

Getting Back Into Action Following a Hip Fracture

Your Guide to What to Expect
During and After Hip Surgery at
South Nassau Communities Hospital



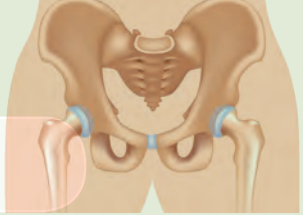
LONG ISLAND JOINT
REPLACEMENT INSTITUTE



South Nassau
COMMUNITIES HOSPITAL

where quality matters

ANATOMY OF THE HIP



The hip is one of the body's largest joints, or places where two bones join together. It is a type of joint known as a "ball and socket" joint.

The parts of the hip include:

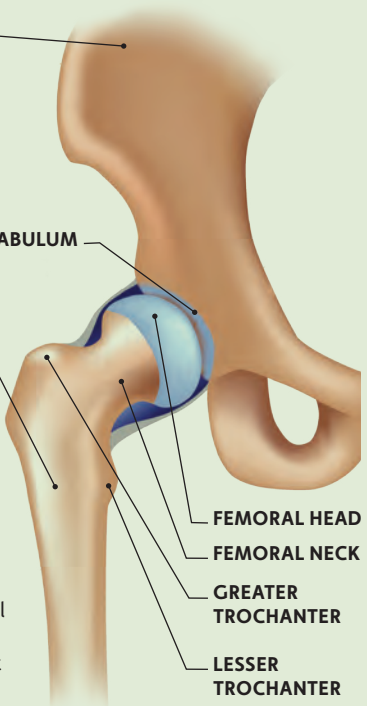
PELVIS

The hip includes a pelvis, consisting of three bones: the *ilium*, the *pubis* (pubic bone) and the *ischium*.

ACETABULUM

FEMUR

The thigh bone (*femur*) connects to the pelvis. The femur is the strongest, longest, and heaviest bone in the human body. The **head of the femur** is where the upper end of the femur rounds into a ball and fits into the pelvis. The **femoral neck** is just below the head of the femur and gives the hip a wide range of motion, and is a common area of fracture within the hip. The **greater trochanter** is the upper, outer part of the femoral neck and the **lesser trochanter** is the lower part of the femoral neck.



FEMORAL HEAD

FEMORAL NECK

GREATER TROCHANTER

LESSER TROCHANTER

TYPES OF HIP FRACTURES

There are several different types of hip fractures that occur due to fall, injury, or illness.

The most common types are **femoral neck fracture** and **intertrochanteric fracture**. These two types account for approximately 90% of all hip fractures.

FEMORAL NECK FRACTURE



A femoral neck fracture is a fracture just below the joint of the hip. These types of fractures are common in older adults due to loss of bone density (osteoporosis) and other factors. Complications can arise if the fracture occurs in such a way that it cuts off the blood supply to femur.

INTERTROCHANTERIC FRACTURE



An intertrochanteric fracture occurs in the upper part of the femur, about 3 – 4 inches from the hip joint. It can be easier to repair than a femoral neck fracture as it does not usually affect the blood supply.

OTHER FRACTURE TYPES INCLUDE:



Subcapital neck fracture - occurs just below the femoral neck where it meets the femoral head.



Greater trochanter fracture - can occur due to an injury or issue with the muscles near the bone.



Transcervical neck fracture - occurs in the middle portion of the femoral neck.



Subtrochanteric hip fracture - occurs below the lesser trochanter, in the femur (the femoral shaft).

REPAIRS OF COMMON HIP FRACTURES

Femoral Neck Fractures:

A hemiarthroplasty (meaning half joint replacement) is a common operation used to treat a femoral neck fracture in the hip. The procedure is similar to a hip replacement; however, only half of the hip is involved and only the ball portion of the hip joint is replaced. A prosthetic device (such as a metal implant) is used to replace the joint. In some patients due to age and/or functional status, a total hip replacement (replacing both the ball and the socket or acetabulum is done) may be suggested by your surgeon.

Intertrochanteric Fractures:

Intertrochanteric fractures are usually either stable (the femur is broken into 2-3 parts) or unstable (the femur is broken into 4 parts or the fracture occurs in such a way as to displace the femur). Most intertrochanteric hip fractures are treated by surgery using titanium nails to hold the non-displaced fragments in position.



Admission to SNCH

Arriving to the Emergency room – Most hip fracture patients are first seen in the ER. When you arrive in the emergency room, an ER doctor will examine you and talk to you about your suspected injury or illness. Based on your personal history and the examination in the ER, the physician will decide if diagnostic tests (see p. 6) are needed to determine if you have a hip fracture.

Evaluation and Treatment Options

– After your tests (see page 6 for more information on types of diagnostic testing) are ordered, administered and reviewed, if a hip fracture is found the ER staff will contact the orthopedic team. You will be asked to give the orthopedic team a thorough description of your health history as well as the injury or illness that brought you to the Emergency Room. The orthopedic team will explain your test results and will also discuss your treatment options with you.



Surgery – If you and your doctor determine that surgery is the next step in treating your hip fracture, you will be prepared for surgery by your healthcare team. Either your private doctor (if he or she is affiliated with SNCH) or a hospital doctor will make sure you are fully prepared for surgery. If you have a history of heart or lung disease, you will also receive an evaluation from a heart or lung specialist.

WHAT TO EXPECT

Diagnostic Tests

During your visit to SNCH, you may require one or more of the following diagnostic tests to evaluate your condition and determine if you have a hip fracture and the type of fracture you may have.

Bloodwork – All patients with suspected hip fractures are required to have blood taken before being admitted to the hospital. Blood is checked for infections, inflammation, anemia, clotting disorders, and other issues.



X-ray – An x-ray is a common imaging test used to determine if a bone, in this case the hip, is broken. Most patients with a suspected hip fracture will have an x-ray taken and evaluated as the first step in diagnostic testing.

CT scan – In some cases, an x-ray may not provide enough detailed information on whether a hip fracture has occurred. If so, a CT (computerized tomography) scan can be used to produce additional images. CT scans can provide more detailed images than x-rays, as they can produce images from different angles, offering cross-sectional views of the bones.

MRI – An MRI (Magnetic Resource Imaging) may also be ordered in addition to an x-ray and CT scan. MRIs use magnetic fields and radio wave energy to produce highly detailed images. MRIs are very effective at producing images that can confirm even small fractures.

WHAT TO EXPECT



Admission to the Orthopedic Unit

Once it is determined that you have a hip fracture, you will be admitted to the hospital and transferred to the orthopedic floor, or E2 Unit. You will be prepared for, and recover from, hip surgery on this floor. The orthopedic team on this unit consists of experienced doctors, nurses, and physician assistants who specialize in treating hip fractures.

MEMBERS OF YOUR HEALTHCARE TEAM ON THE ORTHOPEDIC UNIT INCLUDE:

Surgeon – Before your surgery, you will meet the surgeon who will be performing your surgery in the operating room (OR). Your surgeon will also visit you during your recovery to check on your progress in recuperating from the operation. He or she will also follow up with you once you are discharged from the hospital.

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WHAT TO EXPECT

MEMBERS OF YOUR HEALTHCARE TEAM ON THE ORTHOPEDIC UNIT,

continued from previous page

Physician Assistants (PAs) – Orthopedic PAs work closely with your surgeon and other members of your healthcare team. They can perform tasks such as helping administer medication, changing dressings, and monitoring you during your recovery from surgery.

Nurses – The nurses on the E2 unit are experienced in caring for patients with hip fractures. For your safety, they will go over your medical history with you and ask questions about your diagnosis, health, and any medications you may take. They will provide you with an orientation of your room and the unit.

Patient Care Technicians (PCTs) – Patient Care Technicians are available to help you with all your needs while you recover from your surgery. They can bring you food or water, help you use the bathroom, make sure you are comfortable, and answer your questions.

Physical Therapist – After your surgery, a physical therapist will meet with you two times a day. Your physical therapist will help you learn how to walk and move safely following your hip surgery.



Preparing for Surgery

BEFORE YOUR SURGERY

The night before surgery, please do not eat or drink anything after midnight.

THE DAY OF YOUR SURGERY

On the day of your surgery, an OR nurse will let your nurse on the orthopedic floor know when the surgeon is ready to perform your surgery in the operating room.

After your nurse prepares your paperwork, the transportation team will bring you down to the operating room. Your orthopedic nurse and surgical nurse will communicate with each other about any important information regarding your health.

In the holding area of the OR, you will meet your orthopedic surgeon and anesthesiologist. As a safeguard, your orthopedic surgeon will sign his or her initials on the hip undergoing the operation.

You will then be brought to the operating room for your hip surgery.

FOLLOWING SURGERY

After surgery, you will be brought to the Post Anesthesia Care Unit (PACU), an area designed to monitor your health immediately after surgery. You will be under observation as your anesthesia wears off.

Once you meet the criteria determined by the PACU staff, you will be transferred back to the orthopedic unit (E2). Your PACU nurse will communicate information about your surgery and post-surgery recovery to your orthopedic nurse.

Approximately two hours after your surgery, you can expect a visit from one of the orthopedic physician assistants who will check on you and make sure your recovery is going well.

WHAT TO EXPECT



Post-Operative Care

DAY OF SURGERY:

- You will receive patient education materials about your surgery, as well as information about specific exercises, hip replacement precautions, and use of an incentive spirometer (a device used to improve your lung function). You will also receive information about pain control and thromboembolism-deterrent stockings (sequential TEDs) to prevent blood clots.
- You will be monitored by your nurses, PACU staff, and orthopedic PA during your immediate recovery from surgery.
- The day of your surgery, or the next morning depending on the type of surgery you had, you will meet with the physical therapist who will assist you in getting out of your bed.
- Get plenty of rest and drink lots of fluids.

Post-Operative Care

DAY 1 AFTER SURGERY:

You will see a physical therapist and physician assistant (PA), as well as a social worker. Some of the things they will discuss with you include:

- Wound care
- Using your incentive spirometer
- Isometric exercises (strength training)
- Physical therapy
- Proper leg positioning
- Pain management
- Lab results (if abnormal – common after surgery)
- Prophylactic drugs to prevent DVT (deep vein thrombosis, or blood clot)
- Bowel regimen
- Discharge planning
- Precautions
- Reviewing the patient education information
- Any questions you may have

You can also expect to do exercises hourly. If you have had a catheter put in place, it will be removed. You will be asked to try to walk 50 feet (or another distance determined by your team) with assistance, and you will also be asked to eat two meals sitting upright in a chair.

TOTAL JOINT REPLACEMENT Get To The Finish Line Safely





DAY OF SURGERY	POST OP, DAY 1	POST OP, DAY 2 DISCHARGE
Surgery completed _____	Do exercises every hour _____	Do exercises/RDM every hour while awake _____
Transfer to Orthopedic Unit _____	Continue to use Incentive Spirometer _____	Walk 100 feet or _____ with assistance and device _____
Patient education booklet _____	Remove Foley _____	Range ROM 90° to 120° _____
Ambi pump exercise _____	Walk 50 feet or _____ with assistance and device _____	Pt. independent in complying with Total Hip Replacement precautions _____
Quad set exercise _____	Pt. able to repeat/understands Total Hip Replacement precautions _____	Dressing/hangtag _____
Gluteal exercise _____	Pain control _____	Drains/Removal nerve block removed _____
Pt. instructed in Total Hip Replacement precautions _____	Bowel regimen & DVT prophylaxis _____	Pain Control _____
Pt. instructed in Incentive Spirometer use _____	Continue patient educ. (booklet) _____	2 meals up to chair _____
Pain control _____	Initiate/continue discharge plan _____	DISCHARGE _____



Track your progress with our recovery form.

Post-Operative Care

DAY 2 AFTER SURGERY:

Most patients are discharged on their second post-surgery day to their home or a rehabilitation facility. Your discharge will be determined by your doctor, and is based on your medical condition and functional status. Many of our patients will be discharged with South Nassau's award-winning Home Health Care provided rehab services. Our Home Health Care is consistently recognized by the prestigious HomeCare Elite Top 500 List of home health care providers in the United States. If your doctor recommends that you are discharged to your home, it is because he or she believes you will have fewer complications in your home environment.

On Day 2 after surgery, you can expect the following:

- Meeting with your PA to discuss pain management, patient education, bowel regimen, medications and concerns you may have
- Meeting with the physical therapist for two or more physical therapy sessions and doing exercises hourly while awake
- Walking 100 feet (or another distance determined by your team) with assistance
- Making sure you comply with hip replacement precautions
- Changing your dressing and having any drains or femoral blocks removed
- Eating two meals sitting in a chair
- Meeting with your social worker to finalize your discharge plans, including any equipment you may need (such as a Cryocuff – integrated cold and compression therapy)
- You will need to be able to conduct your exercises independently, and dress and care for yourself (with assistance) before your discharge

After Your Discharge from SNCH

THE FOLLOWING MEDICATIONS MAY BE PRESCRIBED TO HELP WITH YOUR RECOVERY:

Blood thinners – It is important to take this medication for a total of 35 days to prevent DVT (deep vein thrombosis, or blood clot). Some common side effects include bleeding, back pain, itchy skin, and elevated liver enzymes.

Anti-inflammatory – It is important to take this medication to help with the healing process. Common reactions to this type of medication include headache, heartburn, diarrhea, abdominal pain, nausea/vomiting, back pain, flatulence, and dizziness. Before taking this medication, tell your doctor or PA if you have had a GI bleed or ulcer in the past.

Supplements – Most patients are given Vitamin C upon discharge, which helps with wound healing. Many patients are also given iron, which will help with post-operative anemia.

FOLLOW UP APPOINTMENTS

You will need to see your orthopedic surgeon one week after your discharge. Make sure to set up this appointment if you do not already have one arranged prior to your discharge.

DRESSING CHANGES

Your dressing will be changed in the hospital on Day 2 following your surgery. Keep this dressing clean and dry until your appointment with your orthopedist. You can shower (NOT bathe) with this dressing, 3 days after your discharge. Try to keep the dressing as dry as possible; if it gets wet, remove it and place gauze over the incision site until you see your doctor.

PRECAUTIONS

DVT (deep vein thrombosis): Also known as a blood clot, DVTs are a common potential complication following hip surgery. Blood clots can develop in the veins of the leg, and can travel to the lungs or the brain.

To prevent DVT, you will be prescribed a blood thinner following your surgery. It is important to take this medication as directed. You will also have a sequential compression device (SCD) put on your legs while you are resting in bed. This device is also shown to aid in the prevention of DVT.

INFECTION: All surgery carries the risk of infection of the surgical site after an operation.

To prevent infection following your surgery, you will be given antibiotics intravenously (by IV) just prior to when the surgeon makes the incision. Following your surgery, you will also receive 2 additional doses of antibiotics given 8 hours apart.

ANEMIA: Hip surgery often involves a significant amount of blood loss in the patient, which is normal for a major operation involving a long bone. The loss of blood can result in anemia.

To prevent anemia following surgery, your blood levels will be carefully monitored during your recovery from surgery. Each morning, your blood will be checked while you are in the hospital. If your healthcare team finds that you are becoming anemic, they will recommend a blood transfusion. In addition, you may be directed to take iron supplements upon your discharge from the hospital.

PNEUMONIA: After surgery, many patients do not take full, deep breaths due to a number of factors, which may include pain, sleepiness or side effects from pain medication. Not taking full breaths can cause fluid to build up in the lungs, potentially leading to pneumonia.

Prevention: You will be given a device called an incentive spirometer. Your nurses and PAs will show you how to use it. It is recommended that each patient uses the device a minimum of 10 times per hour to make sure the lungs are expanding properly and getting the air needed to prevent fluid buildup.

MEET OUR SURGEONS

South Nassau's Long Island Joint Replacement InstituteSM (LIJRI) offers a multidisciplinary team of experts that guides patients through personalized treatment options and recovery.



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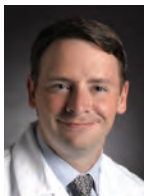
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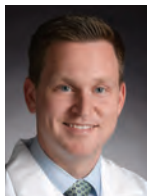
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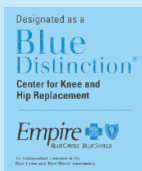
To learn more about all the
orthopedic surgeons visit
www.southnassauortho.org

Long Island **JRI** Joint Replacement Institute

Long Island Joint Replacement Institute has been named by Empire Blue Cross Blue Shield as a Blue Distinction Center for knee and hip replacement, has been designated an Aetna Institute of Quality Orthopedic Care Facility for total joint replacement and has earned The Joint Commission's Gold Seal of Approval™ for its hip and knee replacement programs by demonstrating compliance with The Joint Commission's national standards for health care quality and safety in disease-specific care.



Certified by The Joint Commission for disease specific care in knee and hip joint replacement programs.



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