

# Hip Fracture Patient Journey

## Overview

A hip fracture is a break in the upper portion of the femur (thigh bone) that is within the hip joint. It often occurs after fall from a standing height, especially in someone with osteoporosis (a condition that makes bones weak and brittle).



## Is it safe for old people to go for surgery?

There is no age limit for hip surgery – what matters more is:

- Your overall health and function before the fracture
- The likely outcome with or without surgery

All surgeries have a risk of complications. Your orthopedics surgeon will discuss these with you.

## **When will I have surgery?**

It is uncomfortable to be confined to bed with a hip fracture. The sooner you have surgery, the faster you will be able to start moving and walking again.

If you are fit for surgery, it should take place within a few days after your admission.



## **What happens if I do not go for surgery?**

Non-surgical treatment may be considered for patients when surgery may not improve quality of life or if they have other medical conditions which result in high risk for complications.

Without surgery, the fracture may not heal properly and you may not be able to walk again. Your function will also be severely affected, and you will likely need help with daily activities such as showering and toileting.

## What to expect after a hip surgery?

### After Surgery

#### **Post Anaesthesia Care Unit (PACU):**

You will be kept in the PACU for close monitoring as you recover from anaesthesia. When you are stable, you will be move back to the general ward.



#### **Ward:**

Once you are in the general ward, you will be taken care of by a team of healthcare professionals. These include your surgeon, geriatrician, anesthetist, nurses, physiotherapists, occupational therapists and other allied health professionals, who will help you on your road to recovery.



#### **Managing Pain and Other Symptoms:**

You will be given various medications including:

- Painkillers: For continuity pain relief and allow you to better participate in rehabilitation exercises with the therapists.
- Anti-emetics: To help you feel less giddy or nauseous
- Antibiotics: To prevent infection.
- A urine tube may be inserted to help you pass urine – however, it will be removed as soon as you start walking.



#### **Prevent Complications**

- A calf compression device will be applied to both legs to reduce the risk of blood clots forming while you are resting in bed.



## **Day after surgery**

### Early Mobilization & Improving Mobility:

- With the help of the physiotherapists, you will start to sit out of the bed and walk a few steps with use of appropriate walking aids.
- Once you are assessed to be safe, the nurses will assist you to sit in an armchair at least 2 times a day for your meals and walk you to the toilet.
- Your identified caregiver is encouraged to participate in your recovery journey. Caregiver training can be provided by therapists and nurses in the ward (Eg. personal hygiene needs, wound care, assist in walking & etc.)



## **Subsequent days after surgery**

### **Rehabilitation:**

Your care team will continue work closely to chart a customized rehabilitation plan for you.

As part of the rehabilitation process, trained therapists (i.e. physiotherapists and occupational therapists) will work with you towards achieving your recovery goals.

During therapy sessions, they will assess your progress and adjust your rehabilitation plan accordingly.

Nurses will also assist you to walk with your walking aids during your hospital stay.



In addition to exercises, your therapists will address the following areas:

- Activities of daily living (ie. dressing, toileting, showering and other things to need or want to do)
- Equipment prescription (i.e. walking aid or assistive devices)
- Caregiver training (i.e. car transfers)
- Education on falls prevention
- Education on home modification

Do not hesitate to ask questions or raise any concerns you may have during sessions. Your therapist is there to support you and help you achieve your recovery goals.

### **Discharge:**

- Your care team will review you daily and plan your discharge. They will be happy to discuss this with your family or caregiver, if you are keen.
- You may be discharged home or referred to an appropriate rehabilitation facility to continue your recovery.
- You may also be referred to a Day Rehabilitation Centre (DRC) upon discharge.
- Your care team will evaluate your condition and determine if you are eligible for the programme.
- If you have any concerns, you may approach the doctors, nurses or therapists in the ward.



## What do I need to prepare for home?

### Caregiver:

You are likely to require a full-time caregiver if you have any of the conditions below:

- Unsteady gait and recurrent falls
- Memory problems (eg. dementia)
- Needs assistance with your daily activities
- Medical conditions (eg. poor vision, stroke, Parkinson's disease)



Please make caregiving arrangements in advance.

### Walking aids:

You may require walking aids after surgery. Your therapist will recommend you the appropriate walking aid should you require one. Do not rush to buy a walking aid.



### Preparation of Home Environment:

- Consider installation of grab bars and non-slip mats.
- Install grab bars at the shower area, as well as next to toilet seat.
- Place non-slip mats in the shower and toilet.

## What happens after I go home?

To improve your walking ability, you will need to continue:

- Perform home exercises and activities as prescribed by your therapists (with your caregiver's assistance if needed)
- Walk around at home often (with your caregiver's assistance if needed).
- Continue physiotherapy sessions in the community.



## How do I manage pain at home?

You will be given regular painkillers after you are discharged. You may experience constant pain initially, and you are encouraged to take your prescribed painkillers regularly. As your wound heals, the frequency and severity of pain will reduce. Hence, you may then take your painkillers as needed.



## How to take care of my wound at home?

Do not allow your dressing to get wet. The non-absorbable stitches will be removed 14 days later. Your wound can be left exposed after that.

Please seek for medical attention if you experience the following signs and symptoms that may suggest wound infection:

- Increasing redness.
- Increasing pain around the wound area or operated leg.
- Discharges (eg. pus, fluid) from the wound.
- Fever, chills or rigors.



## What will be done to see if I need bone strengthening treatment?

Most elderly who suffer a hip fracture have osteoporosis, which means your bones have become weaker. This is a normal consequence of ageing.

Bone strengthening treatment should be considered to reduce the risk of fractures in future. Prior to starting treatment, you will require a dental review, blood tests and bone mineral density scan. You will discuss this further with your doctor at your follow up appointment.

Contributed by Nursing

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