
Hip fracture - discharge

When You Were in the Hospital

You were in the hospital for surgery to repair a hip fracture, a break in the upper part of your thigh bone. You may have had hip pinning surgery or a special metal plate or rod with screws, called compression screws or nails, put in place. You may have had a hemiarthroplasty to replace the ball part of your hip joint.

You should have received physical therapy while you were in the hospital or at a rehabilitation center before going home from the hospital.

What to Expect at Home

Most of the problems that develop after hip fracture surgery can be prevented by getting out of bed and walking as soon as possible. For this reason, it is very important to stay active and follow the instructions your health care provider gave you.

You may have bruises around your incision. These will go away. It is normal for the skin around your incision to be a little red. It is also normal to have a small amount of watery or dark bloody fluid draining from your incision for several days.

It is not normal to have foul smell or drainage that last more than the first 3 to 4 days after surgery. It is also not normal when the wound starts to hurt more after leaving the hospital.

Activity

Do the exercises your physical therapist taught you. Your provider and physical therapist will help you decide when you do not need crutches, a cane, or a walker anymore.

Ask your provider or physical therapist about when to start using a stationary bicycle and swimming as extra exercises to build your muscles and bones.

Try not to sit for more than 45 minutes at a time without getting up and moving around.

- DO NOT sit in low chairs that put your knees higher than your hips. Choose chairs with arm rests to make it easier to stand up.
- Sit with your feet flat on the floor, and point your feet and legs outward a little. DO NOT cross your legs.

DO NOT bend at the waist or the hips when you put your shoes and socks on. DO NOT bend down to pick up things from the floor.

Use a raised toilet seat for the first couple of weeks. Your provider will tell you when it is OK to use a regular toilet seat. DO NOT sleep on your stomach or on the side you had your surgery.

Home Setup

Have a bed that is low enough so that your feet touch the floor when you sit on the edge of the bed.

Keep tripping hazards out of your home.

- Learn to prevent falls. Remove loose wires or cords from areas you walk through to get from one room to another. Remove loose throw rugs. DO NOT keep small pets in your home. Fix any uneven flooring in doorways. Use good lighting.
- Make your bathroom safe. Put hand rails in the bathtub or shower and next to the toilet. Place a slip-proof mat in the bathtub or shower.
- DO NOT carry anything when you are walking around. You may need your hands to help you balance.

Put things where they are easy to reach.

Set up your home so that you do not have to climb steps. Some tips are:

- Set up a bed or use a bedroom on the first floor.
- Have a bathroom or a portable commode on the same floor where you spend most of your day.

If you do not have someone to help you at home for the first 1 to 2 weeks, ask your provider about having a trained caregiver come to your home to help you.

Wound Care

You may start showering again about 5 to 7 days after your surgery. Ask your provider when you can start. After you shower, gently pat the incision area dry with a clean towel. DO NOT rub it dry.

DO NOT soak your wound in a bathtub, swimming pool, or hot tub until your provider says it is ok.

Change your dressing (bandage) over your incision every day if it is OK with your provider. Gently wash the wound with soap and water and pat it dry.

Check your incision for any signs of infection at least once a day. These signs include:

- More redness
- More drainage
- When the wound is opening up

Other Self-care

To prevent another fracture, do everything you can to make your bones strong.

- Ask your provider to check you for osteoporosis (thin, weak bones) after you have healed from your surgery and are able to more tests. There may be treatments that can help with weak bone.
- If you smoke, stop. Ask your provider for help quitting. Smoking will keep your bone from healing.
- Tell your provider if you drink alcohol regularly. You might have a bad reaction from taking pain medicine and drinking alcohol. Alcohol may also make it harder to recovery from surgery.

Keep wearing the compression stockings you used in the hospital until your provider says you can stop. Wearing them for at least 2 or 3 weeks may help reduce clots after

surgery.

If you have pain, take the pain medicines were prescribed. Getting up and moving around can also help reduce your pain.

If you have problems with your eyesight or hearing, get them checked.

Be careful not to get pressure sores (also called pressure ulcers or bed sores) from staying in bed or a chair for long periods of time.

When to Call the Doctor

Call your health care provider if you have:

- Shortness of breath or chest pain when you breathe
- Frequent urination or burning when you urinate
- Redness or increasing pain around your incision
- Drainage from your incision
- Swelling in one of your legs (it will be red and warmer than the other leg)
- Pain in your calf
- Fever higher than 101°F (38.3°C)
- Pain that is not controlled by your pain medicines
- Nosebleeds or blood in your urine or stools, if you are taking blood thinners

Inter-trochanteric fracture repair - discharge; Subtrochanteric fracture repair - discharge; Femoral neck fracture repair - discharge; Trochanteric fracture repair - discharge; Hip pinning surgery - discharge



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