

# A Guide to your Hip Fracture Repair

A patient friendly book for: \_\_\_\_\_



Having surgery and not being able to plan and prepare in advance can be stressful. This booklet is to help you understand your surgery and your hospital stay. Review the information with your family and your nurse.

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The MUHC Surgical Recovery (SURE) working group, Dr. Suzanne Morin, Dr. Ed Harvey, the orthopedic nurses, the physiotherapist and the MUHC Patient Education Office developed this booklet.

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## IMPORTANT: PLEASE READ

**Information provided by this booklet is for educational purposes. It is not intended to replace the advice or instruction of a healthcare practitioner, or to substitute medical care. Contact a qualified healthcare practitioner if you have any questions concerning your care.**



# Table of Contents

## **Introduction**

What is a care pathway?	4
Emergency surgery	5
What is the hip?	6
What is osteoporosis?	7
What is a hip fracture?	9
What is hip fracture repair surgery?	10
Pain control	11

## **Before Your Surgery**

Preparing for surgery	13
Washing	14
Eating and drinking	15
What to bring to the hospital	16

## **Day of Surgery**

Operating Room	17
----------------	----

## **After the Surgery**

Delirium	18
In the PACU	20
Hospital facilities and services	21
Physical and occupational therapy	22
Exercises	23
Tips to prevent infection	25
In your room: Goals for Day 0	26
Goals for Day 1	27
Goals for Day 2	28
Goals for Day 3-4-5-6	29
On Day 6: Leaving the hospital	30

## **At Home**

Incisions (cuts)	31
Diet	31
Exercise and activity	32

## **When to go to an Emergency Room**

Follow up appointments	34
------------------------	----

Looking for more information	34
------------------------------	----

Visit our website	35
-------------------	----

Map of hospital	back
-----------------	------

# What is a care pathway?

When you are admitted to the hospital for a hip fracture repair surgery, you will be part of a program called a Clinical Care Pathway. The goal of this program is to help you recover quickly and safely. Your health care team worked together to create this pathway.

Research shows that you will recover faster if you do the things explained in this booklet. There are instructions about eating and drinking, exercising, and controlling your pain. These things will help you to feel better faster and go home sooner.

**Keep this booklet with you throughout your hospital stay.** Use it as a guide during your hospital stay and when you leave the hospital. The staff may refer to the booklet as you recover and review with you and your family the information before you leave the hospital.

Having surgery can be stressful for patients and their families. The good news is that you are not alone. We will support you each step of the way. Ask us if you have questions about your care.

*Your MUHC surgery team*

If you are not comfortable with French or English, try to have someone to help you understand the information throughout your hospitalization.

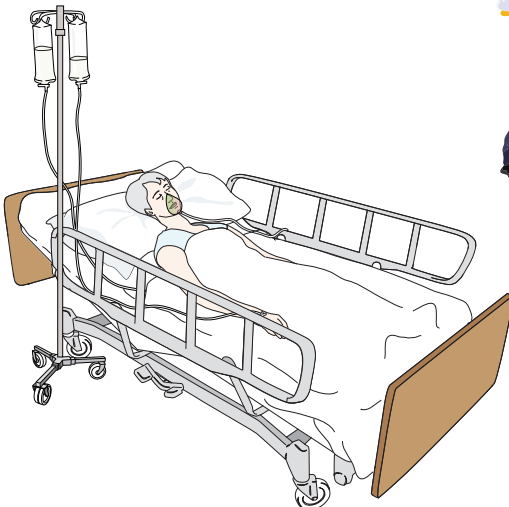


# Emergency surgery

Having a hip fracture is an unexpected event in your life. It can be quite stressful for you and your family. Being brought to the hospital emergency room by ambulance and then having to go to the operating room can be a very hectic and confusing time.

This booklet was written to:

- help you and your family understand and anticipate the events once you are admitted to hospital for a hip fracture.
- explain how you can play an active part in your recovery
- highlight your recovery goals for each day

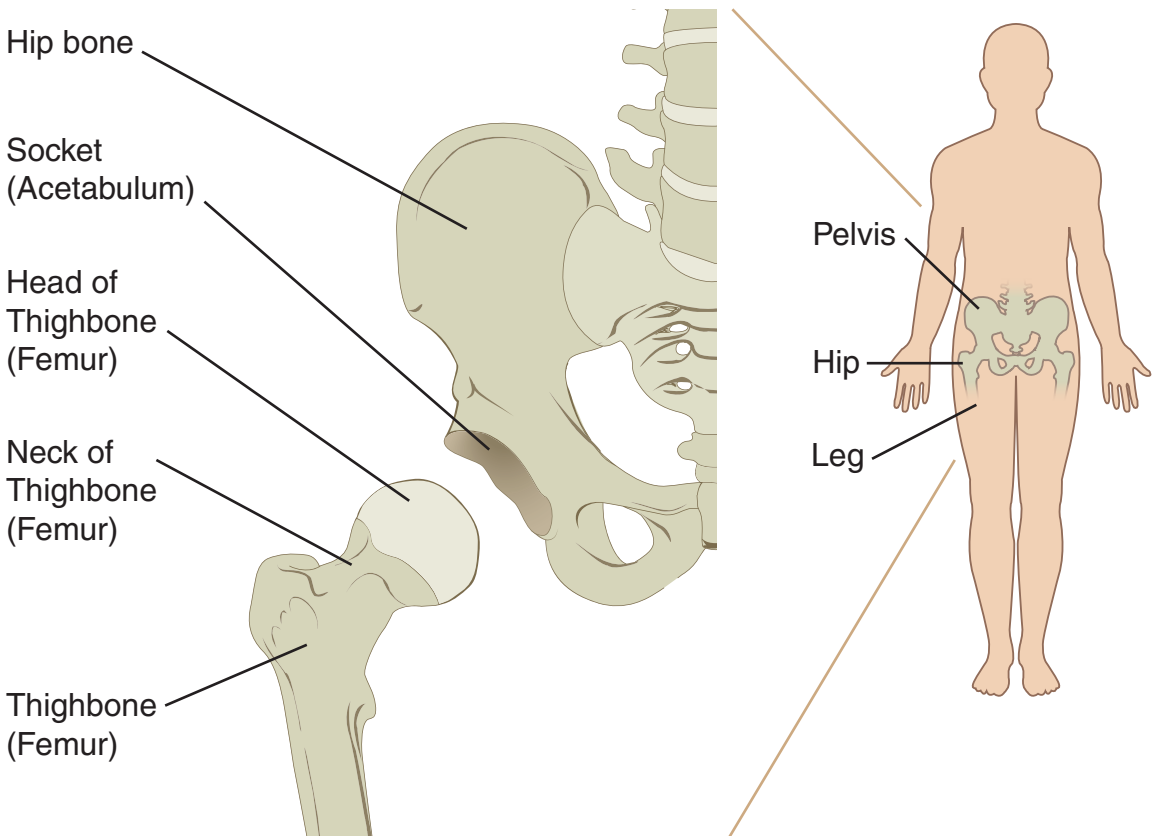


# What is the hip?

The hip joint is one of the most important joints in the human body. It connects the leg to the pelvis. It allows us to walk, run, and jump.

One of our most flexible joints, this ball-and-socket joint sits between the pelvic bone and the thighbone. The pelvic bone forms the socket (acetabulum). The head of the thighbone forms the ball. Your ligaments and muscles hold the joint in place.

If your bone is weak and/or if you hurt yourself, the neck of your thighbone is the place that is most likely to break. Most often, this break (fracture) is due to a disease called osteoporosis (see next section to learn more on osteoporosis).



# What is osteoporosis?

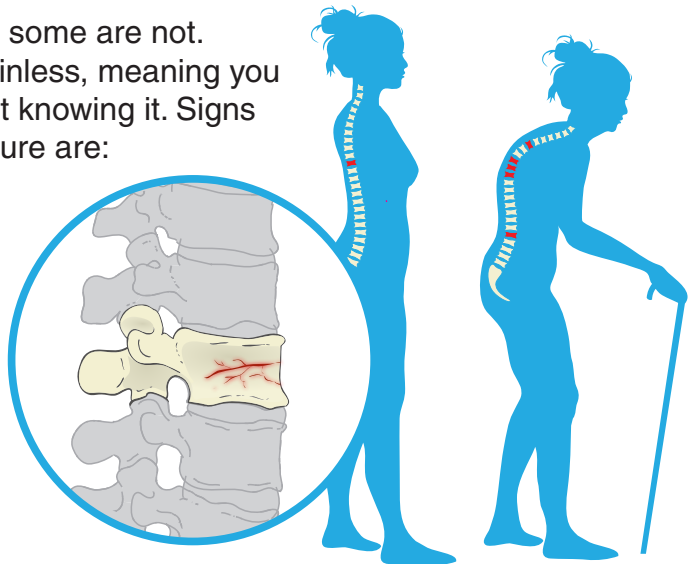
**Osteoporosis** is a bone disease which develops gradually over time when bone loss goes untreated. On the surface, the bones of people with osteoporosis look the same as those of healthy people but the structure inside the bone is much less dense making the bones more likely to break.

People with osteoporosis are more likely to suffer from **fragility fractures**. This is what broken bones are called when the fractures happen during normal activities that would not break a healthy bone, such as:

- Coughing or sneezing
- Reaching or lifting
- Bending or twisting
- A fall while walking or moving slowly
- A fall from standing height or less

While most fractures are painful, some are not. Fractures of the spine can be painless, meaning you can have a spine fracture without knowing it. Signs that you could have a spine fracture are:

- Loss of height
- A stooped posture
- A curved upper back



Although **fragility fractures** can happen anywhere in the body, they usually occur in the spine, hip, shoulder or wrist. A fragility fracture is often the first sign of **osteoporosis** because **bone loss** itself does not cause any symptoms.

If you have osteoporosis we will make sure that you have the treatment to stop or slow down this disease. This will not get in the way of your surgery or other treatments.

# What is osteoporosis?

## Did you know?

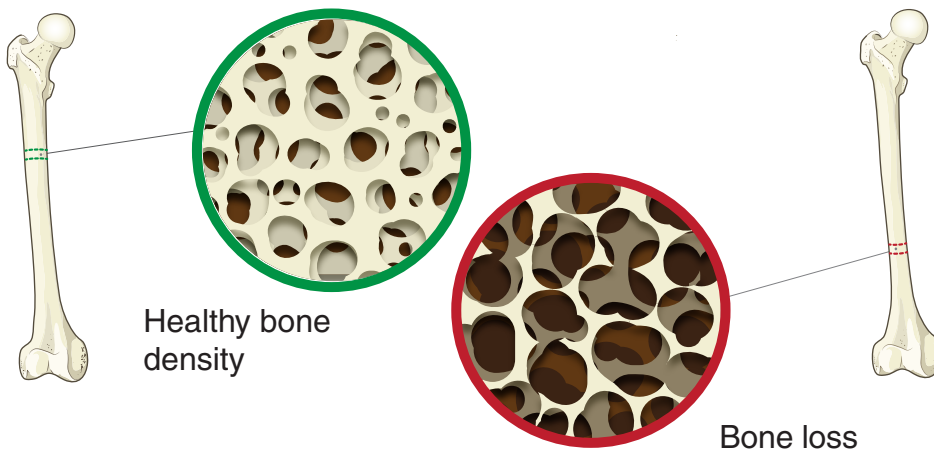
Bone is a living tissue made of protein (e.g., collagen) and minerals (e.g., calcium, phosphorus). Your bones are constantly changing. Throughout your life:

- Old bone is broken down
- New bone is added

The balance between these two steps changes as you age.

When you are young, more bone is added than is broken down, causing your bones to grow and become stronger (more dense). This is called bone formation.

After the age of 30, more bone is broken down than added, causing your bones to slowly become weaker (less dense). This is called bone loss.

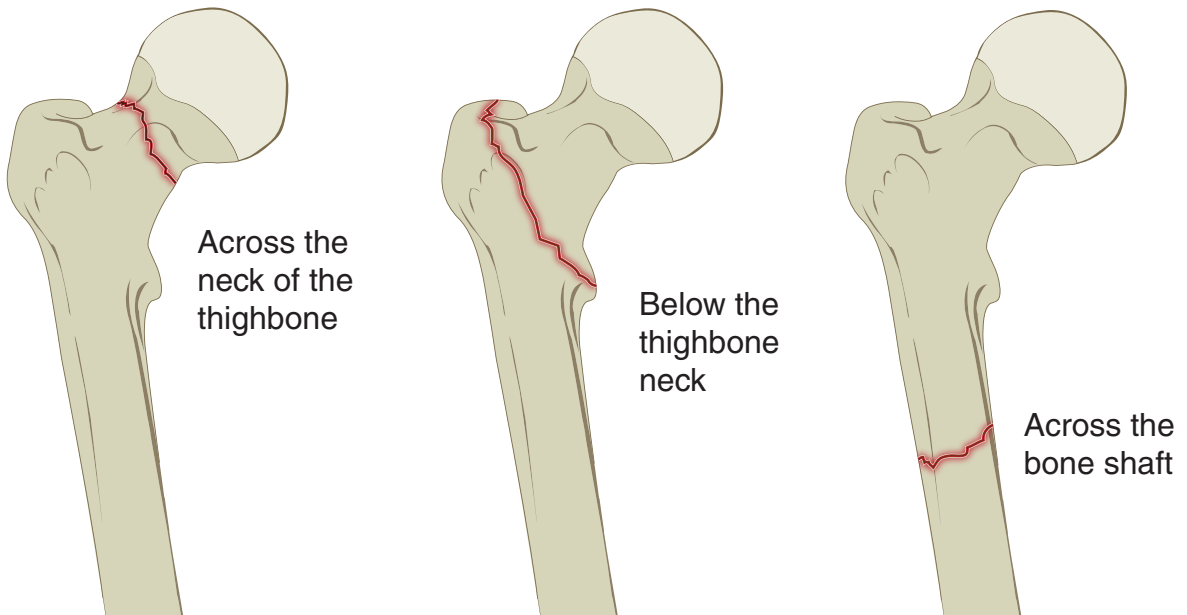


To learn more about osteoporosis, read our booklet, “The Bare Bones on Skeletal Health”.

For a copy of this booklet, go to [www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca) (search: “Osteoporosis”)

# What is a hip fracture?

When your upper thighbone cracks or breaks completely, we call this a **hip fracture**. A person can break their hip in any of the following places:



When the hip breaks, the muscles and tissues around it are usually damaged as well. For this reason, you may feel pain deep within your thigh or groin area. You are more likely to break your hip when you are older because you may have:

- Weaker bones (they have become less dense)
- Trouble seeing
- Poor balance
- Weak muscles

All these things can increase your chances of falling. To learn more about how to prevent a fall, visit: [www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca) (search: “Preventing falls”).

# What is hip fracture repair surgery?

If you have a hip fracture, you will most likely need surgery but not always.

The type of hip repair surgery you will need depends on:

- Where you have the break
- How much of your bone is broken
- Your age
- How active you are

To fix the broken bone, your surgeons will use screws, plates and/or nails. These will hold your bones together while they heal. Some people may need their joint fully replaced (**arthroplasty**). Others may only need part of their joint replaced (**hemiarthroplasty**).

Your surgical team will decide on the best surgery for you.

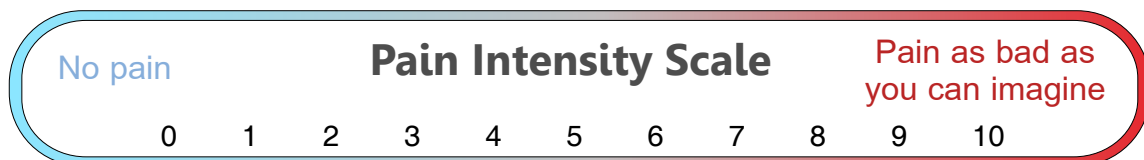


# Pain control

It is important to control your pain before and after surgery. This will help you to:

- Move and breathe more easily
- Eat and sleep better
- Recover more quickly
- Become more independent; do things that are important to you
- Improve your general sense of well-being
- Avoid depression, anxiety and unnecessary suffering

To help you control your pain, we will ask you to describe your pain often while you are in hospital. We will also ask you to rate your pain, using a number between 0 and 10. The number “0” means no pain and “10” is the worst pain you can imagine.



Our goal is to keep your pain below 4 (out of 10). If your pain is above 4, we will give you pain medication to help lower your pain.

# Pain control

To lower your pain once you are home, you can:



- Take Tylenol ® (acetaminophen), as prescribed by your doctor
- Use cool cloths or ice to soothe your muscle pain
- Position yourself carefully with pillows and soft cushions
- Breathe slowly and quietly to relax your mind and body
- Engage in pleasant distractions such as meditating, reading, or listening to music



## Did you know?

It is important **not to wait** until your pain is severe to take your medications. It is much easier to treat mild to moderate pain.



# Preparing for surgery

Before surgery, you will have a few tests, including blood tests and an ECG (also called an electrocardiogram). This is a test that measures how your heart is working.

You will also meet with a few doctors. They will ask you questions about your health, your past surgeries and if you have other medical problems.

If you have medical problems, you may be referred to another doctor (a specialist) before surgery. You may need to stop taking some medications and herbal products before surgery. The doctor will explain to you and will order in your file which medications you should stop and which ones you should keep taking.

## Plan ahead

The day of your surgery is called Day 0. You may go home from the hospital on Day 6. It is important that you start thinking about your return home.

Some patients will go straight home from the hospital. Others will be transferred to a rehabilitation centre before going back home.

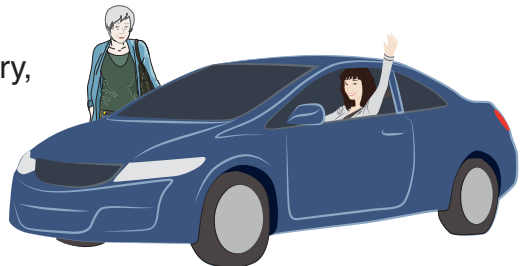
We will help you and your family deciding what is best for you and to get the help you will need.



## Arrange a ride home after surgery

For patients going back home after their surgery, it is important to remember to arrange having someone to pick you up from the hospital.

If you have some concerns, tell your nurse.



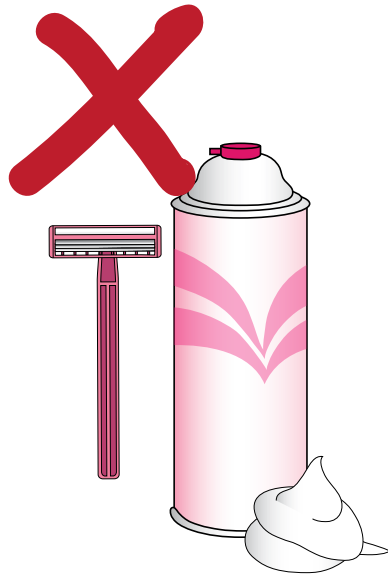
# Washing

A patient attendant will help you to wash in your bed before you go for surgery. You will wash with a sponge that has soap inside. This sponge is used for patients that are going for surgery. It helps to lower your chances of having an infection.

After the bed bath, we will help you put on a clean gown.



**Do not wear lotion, perfume, makeup, nail polish, jewelry or piercings.**

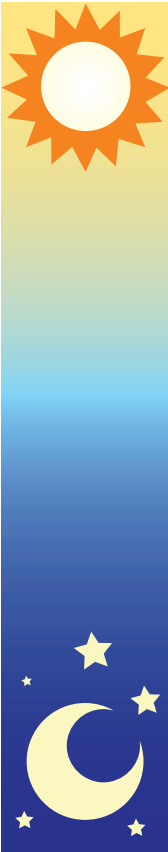


**Do not shave the area of the operation.**

# Eating and Drinking

The Montreal General hospital is a trauma centre so there might be more urgent surgeries that take priority. For this reason, the time and day for your surgery is not decided in advance. This may even change during the course of the day.

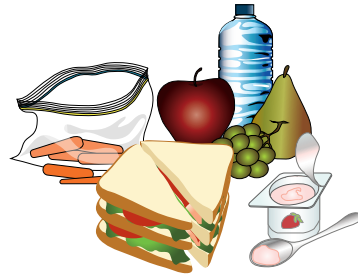
We want to make sure that you are not kept fasting for many days. This is why what you are allowed to eat or drink during a 24-hour period will change. We will most likely ask you to follow this eating and drinking schedule before you go into your surgery:



**5:30 a.m. to 4:00 p.m.:**  
Do not eat or drink anything



**4:00 p.m. to midnight:**  
You may eat and drink whatever you want



**Midnight to 5:30 a.m.:**  
Drink only clear fluids, that is, juice (with no pulp), water, Jell-O, tea, or coffee. **Do not drink milk or milk products.**

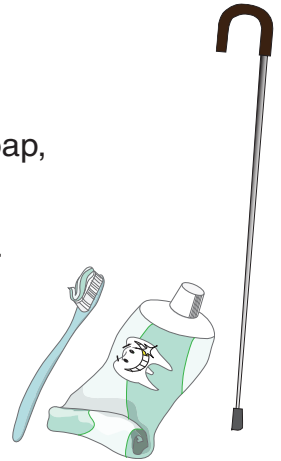
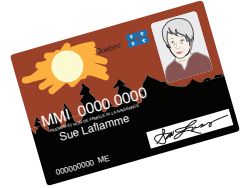


We may tell you differently if we see that you have trouble swallowing.

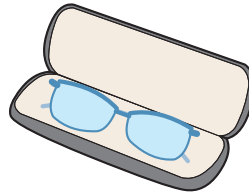
# What to bring to the hospital

Ask your family or friends to bring the following items for you:

- ☐ Medicare and hospital cards
- ☐ Private insurance information, if you have any
- ☐ List of medications that you take at home (ask your pharmacist to give you one)
- ☐ Bathrobe, slippers, pajamas, loose comfortable clothing
- ☐ Toothbrush, toothpaste, mouthwash, comb, deodorant, soap, shaving supplies, tissues, and perhaps earplugs
- ☐ Glasses, contact lenses, hearing aids, dentures, and their storage containers labeled with your name
- ☐ Cane, crutches, walker, (if you already use these) labeled with your name



Do not bring anything of value, including credit cards and jewelry. The hospital is not responsible for lost or stolen items.



To rent a TV in your hospital room, you will need to pay, using either a credit card or cash. Ask someone to take the credit card home after paying or have them arrange the payment for you.

# Operating room

A patient attendant will take you to the operating room. There, you will meet your anesthetist (the doctor who will put you to sleep) and the other members of your surgical team.

You will be pain-free during your surgery.



# Delirium

## What is Delirium?

Sudden confusion that tends to come and go during the day and night is called **delirium**. This is commonly seen in older adults who are in the hospital.



Delirium may be caused by:

- Old age
- Infections
- Worsening illness
- Side effects of medications
- Poor hydration (not drinking enough)
- Poor nutrition (not eating well)
- Pain
- Hospitalization
- Not enough sleep

Delirium can lead to:

- Anxiety
- Agitation
- Extreme sleepiness, or sleeping problems (e.g. strange dreams)
- Hallucinations
- A person to think and act in ways that do not make sense

Delirium usually does not last. However, it can affect your recovery (e.g. lead to other health problems) and delay your return home.

Delirium can be treated with medication. Your health care team may stop or change medications that make your confusion worse.

**Your friends and family can also do much to help. They can:**

### 1. Explain what is happening to you

- Tell you the date and time
- Remind you where you are and why you are in hospital
- Talk to you about recent events
- Share stories about friends and family
- Give you a clock and a calendar
- Offer you familiar objects (photos, a pillow or blanket)

# Delirium

## 2. Be with you

- Try to engage you (gently) during their visits (e.g. chat with you, read aloud to you, play games).

## 3. Make sure you are wearing your glasses and hearing aids (if you have these)

## 4. Take every chance to encourage you to move

- Take you for a walk in the hallway or do exercises in the bed or chair (always check with the nurse first).

## 5. Offer you food or drink often

- Bring home-cooked meals or favorite snacks. Encourage you to drink often (always check with the nurse first in case you have any food restrictions).

## 6. Ask if you are in pain

- Speak to your nurse about pain control options.
- Encourage you to rest and sleep. Create a calm environment by reducing noise, keeping lights low and offering you comfortable pillows and blankets. If noise is a problem, bring in earplugs.

All of these actions will help prevent delirium. They are also extremely important to do, if you already have delirium.

### **Delirium: keys things to remember**

Delirium is common, yet it may get in the way of recovery and rehabilitation. To learn more about delirium visit:

[www.ccsmh.ca](http://www.ccsmh.ca)

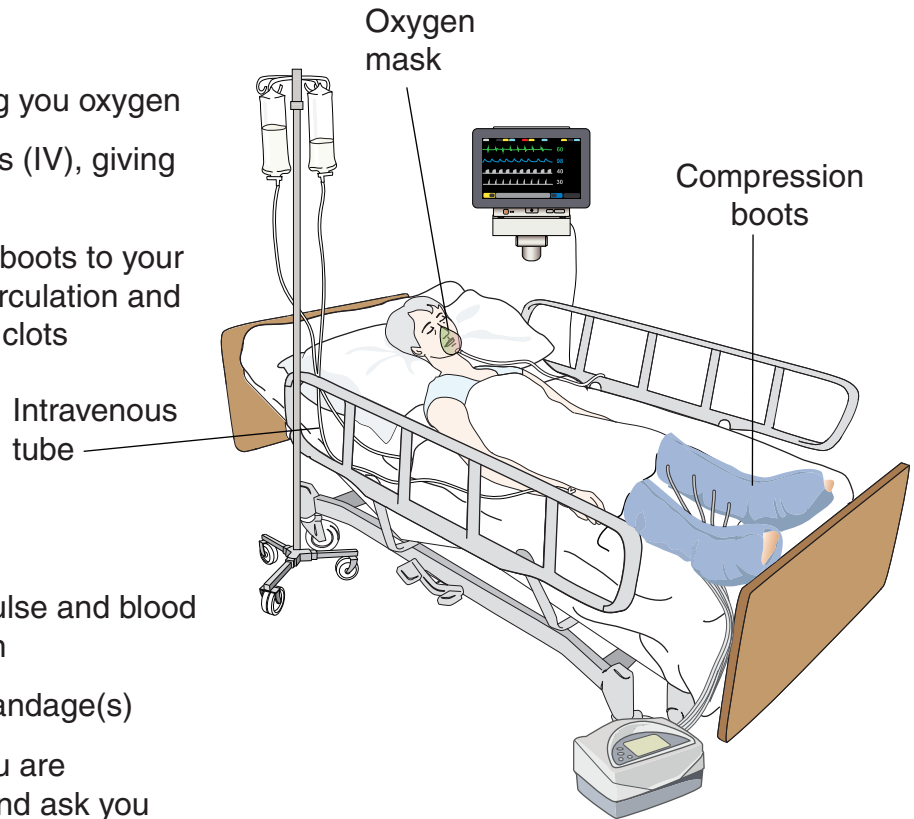
[www.nicheprogram.org](http://www.nicheprogram.org)

# In the Post-Anesthesia Care Unit (PACU)

After your surgery, you will wake up in the PACU, **also called the Recovery Room**. This is an area where patients are watched closely. You will be there for a few hours before being transferred back to your room.

## You may have:

- A mask, giving you oxygen
- An intravenous (IV), giving you fluids
- Compression boots to your legs to help circulation and prevent blood clots



## Your nurse will:

- Check your pulse and blood pressure often
- Check your bandage(s)
- Make sure you are comfortable and ask you about your pain

When you are ready, you will go to your room.

There are no visitors in the PACU, unless you are staying overnight in the PACU. Your family may visit you once you are back in your room.



# In the Post-Anesthesia Care Unit (PACU)

## Contacting the PACU (Recovery Room)

There are no visitors in the PACU. Instead, we ask that your family or friends wait for you in your room. They may also phone the Post-Anesthesia Care Unit (PACU) for updates at 514-934-1934 ext. 43285.



Only one person (not many persons) should contact the PACU. This person is responsible for sharing information with friends and family.

## Hospital facilities and services

- Coffee shops - 1st floor Pine Ave. entrance and the 6th floor near the main entrance
- Cafeteria - 4th floor- D wing
- Hospitality Corner (small, sit-down restaurant) - D.6.125, D wing, 6th floor, room 125
- Bank machines - 1st floor Pine Ave. entrance and 6th floor near the main entrance on Cedar Ave.
- Gift shop - 6th floor near, the main entrance D.6.145, D wing, 6th floor, room 145

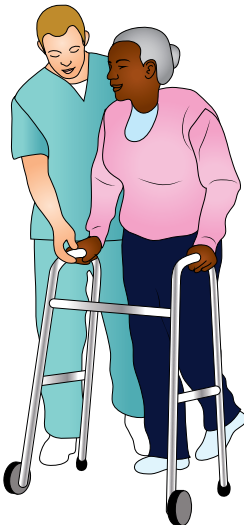


# Physical and occupational therapy

An occupational therapist and a physiotherapist will visit you during your hospital stay. They will visit you after your surgery and will recommend what is best for you.



**The Occupational Therapist (OT)** will check to see if you have any trouble with your day-to-day activities (for example: bathing, dressing, moving from bed to chair, toileting, walking, and household tasks). The OT may suggest equipment and extra outside services for home, if needed.



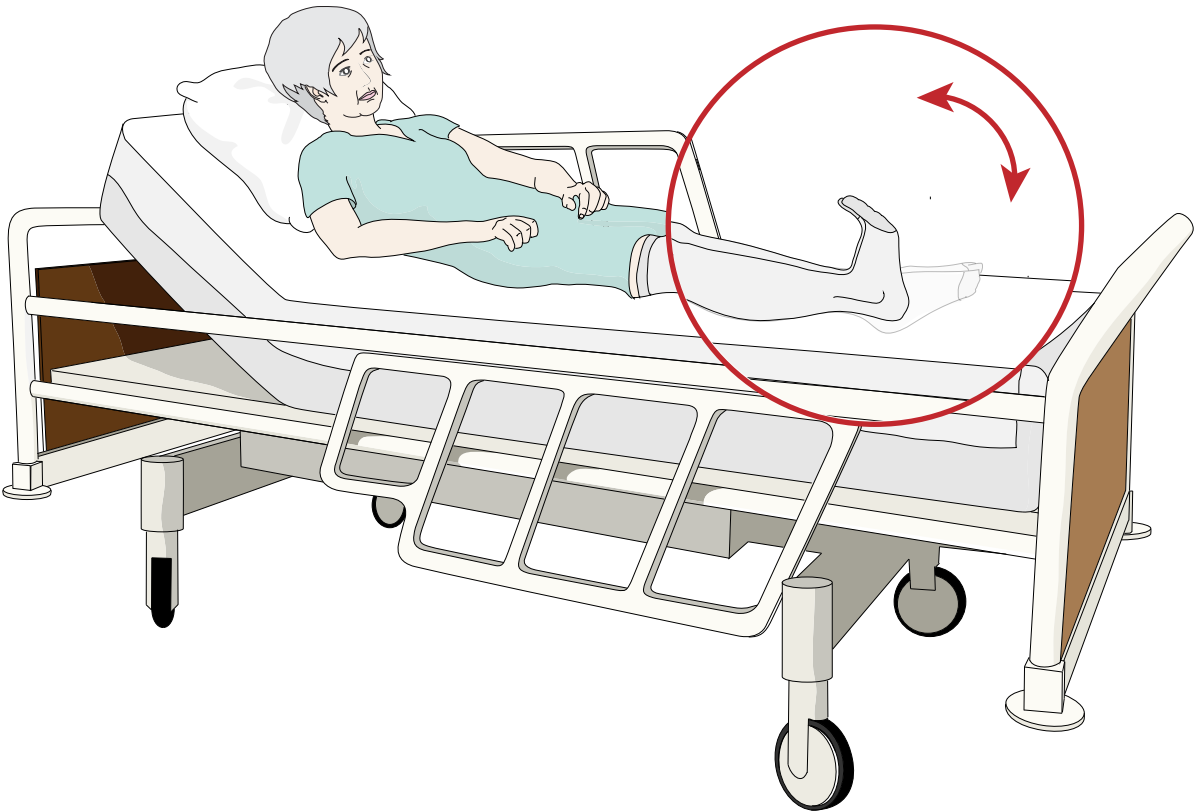
**The Physiotherapist (PT)** will look at how you move and get around after your surgery. The PT will give you tips and recommend exercises to help you improve movement and strength in your hip joint. This will help you heal and move more easily over time. For example, the PT will have you practice getting in and out bed, standing from a chair, walking and doing stairs.

# Exercises

It is important to move around in bed to prevent pneumonia, blood clots, and muscle weakness. Do the ankle exercise when you wake up and continue while you are in the hospital.

## Ankle exercise

1. Point your feet and toes up and down.
2. Repeat 10 times every hour.
3. This exercise helps the blood to circulate in your legs.

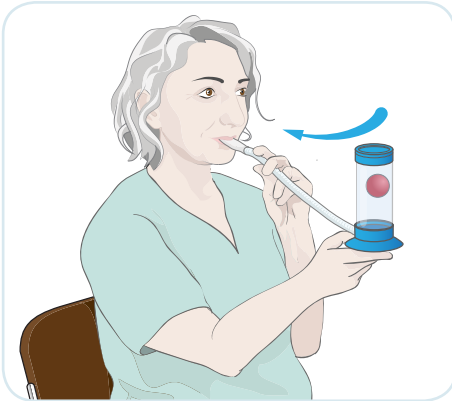


# Exercises

## Deep breathing and coughing exercises

An inspirometer is a device that helps you breathe deeply to prevent lung problems.

To use your inspirometer:



Put your lips around the mouthpiece, breathe in deeply, and try to hold the red ball up for 2 to 4 seconds



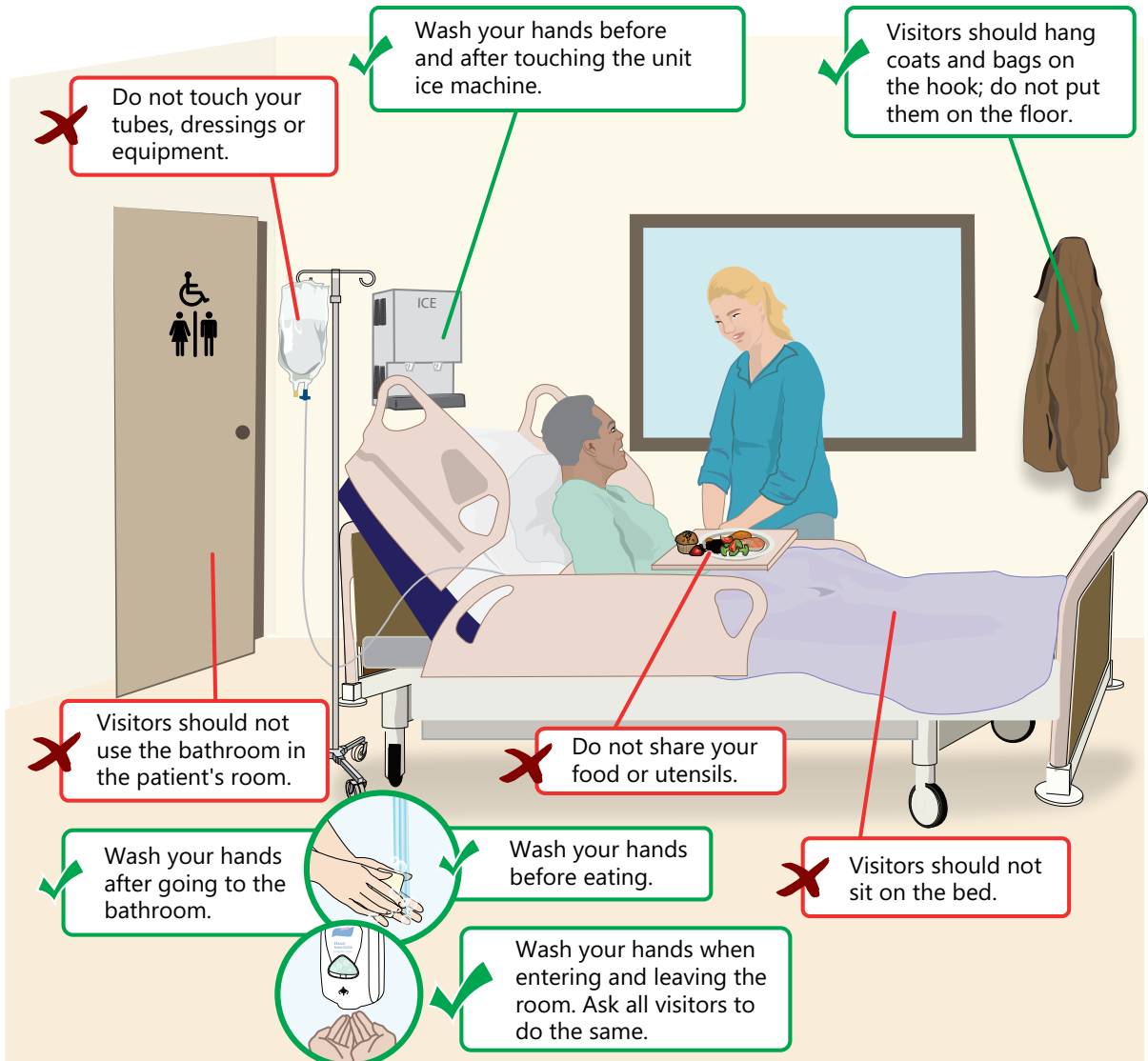
Remove the mouthpiece, breathe out, and rest for a few seconds



Repeat this exercise 10 times every hour while you are awake

Take a deep breath and cough. If you have some secretions, cough them up.

# Tips for preventing infection in your hospital room



# In your room:

## Goals for Day 0 (after surgery)

### Breathing

- Do your breathing exercises (see page 24).

### Activities

- Sit in a chair with your nurse's help.
- Sit in a chair for all your meals.
- Walk to the bathroom with your nurse's help. You have no restrictions to walk but the first time you get up should be with your nurse.
- Do your ankle exercises when you are in bed (see page 23).



### Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

### Diet

- You may eat and drink. You have no new diet restrictions after surgery.
- Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.
- Eat or drink only what you feel you can.



### Medications

- Your doctor will prescribe the medications you should be taking while you are in the hospital. The hospital pharmacist will review the prescription and prepare your medications.
- Your nurse will receive all the medications you should take.
- Do not use your own medication including natural products unless you talked to your doctor.
- The hospital pharmacist needs to know about all the medications to ensure safe care.



# Goals for Day 1:

## First day after your surgery

### Breathing

- Do your breathing exercises (see page 24).

### Activities

- With help, sit in a chair for meals.
- With help use a walker to walk to the door of your room or further if you can.
- Avoid using the bedpan or commode, but with help, walk to the bathroom instead.
- Do your ankle exercises when you are in bed (see page 23).



### Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

### Diet

- Eat whatever you feel like.
- Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.
- Choose foods that contain fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.
- Your IV will be removed when you are drinking well.



# Goals for Day 2:

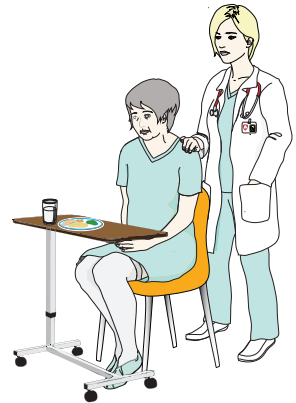
## Second day after your surgery

### Breathing

- Do your breathing exercises (see page 24).

### Activities

- With help, sit in a chair for all your meals and walk to the bathroom.
- With help use a walker to walk twice in the hallway.
- Avoid using the bedpan or commode but with help walk to the bathroom instead.
- Increase the distance you walk everyday so that your muscles gain strength and your hip heals.
- Do your ankle exercises when you are in bed (see page 23).



### Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

### Diet

- Eat whatever you feel like.
- Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.
- Choose foods that contain fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.





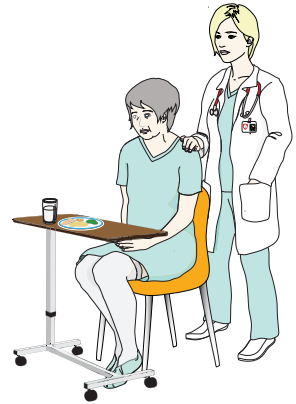
# Goals for Day 3-4-5-6

## Breathing

- Do your breathing exercises (see page 24).

## Activities

- With help, sit in a chair for all your meals and walk to the bathroom.
- With help use a walker to walk at least three times in hallway.
- Avoid using the bedpan or commode but with help walk to the bathroom instead.
- Increase the distance you walk everyday so that your muscles gain strength and your hip heals.
- Do your ankle exercises when you are in bed (see page 23).

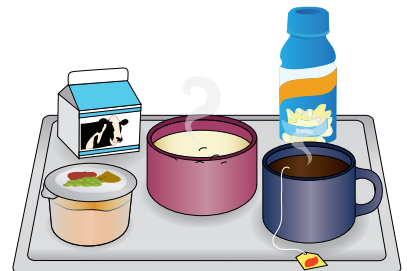
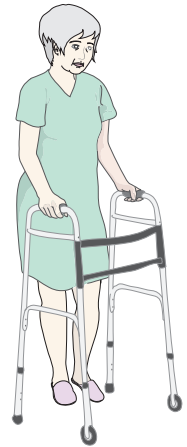


## Pain control

- Tell your nurse if your pain reaches 4/10 on the pain scale.

## Diet

- Eat whatever you feel like.
- Drink the protein drink that is on your food tray (Boost or Ensure). Protein helps the incision heal and muscles get stronger.
- Choose foods that contain fiber (fruits, vegetables, whole grains) and drink plenty of fluids to help prevent constipation. Pain medication can cause constipation.



# On Day 6: Leaving the hospital



## Before you leave the hospital:

- Read the “At home” part of this booklet.
- Check that you have all your follow up appointments (see page 34).
- Speak to your nurse if you have any questions.

If you have any questions once home, phone the hospital ward where you were hospitalized or your surgeons’ office.

# At home

This section will cover what you need to do when you are home or at the rehabilitation center. Remember: If you have questions or do not understand the information, ask us. We are here to help.

## Incisions (cuts)

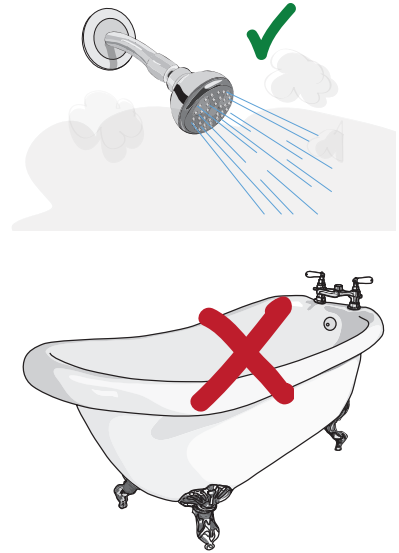
Your incisions are not covered. They are open to air to help healing.

You may shower every day. Let water run gently over your incisions. Pat gently with a clean towel to dry. Do not rub your incisions.

Your clips are usually removed 10 days after your surgery. **Do not take a bath at least 48 hours after your clips have been removed.**

If you are going home after your surgery: We will contact your local CLSC and they will arrange an appointment to remove your clips.

If you are going to a rehabilitation centre: They will remove your clips.



## Remember to control your pain.

Take Tylenol ® (acetaminophen) to keep your pain under 4 out of 10 (see page 10 to learn more). If you are having severe pain and your pain medication are not helping, go to the Emergency Room.



## Diet

You have no new restrictions to your diet and may eat anything you want. Choose foods that contain fiber (fruits, vegetables, whole grains). Drink plenty of fluids to prevent constipation.

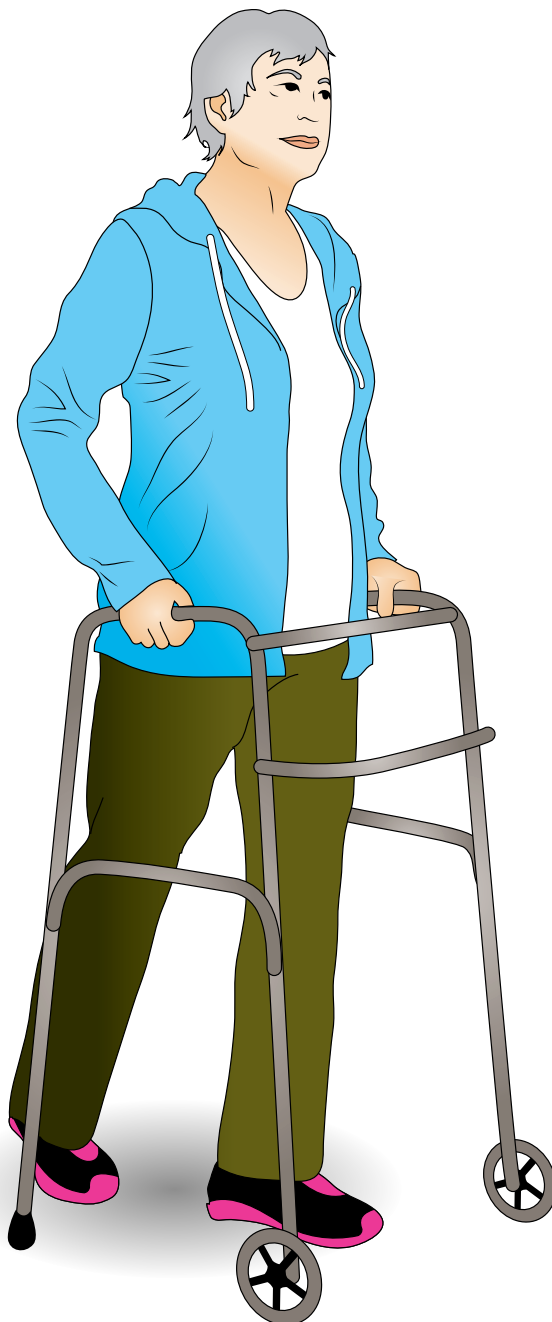


# Exercise and Activity

Exercise does not need to be expensive and difficult to be helpful. Walking everyday is a good way to get back into shape. Walking is also a good exercise to prevent osteoporosis.

Gradually increase the distance you walk using your walking aid (e.g. cane or walker, as recommended). Remember: your physiotherapist will also give you exercises and activities to do.

If you work, ask your surgeon when you may return to work. This will depend on your recovery and the type of work you do.



# When to go to an Emergency Room

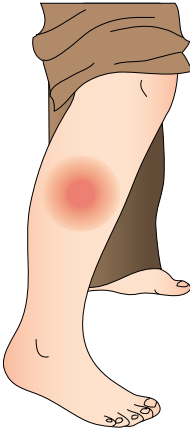
Go to an Emergency Room right away if:



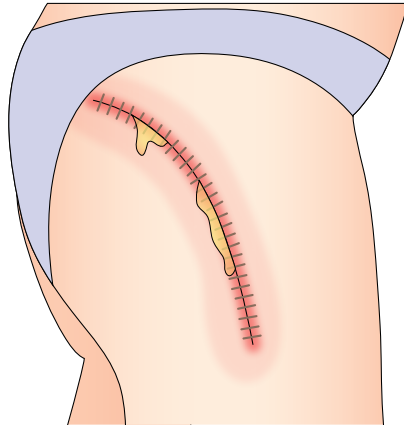
**You have fever (38.5°C or 101 F)**



**You have difficulty breathing, or chest pain or you feel short of breath**



**You have pain or swelling and redness in any of your calf area (left or right)**



**Your incision is red, warm or swollen or has fluid coming out of it**

# Follow up appointments

We want to prevent you from having another fracture due to osteoporosis.

For this reason, before you leave the hospital we will arrange for you to have 2 appointments on the same day and at the same area about 6 weeks after your surgery with:

1. An expert in osteoporosis care

## **AND**

2. Your orthopedic surgery team



## Looking for more information

If you want to know more about osteoporosis and hip fracture repair, you may use the links below:

- <http://www.osteoporosis.ca/>
- <http://www.mayoclinic.org/diseases-conditions/hip-fracture/basics/definition/con-20021033>
- <http://www.orthoconnect.org>

If you want to know more about pain, go to the the MUHC Patient Education website:

**[www.muhcpatienteducation.ca](http://www.muhcpatienteducation.ca)**

**Search:** Pain control after a broken bone  
(see pages 7-10 of the booklet)



Looking for information on

# YOUR SURGERY ?



Visit the Patient Education Collection

Search: **Surgery Patient Guides**  
[muhcpatienteducation.ca](http://muhcpatienteducation.ca)



Centre universitaire  
de santé McGill



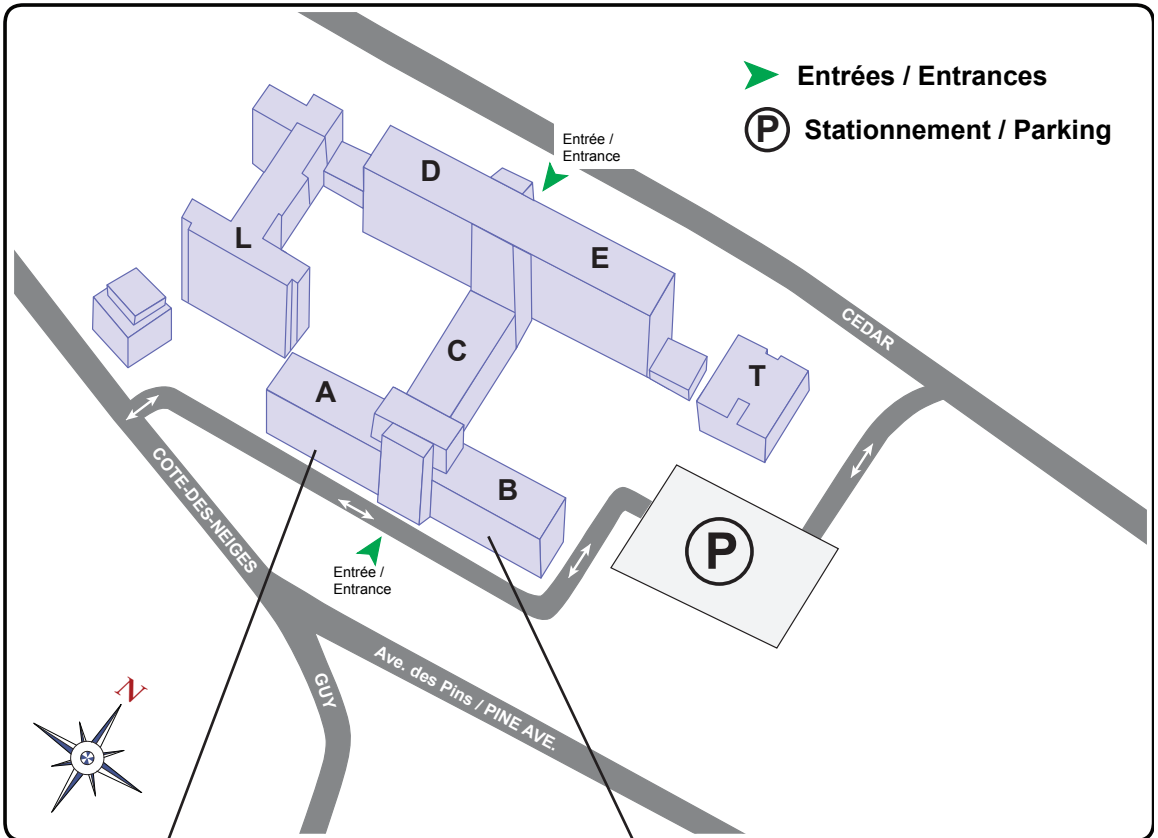
McGill University  
Health Centre

Office d'éducation des patients  
Patient Education Office



# Montreal General Hospital

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A.1.180  
Emergency Department

B.5.111  
Orthopedic clinic