. It is not advisable to use a bath for at least 6 weeks due to the difficulty you will have getting down to and up from the base of the bath.

You are advised not to try and step into a shower cubicle whilst you are still reliant on walking aids due to the risk of slipping in a wet environment.

If you have a wet room with a seat, this may be safe to use once your stitches are out and your wound dry at around 3 weeks.

Please make sure the flooring is dry when mobilising.

Dressing

This should be completed sat down. Always dress your operated on leg first and undress it last. You will be encouraged to get washed and dressed whilst on the ward.

Discharge From Hospital

We begin planning your discharge as soon as you are admitted to hospital. As soon as the doctors state that you are medically fit for discharge then, **based on your current ability,** we will discuss the best options for you.

If you are at a level were you can manage at home then we will assess for appropriate support and adaptive equipment required for discharge home. You will be referred to a community therapy service in your area to help you progress further at home.

If you are at a level were it would be too difficult for you to manage at home then you will be referred to a rehabilitation unit and transferred there before eventually going home.