



You and your Hip Fracture - Hemiarthroplasty

This booklet has been provided by the Orthopaedic Therapy team. It includes essential information regarding how we will aid your recovery following your operation.

You have broken the upper end of your thigh bone close to your hip joint. This bone is called the femur. You have broken (fractured) the neck of the bone just below the ball end that fits into your pelvis.

Operation

The surgeon needs to replace the ball part of your hip joint following your fracture. The operation is called a **Hemiarthroplasty** as half the joint is replaced (Total Hip Replacement is when the ball **and** the socket are replaced). The damaged ball is replaced by a metal component (prosthesis) called an Exeter Trauma Stem (ETS).

The great advantage of surgery is that you can get out of bed the next day and start moving around. Without this surgery healing may take three months of bed rest and can lead to other complications.

After your operation

- You will remain in bed for approximately one day following your surgery.
- When you come back to the ward you will have a drip up to supply you with fluids until you drink normally.
- You will have a dressing over the wound.

Following the operation you will experience some pain. The pain needs to be kept under control so you can start moving around. **It is very important** that you accept regular pain relief and ask your nurse for more if you need it. You may not experience pain at rest, however you should accept pain relief in preparation for moving, otherwise it will hinder your mobility.

Breathing exercises:

After an operation under general anaesthetic it is important to ensure air flows into the lungs to decrease the likelihood of chest infections. These breathing exercises will help with this.



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Take three deep breaths in through your nose and out through your mouth, followed by normal breathing. Repeat the three deep breaths every hour.

Ankle exercises:

Move each ankle up, down and around in circles 10 times to prevent blood clots forming and to improve the circulation. Repeat 10 times, 3-4 times a day until your mobility has returned.

Getting up and about

Depending on the severity of your fracture and the quality of your bone the surgeon will have advised the therapy team as to whether you are allowed to put all your weight through your operated leg (full weight bearing) or half your weight through your operated leg (partial weight bearing). Either way, we will give you a walking aid to help protect and support your hip. To begin with we will help you to walk with a walking frame and we may be able to progress you onto elbow crutches or sticks before you go home.

Getting in and out of bed

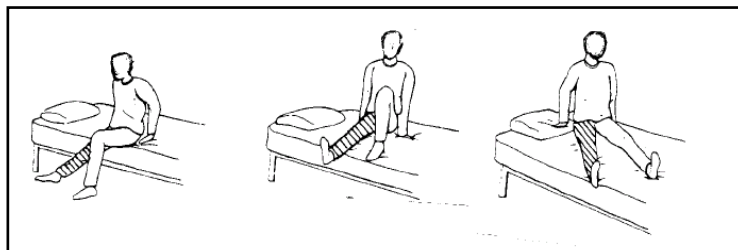
You will probably find it difficult to get in/out of bed to begin with. You may need some help from a member of staff to lift your leg across the bed until your strength returns. You may also have lost confidence following your injury. Two members of staff will usually help you out of bed the first time and will assist you until you feel safe.

To get out of bed

- Use your arms and un-operated leg to lift yourself across to the edge of the bed. Lift your bottom around, until both legs come forward off the bed and down to the floor.
- Keep your operated leg out in front.
- To stand, push down on the bed with your hands and then place your hands on the walking frame when you are standing up.

To get into bed

- Back up to the bed, then sit down keeping your operated leg out in front.
- Move backwards across the bed and up towards the pillows. Use your arms and un-operated leg to support you as you lift your bottom.



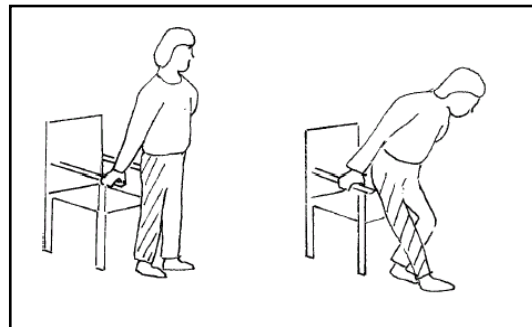


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Using a chair and toilet

When you go home your chair, toilet and bed may need to be raised. Whilst this is not essential, it will help you to stand from lower surfaces. The Occupational Therapist will talk to you about any alterations that are needed in your home.

- When you are moving from standing to sitting, step backwards until you feel the backs of your legs against the chair.
- When sitting down or standing up from a chair remember to hold onto the arm of the chair as you raise or lower yourself.
- When sitting down put the operated leg out in front of you to protect it as you lower.
- When you are sitting it is important to vary the position of your leg, for example having it up on a stool to having the foot down on the floor
- Do not sit for too long as your leg will tend to stiffen up.



Dressing

A member of the therapy team may advise you on ways to help make getting dressed easier. They can provide you with equipment to help you dress.

Bathing

Getting into a bath will be difficult initially. Use a shower if you have one. If you need to strip wash, the occupational therapist can provide you with advice on how to make the task easier and supply you with the necessary aids to assist.

Reaching low surfaces

You may find it difficult to reach lower surfaces following your operation. You may need to consider rearranging some items at home to make life easier. For example, ask someone to move essential items up to a work surface in your kitchen. Your occupational therapist can discuss this with you.



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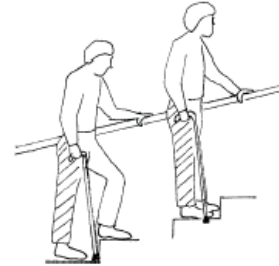
Stairs

A member of the therapy team will show you the correct way to go up and down stairs and steps.

- Use a banister if you have one.
- If you have only one step you may manage to go up and down with your walking frame.

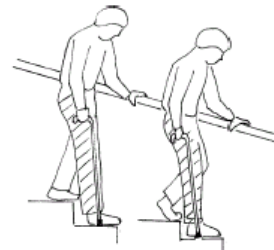
Going up stairs

Lead with **un-operated leg** and follow with operated leg and the stick/crutch.



Going down stairs

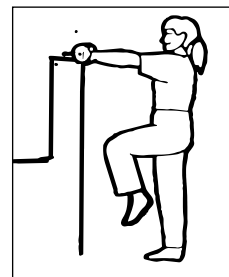
Lead with **operated leg** and stick/crutch, follow with the un-operated leg.



Exercises

You will be taught some simple exercises to do by the physiotherapist. Each exercise should be repeated five times initially, building up to 20 repetitions each time and should all be done three times a day. These exercises are to strengthen your muscles and help to reduce the stiffness in your hip. Hold onto a firm surface at about waist height.

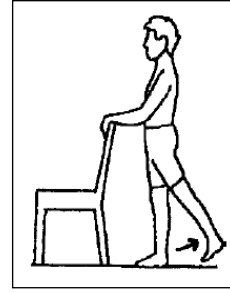
1. Keep your back straight and lift knee of the operated leg up to the front.



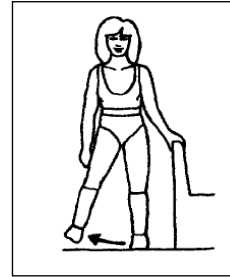


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2. Take your operated leg behind you, keeping your knee straight and your body upright. Hold for a count of five and lower.



3. Take your operated leg out to the side keeping your knee straight and your body upright. Hold for a count of five and gently lower.



Try to increase your walking daily and carry on with your exercises.

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Cars

Do not drive for six weeks, even if you have an automatic gearbox. Tests show that you will not regain your speed of reaction until six weeks have passed. Your car insurance will not cover you during the six weeks. You should inform your insurance company that you have had an operation.

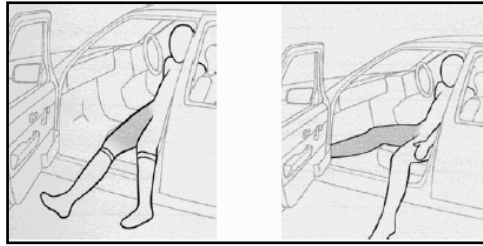
Avoid very long journeys for three months (it is suggested no longer than one hour). If you are on a very long journey make regular stops to walk around and stretch your legs.

Getting in and out of the car

- Sit in the front passenger seat. Make sure the seat is as far back as possible and partly reclined.
- Ask the driver to park the car away from the kerb so that you don't have to bend your hips up so much as you enter.
- Turn with your back to the seat and keep your operated leg out straight. Sit your bottom down first whilst controlling your descent by holding onto the doorsills.
- Slide back towards the driver's seat and then turn to face the front keeping your operated leg as straight as possible and in line with your head as you draw your legs into the car.
- To get out repeat the manoeuvre in reverse.
- Your Occupational Therapist will discuss this with you.



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If you have any worries please do not hesitate to discuss with a member of staff before you are discharged from hospital.

Please return any walking aids that you may have finished with to the Rehabilitation Therapy Department, Ground floor at the Great Western Hospital.

Contact Details

Orthopaedic Therapy

Telephone 01793 605119

Monday – Friday 8.15am – 4.15pm

Email: gwh.orthopaedictherapy@nhs.net

All pictures used from Physio Tools

Smoking will not be permitted on any NHS site in England. Smoking will not be permitted within any of our buildings or anywhere outside on our sites. Smoking facilities will not be provided. Please be considerate of others when vaping in hospital grounds

This information sheet is available to order in other languages and formats. If you would like a copy, please contact us on 01793 604031 or email gwh.pals@nhs.net

Document Control

Division: Integrated & Community Care

Department: Physiotherapy

Approved Date: 2 April 2021

Next Review Date: May 2024

Document Number: I&CC - PIL039