



Recovering from a hip fracture

Pikinga ora i tētahi whainga hope

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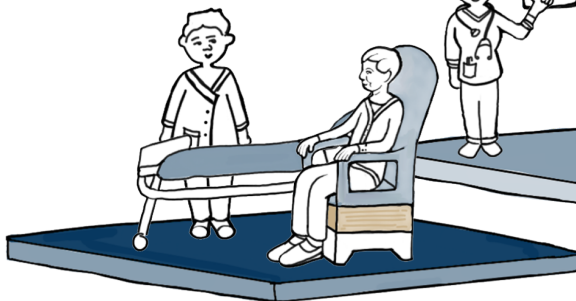
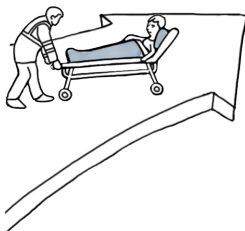


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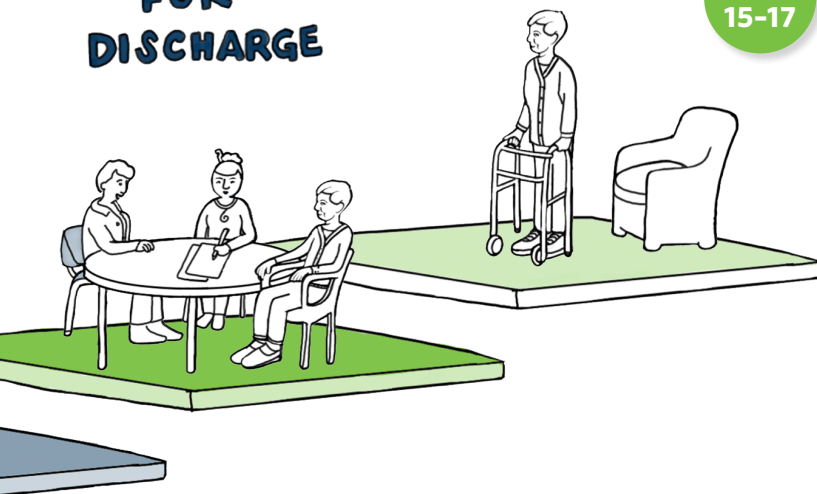
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Introduction | He kupu whakataki

This booklet was developed by people who have experienced a hip fracture (a crack or break in the top of the thigh bone close to the hip joint). The purpose is to provide you with useful information to help you during your recovery.

A wide range of people have hip fractures. This range includes fit people who are injured doing outdoor activities to not-so-fit older people who fall doing daily activities.

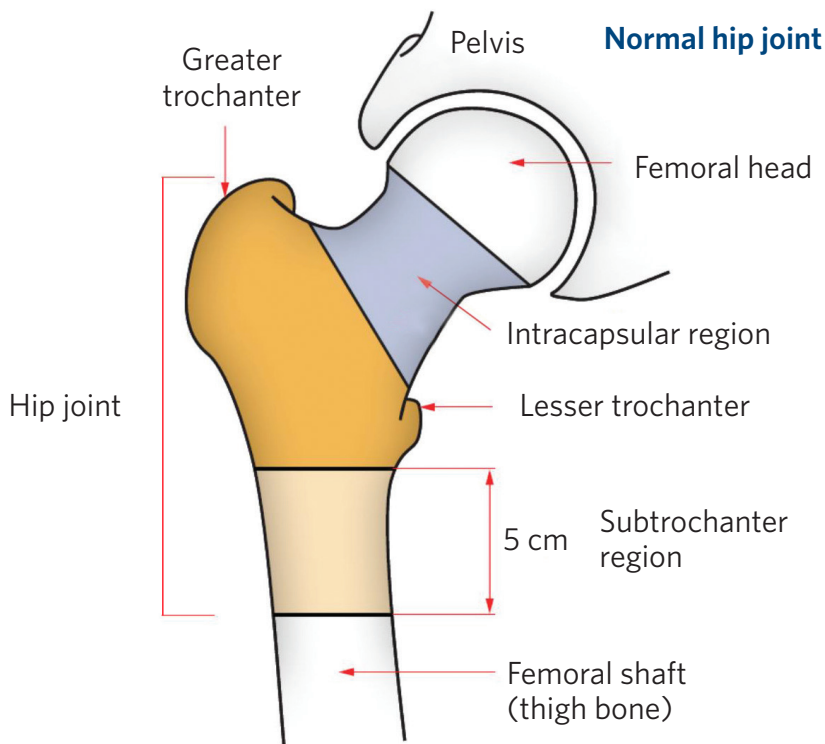
A fall is the most common cause of a hip fracture. Our strength and balance can get weaker as we get older and conditions like osteoporosis can thin our bones. These things increase our risk of falling. You can break a bone if you fall when you are standing up; you don't have to be up high on a ladder.

An important part of this booklet is being able to work through your personal care plan with your health care team. This team may include doctors, nurses, health care assistants, physiotherapists and occupational therapists.

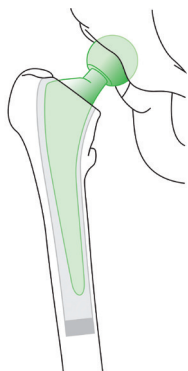
If you have any questions please ask your health care team – all questions are welcome and respected. It is also normal when you are in pain that you will forget things. So don't be afraid to ask the same question if you have forgotten the answer. That is normal and okay. If you can, have someone with you, such as a family or whānau member, to help remember what has been said. If there is no one with you when members of your health care team talk with you and you want someone to be involved, ask your team to call them.

The repair of your hip fracture

A hip fracture is a crack or break in the top of the thigh bone close to the hip joint.



The most common treatment of a hip fracture is surgery soon after the fracture has occurred. Surgery gives you the best chance of walking as soon as possible and returning to your previous activities as well as providing pain relief. The type of surgery you have will depend on which part of your hip has been broken. Types of surgery include:



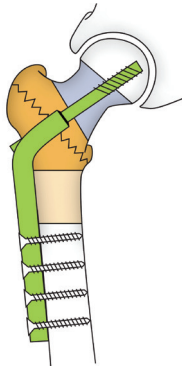
Partial hip joint replacement (hemiarthroplasty)

Replaces the broken bone that makes up the ball of the ball and socket joint.



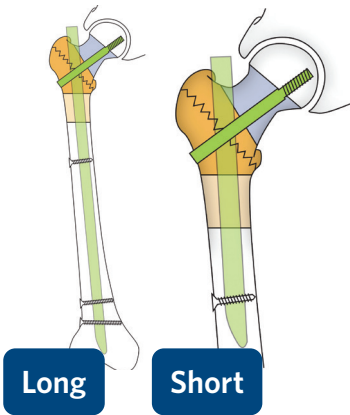
Total hip replacement

Replaces the broken bone that makes up the ball of the ball and socket joint as well as replacing the socket.



Sliding hip screws

The ball and socket joint is not replaced, and pins and plates help fix the fracture.



Intramedullary nail (includes Gamma nail, proximal femoral nail antirotation (PFNA))

A metal rod (nail) is put through the central canal of the thigh bone to hold the fracture in place; screws are used to stabilise the metal rod.

Your health care team can give you more information about your hip fracture and surgery.

If you have had a partial or total hip replacement, you may need to reduce or avoid doing some movements. Your health care team will talk to you about these.

How a hip fracture can affect your feelings | Te pānga o tētahi whatinga hope ki ōu kare ā-roto



A hip fracture is a serious injury that can affect your wellbeing. It is normal to feel a range of emotions as a reaction to your fracture. You may feel some of the following emotions:

- grief about your hip fracture
- fear about not getting back to normal
- concerns about changes to your lifestyle
- stress about the challenges you are facing
- loss of confidence.

As you start to recover, hopefully you will start to feel more positive about the future. Think about what progress you are making at the end of each day to help you stay positive.

Your health care team will be there to support and encourage you in your progress and recovery.

Your hospital stay and recovery

To noho hōhipera me te pikinga ora

Managing pain

Surgery to repair a hip fracture is usually the best way to manage pain but you will probably need pain relief before and after your surgery as well.

You may be given paracetamol, or stronger pain relief if you need it. Pain relief could include a 'nerve block', an injection in the groin that numbs the leg and provides pain relief for several hours. A nerve block may be given either in the emergency department or during your surgery.

Keeping your pain under control is important because it means you can stand, walk and start your physical recovery earlier than if you are in pain. Your health care team wants to control your pain as much as possible, so please let one of them know as soon as you need more pain relief.

Constipation is a common side-effect of stronger painkillers, so you may also be given medication to help you go to the toilet.

After surgery

Eating and drinking

Most people will be encouraged to eat and drink soon after returning to the ward after surgery. You need to keep eating and drinking so you have enough energy to take part in rehabilitation and get home as soon as possible. You may be offered high-energy nutritional supplements if you are finding it hard to eat.

Delirium (feeling confused)

There is a chance you may experience temporary confusion after your surgery – this is called delirium. The common causes of delirium in people with hip fractures are pain, anaesthesia, painkillers, constipation, dehydration, infection and pre-existing memory problems. Make sure either you or a member of your family and whānau tell the ward staff if you feel confused or if there are any changes to your memory. Dealing with the causes of any delirium quickly will help your recovery.

Getting moving

Getting moving as soon as possible is an important part of your physical recovery. Getting moving will help you get back your independence and avoid possible complications. Your health care team will give you support and information on the best way to start and keep moving. It is common to feel a bit of pain or weakness when you first start moving again.

The goal is for you to get back to the activities you were able to do before you had your hip fracture. Your health care team will help you, but you will have to do the work of getting moving. The more you move the earlier you are likely to be ready to go home.

Rehabilitation in the hospital

Rehabilitation is the process of helping you get your independence back. Actively taking part in rehabilitation will help you recover after your hip fracture and surgery.

Your rehabilitation is important for your recovery and wellbeing, and so rehabilitation starts straight after your surgery. Your health care team will work out what you can manage in the first few days after your surgery and the most appropriate rehabilitation or treatment plan for you so you can leave hospital and return home.

The focus of rehabilitation will be working towards you doing your usual home activities independently. In hospital you will be helped to do everyday activities like getting out of bed, using the bathroom and having a shower.

After a hip fracture, you usually stay in hospital between one and four weeks, depending on your recovery and home situation.

You will be discharged home when you can do everyday activities like walking, using the toilet, taking a shower and climbing stairs if you have stairs at home.

Remember your recovery takes time, so be kind to yourself and find ways to keep positive about doing your exercises. Your walking and strength should continue to improve over the weeks once you get home.

Your support plan for going home

Tō mahere tautāwhi mō te hoki ki te kāinga

Being ready to go home is a big step in your recovery. Once you leave the hospital you will begin the next steps of your recovery.

Your rehabilitation will continue and may include support from the Accident Compensation Corporation (ACC).

Most people improve a lot within six weeks and continue to improve for a year.

Equipment

If your health care team thinks you need special equipment at home the team will help organise this for you. If your district health board gives you rental equipment, you will need to return this equipment. Someone from the district health board will give you information about this.

Exercise

Follow the advice from your physiotherapist on how much exercise you should do when you get home. In most cases, it's a good idea to gradually increase how long you are walking and the amount of exercise you do. It helps to have a regular exercise time.

Depending on what type of surgery you had, you may need to reduce or not do certain movements. Listen to your body and rest when you need to. Exercise using a slow, steady pace – don't rush things.

Looking after your wound

The wound on the side of your hip will have been closed with either dissolvable stitches, removable stitches, clips or staples. Your health care team will let you know when and how these should be removed if they are still closing your wound when you go home.

A waterproof dressing may be covering your wound to allow you to shower.

ACC

If your hip fracture was the result of an accident, your health care team will lodge a claim with ACC. If you have any questions about ACC, please go to its website www.acc.co.nz or call 0800 101 996.

Help at home

Your health care team will assess you in the hospital to see what help you might need at home – for example, help with showering and dressing. You may just need this help for a short time while you're getting better. Your health care team will make recommendations on any additional help you might need. If you need help this will be organised before you return home.

Asking questions when discussing your care

Your health care team will work with you on plans for your discharge from hospital. Everyone's situation is different.

There may be a lot of information you will want to discuss with your health care team, and noting down your discussions can be helpful. The people who have had a hip fracture and who helped to develop this booklet have suggested some useful questions as a guide for you when discussing your case with your health care team.

Physiotherapy

- When will physiotherapy start?
- Who do I need to contact to make this happen?
- How much physiotherapy will be provided?
- What happens if the physiotherapy service I am referred to is too slow or doesn't provide the services I am meant to receive?
- Can I use a physiotherapist of my choice? How does this work?
- Are there any local fall prevention or balance-based exercise classes I can attend?

Other rehabilitation services

- Will I see an occupational therapist?
- What can they do for me?
- How do I contact them?
- Can I use other services, eg, acupuncture?
- How is this organised?
- What will I have to pay for?

Services at home – personal carers, cleaners

- How do I get the services?
- When do they start?
- What are they able to do for me?
- What can I do if they are not satisfactory?
- How do I contact them? Is there anything else I should know?

Your checklist for going home

To rārangi arowhai mō te hoki ki te kāinga

This checklist covers all the things you need to know before you can go home. This checklist should be completed by you or a member of your family and whānau.

In an emergency – if you fall or are in extreme pain please dial 111			
Name of surgeon:			
Type of surgery:			
Date of surgery:			
ACC claim number:			
Tick one box for each statement below	Yes	No	Not applicable
My hip fracture			
My health care team has clearly explained my hip fracture and type of surgery to me			
My health care team has clearly explained the signs of infection and I know what to do if I think I have an infection			
My health care team has clearly explained the signs of a blood clot and what to do if I think I have a blood clot			
Medication			
My health care team has clearly explained what my medication is for and how and when to take it			
I have a list of my medication on my discharge summary			
I am confident about managing my medication at home			

In an emergency – if you fall or are in extreme pain please dial 111

Tick one box for each statement below	Yes	No	Not applicable
Equipment			
I have arranged to get the equipment I need when I get home			
I have arranged for the installation of any equipment that I need			
Activities			
My health care team has clearly explained to me what I have to do to safely get back to my usual daily activities at home			
My health care team has clearly explained exercises to me so I know how to do them and how often			
My health care team has clearly explained to me what I have to do about preventing falls at home			
I understand that I cannot drive until my GP or health care team says I am able to			
Follow-up plan			
I have the hospital discharge summary form			
I will arrange a follow-up appointment with my GP			
I know to contact my GP if I have any concerns			
I know how to contact ACC (0800 101 996)			

Rehabilitation at home

Te whakaoranga i te kāinga

Walking

Walking each day is the best thing you can do for your recovery. Walking builds strength, helps with pain and stops your hip from getting stiff. Make walking part of your daily activities. Set yourself goals and walk a little further each day. Keep in mind that recovery takes time and on some days it will be harder to walk than on other days.

You will probably have to use crutches or a walker for around four to six weeks after your surgery. After that you may need to use a walking stick. Your physiotherapist or GP will tell you when you can stop using crutches, a walker or a walking stick.

Some people have difficulty with walking after using crutches. If this happens to you, talk to your physiotherapist.

Daily activities

Write down small goals and gradually increase the activities you do each day. Your goals should be about increasing your physical activity a little at a time, but also be achievable. Your physiotherapist can help you set goals and plan how you can achieve those goals. Some people find having a written plan with goals and steps is helpful.

Your physiotherapist or surgeon will advise you when you can return to activities like swimming or the gym, or classes like Pilates or yoga.

Eating and drinking well

You need to eat protein to build and maintain healthy bones and muscles. Good sources of protein in food include meat, fish, poultry, tofu, eggs, cheese and cooked dried beans, peas or lentils.

If you don't feel like eating much, focus on high-protein, soft foods such as yoghurt, milk, eggs, fish, minced meat and lentil soup.

You can prevent constipation by eating high-fibre foods like whole vegetables and fruit, whole grains, beans and lentils. Drinking enough fluid, especially water, also prevents constipation and keeps you healthy. You will know if you are drinking enough fluid if your urine is a pale yellow colour.

Sleep

Getting enough sleep helps you to heal. If you're finding it difficult to sleep:

- get up at the same time each day and try not to have naps during the day
- only have one or two cups of coffee a day and no coffee after lunch
- don't eat large meals within three hours of bedtime
- keep your bedroom well ventilated, quiet and dark
- sleeping pills are not recommended as they can cause falls. Talk to your doctor if you keep on having problems sleeping.

Driving

Don't drive until your GP or hospital health care team tell you it is ok to do so. Typically, this will be six weeks after surgery. To drive safely, your leg and hip muscles and your reflexes need to be as good as they were before your hip fracture. If you start driving before you are told it is safe and you have an accident, your insurance may not cover you. You may wish to check this with your insurance company.

Follow-up appointment with your GP

Your GP will help with your recovery and with ways to prevent another fracture.

Key topics to discuss with your GP include:

- wound care, possible removal of stitches, clips or staples
- if the pain is not improving, what other pain medication you can take. Do you need a review or X-ray?
- how much weight you can put on your hip when you are walking
- is your medication still right for you?
- are you taking any medication that could increase your risk of falls?
- should you be tested and treated for poor bone health (osteoporosis)?
- what is the best position to sleep in and when you can sleep in other positions
- when can you start driving again
- what help you can get for dealing with emotions such as grief or feeling down
- do you need to take antibiotics before dental or other medical procedures? This may be necessary if you have a metal implant.

Possible problems following a hip fracture | Ngā raru pea e whai mai ana i tētahi whatinga hope

A hip fracture is usually caused by both a fall and osteoporosis. To prevent fractures in the future, you need to learn about preventing falls and have a review of your bone health (osteoporosis).

Preventing falls

Your health care team will have gone over the possible reasons for your fall and talked with you about ways to prevent future falls. Please talk

to your GP before starting a strength and balance class so they can ensure it is suitable for your situation. Once you have recovered from your hip fracture and you are moving around more you might find that attending a strength and balance class in your community will help you reduce falls. The Live Stronger for Longer website contains information about strength and balance classes (www.livestronger.org.nz/home/find-class/community-group-strength-balance-classes) and includes a page where you can find a class in your area (www.livestronger.org.nz/home/find-class/find-a-class-near-you). If you can't leave your home, a falls physiotherapist may visit you to teach you exercises to improve your balance.

You may also need to:

- stop or start certain medicines
- get a physiotherapist to assess your balance
- have an occupational therapist review your home to see what can be done to make it safer and prevent falls.

Osteoporosis

Osteoporosis is a long-term condition in which bones become fragile and can break. Both men and women are at risk of fragile bones as they age.

Diet

To help improve your bone health, you need to eat enough calcium in your diet. The main sources of calcium are milk, yoghurt and cheese. Other good sources include sardines, salmon and almonds. Two or three portions of these foods each day are recommended.

Vitamin D also plays an important part in bone health and fall prevention. Sunshine on your skin is the best source of vitamin D – around 30 minutes a day on your face and arms is enough (less in summer). Avoid sun exposure in the middle of the day when you can get sunburnt. It is best to schedule outdoor activity in the early morning or late afternoon. Oily fish (sardines and salmon) and eggs are also good sources of vitamin D. People with osteoporosis who have had a hip fracture may also be placed

on a monthly vitamin D supplement to maintain their vitamin D levels. Supplements can benefit those who have dark skin, who cover their skin and/or wear a veil, or who do not go outside, for example, people in residential care and older people in the community.

Medication

For most people who have had a hip fracture, medication that improves bone strength will reduce the chance of another fracture.

This medication could be tablets, an infusion or an injection. You may be given this medication in hospital or it may be started by your GP as you recover at home. You will need to stay on this medication for several years to help protect you from further bone fractures. Talk to your GP about a long-term plan.

Younger patients aged under 75 years with a hip fracture may need to have a bone density scan (DXA) before starting medication.

Leg length problems

After hip fracture surgery it is not uncommon to have a limp or alteration in how you walk (this is called your gait). This change in gait usually improves over approximately 12 weeks as your pain settles and your muscles become stronger. Some people will be aware they have one leg longer than the other, but this will feel less noticeable over time. Some people do have a permanent limp or alteration in gait but remain independent and mobile.

Changes in the way you walk and the length of your leg are the result of the type of fracture and how it is fixed. Changes in walking and leg length do not usually mean something is wrong but may mean you find a walking stick or frame useful, at least for a few months. These changes will not prevent you from being active, especially as your pain settles. Your physiotherapist may be able to give you exercises to try and help your gait improve.

Leg length issues are treated on an individual basis. Hip-strengthening exercises can help with weakness. Talk to your physiotherapist or surgeon if

you are concerned. In some cases, you may need something inside your shoe to lift your shorter leg to the same length of your other leg. This is called a shoe lift. This can be organised through your physiotherapist or surgeon.

If the difference in leg length is serious enough that you are limping long term, contact your surgeon to discuss your options.

Blood clots

When people are unwell and lying still in bed in hospital, they are at risk of developing blood clots in the veins in their legs. Blood clots cause swelling and discomfort. These clots can also break off and travel to the lungs where they can cause problems with breathing.

Blood clots can happen after a hip fracture so you will probably be given medication to stop blood clots from forming.

Getting up and walking as soon as possible after your surgery will help prevent blood clots.

Infection

Chest and urinary infections may occur after your hip surgery. Wound infections can also occur but are less common.

All these infections can be treated with antibiotics.

Getting up and walking as soon as possible after your surgery will help you avoid infections.

More information

Recipes

You can find recipes for easily prepared healthy food at seniorchef.co.nz/recipes

Delirium

www.healthnavigator.org.nz/health-a-z/d/delirium

Preventing falls

livestronger.org.nz

Bone health

osteoporosis.org.nz

www.bones.org.nz

endpjparalysis.org

healthnavigator.org.nz/tools/c/calcium-tools

Healthline

health.govt.nz/your-health/services-and-support/health-care-services/healthline or 0800 611 116

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