



Enhanced Recovery After Surgery (ERAS)

Your broken hip

(Fractured neck of femur)

**A guide for patients and
their families/supporters**



**The ERAS Collaborative
Jointly Better**



**MINISTRY OF
HEALTH**

MANATŪ HAUORA



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This booklet is designed to provide you, your family/whānau and/or caregivers with information about the care and treatment you are likely to receive while you're in hospital.

People who have hip fractures have various levels of wellness and fitness. Because treatment is always planned on an individual basis, there will be some differences between your care and the details in this booklet. This is an overview of what generally happens for people with hip fractures.

Your medical team is always the best source of information if you have any questions about your care.

This booklet also includes some information on what you need to do to assist your recovery.

Having arrived at hospital with a hip fracture, if you and the surgeon decide that surgery is the best option for you, your team will aim to operate on the day you arrive or the day after. Your surgeon will talk to you about the type of treatment you will receive, as this will depend on the type of fracture you have.

The multidisciplinary team will work with you to plan your recovery. This could involve:

- staying in hospital for a few days or weeks while you work on regaining strength, flexibility and health
- returning home with the support of community health services such as district nurses, physiotherapists and occupational therapists
- home support services for help around the house or with personal cares.

There are four key stages to enhancing your recovery after surgery:

Planning and preparation before your operation

Your medical team will do their best to ensure you understand everything that needs to be done. They will also ensure you have your surgery as soon as possible. Getting you to surgery without unnecessary delay is very important.

Reducing the stresses of surgery

The surgical and anaesthetic team will do everything they can to fix your hip so that you can recover as quickly as possible.

Helping you recover after your operation

Supporting you to recover includes early management of your pain and any other problems that you may experience, for example nausea or vomiting. You will be able to start eating and drinking again soon after your operation.

Getting you mobile again

Your recovery will be helped by starting to move around, standing up, walking and sitting out of bed as much as you are able. Staff will work with you to help you recover from your fracture, with the aim of getting you back to your normal activities as quickly as possible. The team includes nurses, physiotherapists, occupational therapists, surgeons, anaesthetists, ortho-geriatricians, social workers and dieticians.

If you have any questions about any aspect of your care, feel free to talk to a member of the team caring for you.



In the Emergency Department

You will have been brought to the Emergency Department because you have injured your hip. In order for the team to decide exactly what is wrong with your hip and how best to treat it, some tests are needed. These include:

- x-ray of the hip (to see the type of fracture and the best way of treating it)
- x-ray of your chest (to check for any heart or lung problems)
- ECG (a tracing of your heart)
- blood tests.

These tests help the medical team to decide if you need an operation and, if so, which type of operation. During this time you will be kept as comfortable as possible with painkillers and other medications as you need them.

If surgery is the right option for you, your team will arrange for you to go to theatre as soon as possible, as having surgery early will help you recover faster. If you don't go to theatre from the Emergency Department, you will be transferred to the Orthopaedic Ward.

On the ward before your operation

If you are transferred from the Emergency Department to the Orthopaedic Ward before your operation, you will have a full medical assessment to determine your general health and fitness for surgery.

During this assessment, you will be asked about your general health, medical history and previous anaesthetics. A record will be made of any medicines, inhalers and any alternative therapies that you use; any personal or family history of problems with anaesthetics; and whether you have allergies, smoke or have any loose, capped or crowned teeth. You will also be asked if you drink alcohol and how often, about your living situation and support, and activities that you do.

Depending on your condition, further tests may be needed; advice may be sought from other specialists; and some treatment may be required before you are able to have your operation. This helps your anaesthetist consider any medical problems that may affect you during surgery and the likelihood of complications from the anaesthetic or surgery.

The anaesthetist will discuss your health, the types of anaesthetic and pain relief that can be used, and their risks and benefits. Consent for your anaesthetic will also be sought.

You will receive some advice from nursing staff about what you can expect after the operation and what you will need to do to help your recovery. This will include things like getting started with your post-operation exercises and making sure any pain or nausea is minimised.

The goal is to work with you to help you recover from your fracture as soon as possible and get you back to your normal life and activities. Even at this early stage your clinical team will start to work with you to plan your rehabilitation and how you will get home.

The anaesthetic that will be best for you depends on many factors, mostly relating to your safety and pain relief after the operation.

The different types of anaesthetic include:

Spinal Anaesthetic

Using a very small needle, a measured dose of local anaesthetic is injected into the area of the back that contains spinal fluid. The injection is generally well tolerated and will make you go numb from the waist down. This means you will feel no pain, though you will remain awake. If you prefer, you can also have drugs that make you feel sleepy and relaxed (sedation). This will mean you will not be aware of what is happening during surgery though you may hear some background sounds. If you do not wish to hear these, it is a good idea to take earplugs or a music player with you to hospital.

Advantages

- A spinal anaesthetic generally provides better pain relief, and as such you do not need as much strong pain-relieving medicine in the first 24 hours after the operation.
- There is some evidence that less bleeding may occur during surgery, reducing your risk of needing a blood transfusion or developing blood clots.
- You remain in full control of your breathing, so you have a lower chance of developing a chest infection.
- Less sickness and drowsiness after the operation so you may be able to eat, drink and walk sooner.

Risks

- Common side-effects include headache, dizziness, bladder problems, aches and pains, and bruising/soreness.
- Uncommon side-effects include itching and existing medical conditions getting worse.
- Rare side effects include serious drug allergy, nerve damage, equipment failure, heart attack, stroke and death.

General Anaesthetic

This is a very common anaesthetic where you are put to 'sleep'. You will receive anaesthetic drugs, strong pain-relieving drugs, oxygen to breathe and sometimes a drug to relax your muscles. You will need a breathing tube in your throat once you are unconscious and will be put on a breathing machine (ventilator) during your operation.

Advantage

- You will be asleep during your operation.

Risks

- Common side-effects include headache, sore throat, feeling sick or vomiting, dizziness, bladder problems, damage to the lips or tongue, temporary confusion or memory loss, aches and pains, and bruising/soreness.
- Uncommon side-effects include chest infection, muscle pains, damage to teeth, waking up during your operation, slow breathing and existing medical conditions getting worse.
- Rare side effects include damage to the eyes, serious drug allergy, nerve damage, equipment failure, heart attack, stroke and death.

Getting ready for theatre

You will see your anaesthetist and surgeon before your operation. Your surgeon or their registrar will review and confirm your operation details and will mark the operation area with a marker pen.

Your anaesthetist will explain the anaesthetic options available to you.

You will be fitted with a thrombo-embolic deterrent stocking on the leg that isn't being operated on. This will help to keep your blood flowing while you are not mobile.

Your blood pressure, temperature and heart rate will be taken. You will also be washed with a disinfecting solution.

In the pre-operative area

Your surgeon will check your leg and discuss the consenting process. You are also likely to have a drip or cannula (tube) placed in your arm so that you can be given medication.

In the operating theatre

You will be wheeled to the operating room, where the surgical team will look after you. The team will include the anaesthetist and an assistant, the surgeon and operating theatre nurses. Once everything is ready, you will be given your anaesthetic and the surgeon will perform the operation.

In recovery

After your operation, you will be transferred to the recovery room. Nursing staff will check on you frequently, closely monitoring your condition to make sure you are safe and comfortable. You may have:

- an intravenous (IV) drip in your arm for fluids, antibiotics and painkillers
- an X-ray taken
- a drink, if you feel able to tolerate fluids
- a facial mask or nasal prongs to give you oxygen.

When staff are satisfied that you have recovered safely from your operation and anaesthetic, you will be taken to the ward.



On returning to the ward

Depending on the time of your operation, you may get out of bed the same day or it may be the day after. You can expect the following to happen:

- Your condition will be monitored regularly, particularly in the first two hours.
- You will be encouraged to drink and eat as soon as you are able.
- Your wound dressing will be checked.
- A physiotherapist may see you.

Recovering from your operation

After surgery most people will need to spend a few days or weeks in hospital for their rehabilitation to regain strength, flexibility and wellbeing.

On the ward, a multidisciplinary team, including a physiotherapist, nurse, occupational therapist and social worker, will work with you to make a plan for your recovery.

When you are ready to return home, the team will help you to determine what support you may need, including:

- equipment to keep you safe at home
- home help or personal care
- further medical checks at outpatient clinics
- referral to community-based exercise programmes.

If you are an ACC client, ACC will work with your hospital-based rehabilitation team to provide the support you need when you go back to the community. If you have any questions or concerns about this, contact ACC on 0800 101 996.



Smoking

It is strongly recommended you stay smokefree during your recovery. This greatly reduces your risk of developing complications. Ask your family doctor for the contact details of your local stop smoking services to receive free and confidential advice as well as subsidised nicotine replacement therapy.

Alcohol

It is important to stop drinking alcohol or at least reduce your intake during your recovery.

Diet and exercise

Drink plenty of fluids, especially water, and eat regularly. Even if you don't feel like it, try to have something small three to five times a day.

Remember to do your exercises for at least 12 weeks after your operation. You'll benefit from doing them for up to a year following surgery.

Keep using crutches until you are advised otherwise.

Follow-up appointments

You will be contacted after you return home to see how you are managing. You can also contact the ward or your family doctor if you have any concerns or questions.

You will also have a follow-up appointment with your surgeon or registrar.

Physiotherapy

You may require ongoing physiotherapy once you have returned home. If you do, a referral will be made when you are discharged from hospital to the community or outpatient physiotherapy service in your area. Most patients recover well just by following the advice and exercise programme they were given in hospital.

Ongoing health concerns

When you return home, keep an eye out for:

- chest pain
- calf pain or swelling
- shortness of breath
- fever or chills
- nausea or vomiting
- bleeding
- any unusual discharge or bad smell from the dressing.

If you have any concerns about your health after you are discharged from hospital, please seek advice from:

- your family doctor or an after-hours clinic
- the emergency department at your nearest hospital.

Antibiotic cover

It is important that you talk to your family doctor about getting appropriate antibiotic cover should you have any further surgical procedure, including dental surgery. You will also need antibiotic cover if you develop any abscesses, boils, or skin, chest or urinary infections.

Expected activities after surgery

The aim of surgery is for you to be able to resume normal everyday activities without pain. These include climbing stairs, walking, swimming, golf, driving, light hiking, cycling and ballroom dancing. Activities not suitable after surgery include jogging or running, contact sports, jumping sports and high impact aerobics.

Strenuous activity should not be resumed for 10 to 12 weeks after surgery.

Avoid short and long haul flights in the first six weeks unless necessary.

Sexual activity

When you resume sexual activity, remember to think about your hip and movements you need to avoid. Consider using pillows to help with positioning. You can discuss this with your occupational therapist or physiotherapist.

Returning to work/hobbies

It is important not to take on too much too soon. Plan your day so that you spend small amounts of time doing different tasks. Remember that you need to rest when you are tired. Most people can usually return to sedentary jobs between six weeks and three months following surgery. If your job involves stooping, bending, heavy lifting or operating heavy machinery, it may be unwise to return too quickly. If in any doubt, do not return to work without discussing it with your surgeon.

When returning to hobbies it is important to think about the activity involved and how long it may take to complete. If you are concerned, talk to your surgeon at your follow-up appointment.



You are likely to find household tasks difficult while you are still using walking sticks or crutches.

When you return home, ask your family/whānau or friends if they can help you with chores such as cleaning bathrooms and floors, vacuuming and changing bed linen.

Dressing and undressing

Wear loose-fitting clothing.

Sit in a chair or on the side of the bed when you are getting dressed.

Dress the operated leg first and undress the operated leg last.

Use a long-handled shoehorn and/or sock aid.

Making your bed

Stay in bed and pull up the top sheet and duvet. When you get out of bed, the task should be simply smoothing the covers.

Meal preparation

Avoid lifting heavy saucepans. Slide them across the bench instead.

The contents of your cupboards should be arranged so that essential items are within reach without bending or stretching (between shoulder and waist height).

If you live alone, you may need a trolley to move heavier items across the room.

Your occupational therapist can provide loan equipment if needed.

You should think about using a stool while preparing food, washing up and using the stove top, to provide short breaks from standing.

Avoid using the oven if it is not at waist height.

Small items can be carried in a backpack or an apron with pockets.

Think about using a frozen meal or meal delivery service.

Laundry

Wash small loads of clothes over the week, rather than large, heavy loads.

Adjust the clothesline to avoid stretching or try using a clotheshorse for smaller items.

Showering

Use a shower chair or stool that has been adjusted to the correct height.

Use a reacher with a sponge or flannel wrapped around it to wash your legs.

Wrap a towel around a reacher to dry your legs.

Do not sit in a bathtub.



Shopping

Consider shopping for groceries on the internet or shop with someone who is happy to carry items for you.

Avoid shopping during peak times.

Do smaller, regular shopping trips to avoid heavy shopping bags and trolleys.

Have items packed into several smaller bags for easier carrying.

If possible, use a trolley to push your groceries rather than carry them. If you must carry shopping, divide the weight evenly into at least two bags with one in each arm, or try using a backpack.

Cleaning

Once you return to cleaning, use long-handled aids and lightweight items to limit twisting and bending.

Getting in and out of a car

If possible, get into the car on a flat area such as a driveway or road, rather than from the footpath. This allows room for your mobility aid and makes the car seat higher.

Have the passenger seat pushed as far back as possible with the back of the seat in a recline position.

Back yourself up towards the car so that you are facing away from it. You will be getting into the car bottom-first.

Reach for the seat back or dashboard, not the car door.

Gently lower yourself down to the seat, bending your operated leg only as much as is comfortable but no more than 90°.

Shuffle yourself backwards into the seat as far as possible, leaning back against the seat until you are able to bring both legs into the car.

Getting out of the car is done in the same way, only in reverse.

Tip: Sitting on a plastic bag makes moving your bottom around much easier.

Driving

You may not be able to drive for up to six weeks following your surgery. You should discuss this with your surgeon. Before you return to driving you need to be able to get in and out of the car safely and also control the vehicle in an emergency.



Quitline

0800 778 778

Arthritis NZ

0800 663 463

St John Medical Alarm

0800 785 646

Age Concern (national office)

(04) 801 9338
