

Your Broken Hip:

Fractured neck of femur

Patient name _____

Surgeon _____

Please keep this booklet with you during your hospital stay.

The information will help you, your family and support people to understand how your stay in hospital will progress.

INFORMATION FOR PATIENTS
AND THEIR FAMILIES/SUPPORTERS

Orthopaedics Health Service

This booklet has been written to provide you, your family and support people with information about the care and treatment you are likely to receive while you're in hospital.

You have been admitted to hospital because you have fractured your hip.

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In the Emergency Department

You will have been brought to the Emergency Department because you have fractured your hip. In order for the team to decide exactly what is wrong with your hip and how best to treat it, they will do an assessment.

The assessment can often include:

- An X-ray of the hip (to see the type of fracture and the best way of treating it)
- An X-ray of your chest (to check for any heart or lung problems)
- An electrocardiogram (ECG) (a tracing of your heart rhythm)
- Blood tests

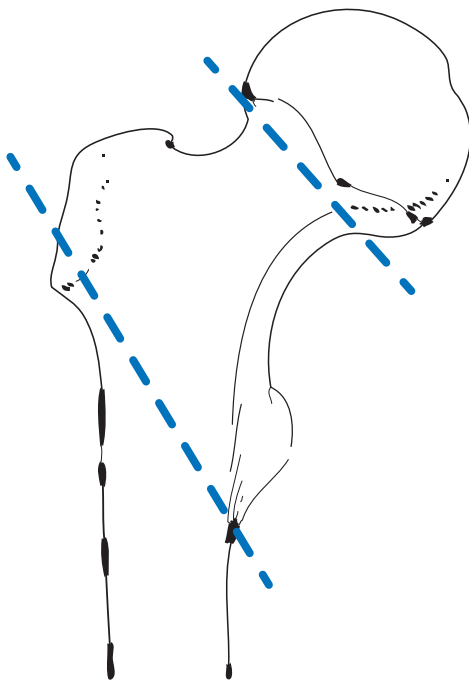
These tests help the medical team to decide if you need an operation and, if so, which type of operation. During this time you should be kept as comfortable as possible with pain killers and other medication as you need it.

If surgery is the right option for you, you will go to theatre as soon as possible. You will be transferred from the Emergency Department to the Orthopaedic Ward.

What is a hip fracture?

The bone you have broken is the femur (thighbone). The fracture will be between one and five inches from the hip joint. Fractures can be very different - from a simple crack to a complete break, in which there are many fragments. The exact method of treatment will therefore depend on the type of fracture and where it is sited.

The site of your hip fracture will most likely be in the area between the two lines shown here:



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 of 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.

Planning and preparation before surgery

We will do our best to ensure you understand everything that is being done for you. This will help with your recovery. Getting you into surgery without unnecessary delay is also very important. Having arrived at the hospital with a hip fracture, if you, your family and the surgeon decide that surgery is the best option for you, we will aim to perform your surgery 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.

Helping you recover after your surgery

Recovery from surgery 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 surgery.

Your recovery will be helped by starting to move around, standing up, walking and sitting out of bed as much as you are able. You will have a team of health professionals who will work with you to help you recover from your fracture, with the aim to get you back to your normal activities as soon as possible. This multidisciplinary team includes nurses, physiotherapists, occupational therapists, surgeons, anaesthetists, geriatricians, social workers and dietitians.

The team will work with you to plan your recovery after surgery. Depending on your personal circumstances this may involve:

- Staying in Wellington Hospital for a few days while you work on regaining strength, flexibility and health
- Going for rehabilitation at Kenepuru Hospital before you go home
- Returning home with care and support from our community health providers

They may be able to help you manage personal and domestic activities of daily living, help with wound care and assist you with rehabilitation.

It is also important to eat well to help recover from your surgery. You will be given a high protein high energy diet and supplement drinks while you are in hospital. It is important to let a staff member know if you have any food allergies, intolerances or special dietary requirements.

If you have not been eating well before or after surgery, or have had some weight loss you may be seen by a dietitian who will discuss nutrition with you after surgery

If you have any questions about any of your care, don't hesitate to talk to a member of the team caring for you.

On the ward before your operation

You will have a full medical assessment on the Orthopaedic Ward before your surgery to determine your general health. During the medical assessment, you will be asked about your general health, medical history and previous anaesthetics. A record will be made of your medicines, inhalers and any alternative therapies that you use; any personal or family history of problems with anaesthetics and whether you have any 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 specialities and some treatment may be needed before you have your surgery. This helps your anaesthetist consider any medical problems that may affect you during surgery and the likelihood of complications from other anaesthetic or surgery.

The anaesthetist will meet you to 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 at this time.

You will also receive some advice from the nurses about what you can expect after surgery 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 as much as possible.

You must not eat for six hours before surgery – this includes chewing gum. However, you may drink clear fluids up to two hours before surgery. Acceptable clear fluids include water, black tea or black coffee. You must not drink anything in the two hours before surgery. Your nurse will help you to follow these instructions.

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 we will start to work with you and your family to plan any rehabilitation you may require and how you get home.

Anaesthetics

Your anaesthetist will talk to you about the best type of anaesthetic for your particular situation.

The different types of anaesthetic include:

Spinal anaesthetic

Spinal or epidural anaesthesia may be discussed with you. These cause numbness from the waist down and may be offered to you on their own, or with sedation. Spinal or epidural anaesthesia involves an injection of local anaesthetic in your back before the start of the operation. Following this, your legs become warm and numb, and the muscles feel weak. When the operation is finished the feeling in your legs returns to normal over a period of three to six hours. You will be able to discuss this with your Anaesthetist.

Advantages:

- A spinal anaesthetic generally provides 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. Your breathing should be better in the first few hours after the operation, so you have a lower chance of chest infection.
- You should have less sickness and drowsiness after the operation and may be able to eat, drink and walk sooner.

General Anaesthetic

This is a very common anaesthetic where you are put to 'sleep' for the duration of your operation. You will receive anaesthetic drugs, strong pain relieving drugs, oxygen to breath 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.

Advantages:

- You will be asleep during your operation

Getting ready for theatre

Before surgery your blood pressure, temperature and pulse will be taken. Your skin will be marked to show which leg is being operated on. This leg will also be washed with a disinfecting solution. You will be given a theatre gown to wear and fitted with Sequential Compression Devices (SCDs) on the leg that isn't being operated on. This helps to keep your blood flowing while you are not mobile. Your belongings will be safely stored on the ward where you will recover after surgery. A nurse will take you to the pre-operative theatre.

Going to your operation

In the pre-operative area

The surgeon and anaesthetist will visit you. The surgeon will check your leg, discuss the consenting process and answer any questions you may have. You are also likely to have a drip or cannula (tube) placed in your arm so you can be given medication.

In the operating theatre

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

If you are having a spinal anaesthetic, a screen will shield you from the operation. Your anaesthetist is always with you and you can speak to them whenever you wish.

After your operation

In the recovery room

Following your surgery, you will be transferred to the recovery room. Nursing staff will look after you and monitor you closely to ensure you are safe and comfortable.

You may have the following

- A intravenous cannula – this is used to give you fluids, antibiotics and pain relief
- An x-ray taken
- A cuff around your arm recording blood pressure
- A peg on your finger measuring oxygen
- A dressing over the wound
- A drain collecting blood from the wound
- A button for pain relief
- A pillow between your legs
- A drink if you feel you can tolerate fluids
- A facial mask or nasal prongs to give you oxygen

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

Returning to the ward

Our aim is for you to be able to get up and around as soon as possible, as this helps you recover quicker.

You can expect the following to happen

- Your condition will be monitored regularly, particularly in the first two hours
- You will be encouraged to eat and drink as soon as possible
- Your wound dressing will be checked regularly
- You will be encouraged to move your leg as much as possible in bed. Staff may even help you to stand up depending on your progress. Our goal is to have you out of bed and sitting up for meals within 24 hours of your surgery as this will assist your recovery and help prevent complications

Pain

You should expect to have some pain after your surgery. However, the pain should be manageable with pain relief. Everyone experiences pain differently. It is important to have regular pain relief so you can begin to move and regain control of your operated leg. Please let the nursing staff know how you are feeling, so they can adjust your pain relief and give you drugs for any side effects, such as itching or nausea.

Patient Controlled Analgesia (PCA)

- You may be given a button connected to a pump which, when pressed, delivers pain relief. The nurses will explain how to use this.
- Try to use it regularly rather than waiting until you are in severe pain. Let the staff know if you are feeling sick, dizzy or itchy, as these symptoms are treatable.
- While you have this form of pain relief you may require oxygen.
- If your pain is well controlled, your pain relief will change to tablet form the morning after surgery.

Getting moving again

- **Please do not attempt to get out of bed without a staff member present.**
- You may get out of bed unassisted once your physiotherapist has said it is okay to do so.
- If you are awake and comfortable you will be helped to sit on the side of your bed or stand on the night you return to the ward.
- Please help staff as much as you are able to by moving yourself around the bed.
- Start using the exercises further on in this booklet as soon as possible – the nurses will assist you to get started. Attempt post-operative exercises 1-5 until movement and feeling returns

Recovering from your surgery

After surgery most people need to spend a couple of days in hospital to manage the pain and get moving around again. Depending on your living circumstances before your fall you may have a further period of time in rehabilitation at Kenepuru Hospital. Options about rehabilitation will be discussed with you.

If you are going to have rehabilitation there will be another multidisciplinary team involved in your care. Depending on your circumstances this team may include a Geriatrician, physiotherapist,

nurse, occupational therapist and social worker. The team will work with you and your family to make a plan for your recovery.

Patients that go to Kenepuru hospital for rehabilitation should be prepared to join in as much as they can in their rehabilitation. This includes wearing usual clothing (no nighties or pyjamas during the day) and working with the therapists and nursing staff to make sure your muscles don't waste away. They will be aiming to get you back home as soon as you don't need their help.

If you have rehabilitation or not, when you are ready for discharge from hospital, the team will work out what support you may need, including

- Equipment to help your safety at home
- Home help or personal care
- Further medical checks at outpatient clinics
- Referral to community based exercise programmes

Complete your Furniture Height Measurement form

One of the team working with you should have given you a furniture form to complete

It is important a family member or support person completes the furniture measurement form. Chairs, beds and toilets are not a standard height or design so it is important for us to know what you have in the home you are being discharged to, in order to allow for accurate measurement and discharge planning. Please get the form back to us within 48 hours so we can plan your discharge and get the equipment you may need ready. If you are unable to get anyone to do this for you, please let one of the team know and we will try to arrange help

- Some small aids may be recommended and are unable to be provided by hospital. These can be purchased from pharmacies, specialist equipment suppliers and large home improvement stores. The ground floor hospital shop sells some small aids (i.e. long handled reachers)

They are also available at:

Disability Information and Equipment Centre

- Wellington: 0800 693 342
- Paraparaumu: 0800 434 746
- www.weka.net.nz

Care of the wound

After your operation your wound will be covered with a dressing and heavily bandaged. The light plastic dressing will not be changed unless it is extremely bloody or is no longer watertight. Your wound dressing will stay in place until after your stitches/clips have been removed.

You will need to go to your family doctor to have your stitches or clips taken out approximately 10-14 days after your surgery. This will be discussed with you before you are discharged from hospital.

Caring for your hip after surgery

Types of Hip Repair

The treatment for the majority of hip fractures is an operation to repair the break, as without surgery many people will be unable to walk again. Most patients are treated with one of five types of hip repair.

The general type of surgery that you had has been identified with a tick as one of the following:



Hemiarthroplasty



Is a procedure which involves taking out the broken piece of bone and replacing it with an artificial hip joint (see picture). It is used for those fractures which occur near the hip joint (position 1 on the hip joint diagram). The hip joint is a ball and socket but for Hemiarthroplasty only the ball part of the joint is replaced. The socket is not damaged and is therefore left intact.



Multiple Screws



Three stainless steel screws are used to hold the bones in place for fractures near the hip (position 1). The operation to put in these screws is much smaller than that for a new hip joint. The operation is done through a small cut on the leg using x-rays to guide the position of screws and therefore, there is a reduced risk of infection or of problems with the wound healing.



Dynamic Hip Screw



This is a stainless steel plate, which is placed across the fracture and held in place by a number of screws. It holds the bones in position whilst they knit back together. It is only used for those fractures that are further away from the hip joint (position 2).



Intramedullary Nail



This is a metal rod, which is passed down the cavity in the centre of the bone with additional cross screws to go across the fracture. It is only used for fractures that are in position 2 or further down the femur bone.

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Furniture height measurement form

Orthopaedics Health Service

Surname: NHL:
First Names:
Date of Birth:/...../..... Sex:


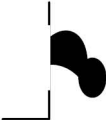
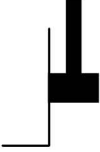

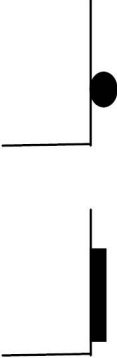

PLACE PATIENT ID HERE



It's important for us to understand the types and heights of some of _____'s furniture at home so that we can make sure you can manage to get on / off it by yourself or with some help.

Please fill in the form below as accurately as possible and return to:

Name: _____ Ward: _____

Chair	 <ul style="list-style-type: none">▪ Height, when sitting on chair _____ cm / inches (delete one)▪ Type of chair, e.g. recliner, armchair, dining chair, Lazyboy▪ Type of leg (please circle):<div></div>
Toilet	 <ul style="list-style-type: none">▪ Height with seat and lid in the up position: _____ cm / inches

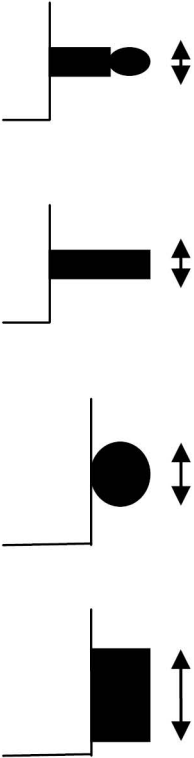


(delete one)

- Height with the seat down _____ cm / inches (delete one)
- Distance from side of toilet seat to nearest wall / object
Left side _____ cm / inches Right side _____ cm / inches
- Are there any grab rails or equipment already in place
☐ yes ☐ no
- If yes, please describe _____

Bed

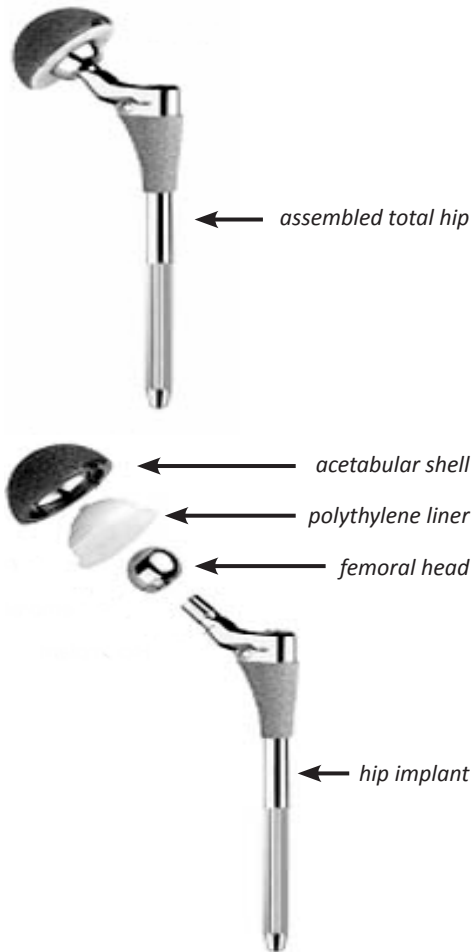


- Is there room for a bed downstairs?
☐ yes ☐ no
- Height when sitting on the bed _____ cm / inches (delete one)
- Bed size – Single / Double / Queen / King / Superking
☐ single ☐ double ☐ queen
☐ king ☐ superking
- How many legs or castors _____
- Type of leg or castor (circle the one most similar below)

_____ cm / inches (delete one)

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Total Hip Replacement



The hip joint is made up of a 'ball' and 'socket'. During a total hip replacement the 'ball' (head of the femur) and the 'cup' (the socket in the pelvis) are replaced by artificial parts.

Understanding hip precautions

After your hip surgery, in some instances there is a risk of your hip dislocating from its joint. If this is a risk to you, you'll be given a leaflet showing you what you should do (or not do) to minimise the risk of you dislocating. Dislocation of the hip joint is most common during the first six weeks while your muscles heal after surgery. The leaflet is called Understanding Hip Precautions – Posterior Surgical Approach.

Exercises

Please note: In this booklet, the operated leg is shown as the right leg.

- You will be encouraged to do exercise 1 before your operation.
- It is quite safe for you to do exercises 1-5 as soon as you are awake from your operation.

You should start them as soon as possible. Ask your nurse if you are unsure what to do.

Exercise 1.

Deep breathing exercises

1. Take a deep breath in through your nose. Your stomach should rise
2. Pause for 1-2 seconds
3. Breathe out through your mouth
4. Repeat this exercise 4-5 times every 60 minutes.
5. If you feel any phlegm in your throat have a cough to clear it. If you have any difficulties clearing phlegm, your physiotherapist can give you advice on what to do.

Exercise 2.

Foot and ankle exercises (both legs)

1. Lie in your bed with your feet uncovered
2. Move your ankles by pointing your feet up and down
3. Continue for ten seconds
4. Repeat every 60 minutes.
5. This exercise improves the blood circulation, helps to prevent deep vein clots and reduces swelling.

Exercise 3.

Static quadriceps (both legs)

1. Lie on your back or slightly reclined
2. Tighten the muscles on the front of your thigh by pushing the back of your knee firmly on to the bed
3. Hold for five seconds and relax
4. Do ten of these exercises 4 times per day
5. This exercise helps get control of your knee ready for standing.

Exercise 4.

Knee flexion (operated leg)

1. Lie on your back or slightly reclined
2. Draw your heel towards you -
do not bend your hip above 90 degrees
3. Hold for 5 seconds
4. Slowly straighten your leg
5. Do ten of these exercises 4 times per day
6. This exercise strengthens your thigh muscles to prepare you for walking steps and stairs

Exercise 5.

Hip abduction

1. Lie on your back or slightly reclined with your legs together
2. Keep your operated leg straight and move it out to the side
3. Return your operated leg to its original position
4. This exercise helps strengthen the muscles to assist you to walk.

Everyday Activities

After your surgery you may need to do some of your daily activities differently. The following is advice on different ways to do things both in hospital and when you return home.

Whilst in hospital, the staff will aim to help you carry out your normal activities safely until you can manage them by yourself. Completing these tasks will be a lot easier if you have regularly practiced your exercises.

Walking

After your operation you will need to use a walking aid for the first few weeks. In the beginning you will have the supervision of a nurse or physiotherapist whilst walking.

The physiotherapist will show you how to use the walking aid safely and give you advice on your walking pattern. They will also tell you when it is safe to walk on your own.

1. How to use a walking frame
2. Move the frame forward
3. Take a small step forward with your operated leg
4. Straighten that leg so it is strong (brace)
5. Step through with your other leg using the frame for support
6. Do not walk too close to the frame

To move from sitting to standing

It is easier to get in and out of a chair that is high, reasonably firm and has arms

To sit down

Hold your crutches (with handles facing each other) in the hand which is opposite to your operated leg

1. Make sure you can feel the chair against the back of your legs
2. Reach back for the arms of the chair with your free hand
3. Use your arms to help take some of your body weight when sitting down
4. Take most of your weight on your un-operated leg

To stand up

1. Move to the front of the chair before trying to stand
2. Hold your crutches (with handles facing each other) in the hand which is opposite to your operated leg
3. Keep your operated leg slightly forward and take your weight mainly through your un-operated leg
4. Use your free hand to push down on the arm of the chair
5. Push up with your un-operated leg until standing
6. Transfer one crutch to each hand

Getting in and out of bed

Your bed at home may be too low to manage getting in and out. Your Occupational Therapist will advise you about raising your bed if it is too low or you have been unable to find an alternate option.

Into bed

1. Sit down on the side of the bed close to your pillows
2. Use the same side of the bed that you will be using at home
3. Shuffle your bottom backwards and diagonally towards your pillows until both of your knees are completely on the bed
4. You will then find it easier to swivel and lift your legs onto the bed
5. Keep your operated leg in line with your body and do not allow your leg to cross the centre of your body

Out of bed

1. If necessary, you can use your hands or a towel to help lift your leg out of bed
2. Sit up and swivel your legs to the edge of the bed
3. Put your hands slightly behind on the bed to push yourself forward to the edge of the bed
4. Control the fall of your leg (do not allow it to flop over the edge of the bed)

Getting on and off the toilet

The way to get on and off the toilet seat is like getting in and out of a chair. Whilst on the ward you will have grab rails and equipment to help you on and off the toilet. If you still need this equipment when you leave hospital, similar equipment will be arranged for you by your Occupational Therapist.

Bathing and showering

Showering

If you rely heavily on your crutches, then sitting to shower may be the safest option. If required, the occupational therapist can recommend equipment and may be able to arrange to loan it to you.

If you have a shower over the bath, or a shub, it will be difficult to get over the edge of the bath. You may need to sponge wash at home or speak with family and friends to find a more appropriate bathroom you could use.

When you return home practice getting in and out of the shower with the water turned off and someone present.

Please make sure your wound dressing is watertight before you shower. You cannot get your wound wet until the stitches or clips have been removed.

Drying

Place a towel on a suitable chair so you can sit to dry your back and bottom. You could also wear a towelling robe when drying, rather than using a towel, so your hands are free to use your walking aid.

Getting dressed

You will be encouraged to dress in comfortable everyday clothes the day after your operation. These clothes should be loose and allow access to your surgery site.

1. Sit to dress and undress
2. Dress your operated leg first and undress it last
3. Use the long-handled aids (Easi Reacher, long-handled shoe horn, sock aid) to dress your lower body if you are having difficulty.
4. Wear flat, comfortable shoes. Snug fitting, slip on shoes is easiest (not backless). If you cannot avoid shoes with laces, you can leave them done up or replace the laces with bungee cord shoelaces.

Getting in and out of the car

1. 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.
2. Have the passenger seat pushed as far back as possible with the back of the seat in a reclined position
3. Back yourself up towards the car so that you are facing away from it. You will be getting into the car bottom-first
4. Reach for the seat back or dashboard (solid parts of the car) not the car door
5. Gently lower yourself down to the seat, bending your operated leg as much as comfortable
6. 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
7. Sitting on a plastic bag makes moving your bottom around much easier
8. Getting out of the car is done the same way, only in reverse.

Stairs

If you have difficult or unusual steps or stairs at your home or work place, please inform your physiotherapist.

- You may practice stairs with your physiotherapist until you are confident and safe.

To go upstairs

1. Use a handrail, if available, and use a crutch in the opposite hand as a support
2. Place your un-operated leg onto the step
3. Move the operated leg to that step with the help of the crutch(es)
4. Bring the crutch(es) onto the same stair

To go downstairs

1. Use the handrail if available
2. Put crutch(es) down onto the next step
3. Move the operated leg down to same step
4. Follow with the un-operated leg
5. While you are in hospital you may be taught how to manage stairs with and without handrails

Advanced exercises

You may or may not move onto the advanced exercises. Your physiotherapist will tell you when to move on to the next set of exercises. Further outpatient physiotherapy will be arranged for you when you are sent home from hospital.

Exercise 6.

Knee lift

1. Stand straight holding onto a chair or bench for support
2. Lift the knee of your operated leg – take care to keep your knee lower than your hip
3. This exercise helps with knee movement.
4. Exercise six and seven help you control your muscles so you can use your leg well.

Exercise 7.

Side leg lift

1. Stand side on to a chair or work bench, holding onto it with one hand for support
2. Have your operated leg furthest away from the support
3. Keep your operated leg straight and lift the leg sideways
4. Your trunk and feet should remain facing forwards
5. Do ten of these exercises 4 times per day.

Exercise 8.

Backward leg lift

1. Stand facing a chair or work bench holding onto it for support
2. Exercise your operated leg by lifting it backwards, keeping your knee straight
3. Do not lean forward
4. Do ten of these exercises 4 times per day.
5. This exercise assists you to stand from a sitting position

Exercise 9.

Heel lift

1. Stand facing a chair or work bench holding onto it for support
2. With both feet, push up on to your toes
3. Hold for 2 seconds and return to the starting position
4. Do ten of these exercises 4 times per day.

Exercise 10.

Wall slide

1. Stand with your back against a wall and place both feet about 20cm from the wall and shoulder width apart
2. Slowly slide down the wall about 20cm
3. Return to the starting position
4. Do ten of these exercises 4 times per day.
5. This exercise assists you to stand from a sitting position.

Outpatient physiotherapy

Depending on your personal circumstances you may be referred to attend Outpatient Physiotherapy classes. These are held at Kapiti Health Centre, Kenepuru Hospital, and Wellington Hospital. Your physiotherapist will provide you with information about them if required.

You will need to arrange your own transport to these appointments. You are likely to need eight sessions over four weeks, starting three to four weeks after your discharge from hospital. One to two sessions per week.

Transit Lounge

On the day you go home you can be collected by your family or friends from the Transit Lounge. The Transit Lounge is staffed by nurses and provides comfortable chairs and trolleys to lie on. If you are there at the appropriate time you will get a light lunch. It is located by the after-hours entrance and the Security Orderlies' office. It is open until 6.30pm Monday to Friday.

Your family may find it easier to collect you from here, as it is a shorter distance to walk than from the ward. They can drive into the Emergency Department entrance on Riddiford Street and turn left, up to the loading bay. The Transit Lounge is located through the glass doors. This parking is free for 20 minutes.

Removal of stitches or clips

If you are discharged from hospital with stitches or clips please visit your family doctor to have your stitches or clips removed from your wound when advised by your surgeon. This will usually be between 10 – 14 days after your surgery.

DO

These are the things you should and should not do to get the most from your new hip:

- Continue to follow your hip precautions for at least 6 weeks (if relevant to you)
- Do use your walking aids as advised
- Go for regular walks on even ground
- Continue to follow the advice and exercises in this booklet as advised by your physiotherapist. It is important you continue your exercises at least three times a day at home
- Lie flat on your back for about an hour every day for at least eight weeks after the operation.

DON'T

- Don't drive until you have been a told you can by your medical team. Please make arrangements for family or friends to assist
- Don't get your wound wet in the shower until after your stitches have been removed.

After you go home

A nurse will call you to check up on your progress two days after your surgery, usually in the afternoon or evening.

If you have concerns within the first five days after you have gone home, please phone the hospital on 04 385 5999 and ask for the nurse in charge of the ward you were discharged from.

Returning borrowed equipment

You are responsible for returning borrowed equipment to:

Wellington Hospital

Central Equipment Pool Office
Level C, Ward Support Block
Open 7am – 7pm Monday to Friday

Kenepuru Hospital

Security Orderlies Office
Open 7am – 7pm Monday to Friday

Kapiti Health Centre

Warrimoo Street
Paraparaumu
Open 8am-4pm Monday to Friday

Equipment borrowed from the Hospital will be issued for six to eight weeks. If you still need the equipment at this time, please contact the therapist that arranged the equipment for you during your stay in hospital. If you have questions, please phone 04 3855999 ext 6334.

Household tasks

All household tasks will be difficult while using walking sticks or crutches. You will need help with cleaning bathrooms and floors, vacuuming and changing bed linen. Please ask your family/Whānau and friends if they can assist you with this. Following your surgery it is important not to take on too much too soon. Plan your day so you spend small amounts of time doing different tasks. Remember that you need to rest when you are tired.

Tips

- An Easy reach can help you pick things up off the floor, turn off low power points, pull curtains and many other activities whilst you are recovering
- Fitted sheets with a duvet help take the effort out of bed making.
- Avoid lifting heavy items such as saucepans – slide them across the bench
- Arranged your cupboards so essential items are within reach without bending or stretching (between shoulder and knee height)
- Think about using a stool while preparing food, washing up or using the cook top, to provide short breaks from standing
- Small items can be carried in a backpack or shoulder bag
- Consider using a clothes horse to hang your washing
- Wash small loads of clothes over the week, rather than one larger, heavier load
- Think about using a frozen meal or meal delivery service
- Consider shopping for groceries on the internet
- Do smaller, regular shopping trips to avoid heavy shopping bags and trolleys
- Shop with a support person who is happy to carry items for you

Helpful information

ACC

If your hip fracture was the result of an accident you will need to have your ACC paperwork completed by the team. If you are an ACC client, your hospital based multidisciplinary team will refer you to ACC. ACC will complete an assessment and confirm the supports they can put in place to meet your needs when you are discharged. If you have any questions or concerns about your case contact ACC on 0800 101 996.

Stop or reduce smoking

If you smoke we strongly advise you to stop after your surgery. Continuing to smoke doubles your risk of complications, compromises healing and can affect sleep quality after your operation.

CCDHB is a smoke free hospital. You can expect to be asked if you are a smoker and offered help to quit.

If you wish to stop smoking, you can contact the following organisations for support, advice and information:

- Quitline: 0800 778 778 or www.quit.org.nz
- Aukati KaiPaipa: 0800 926 257 or www.aukatikaipaipa.co.nz
- Pacific Smoking Cessation (free face-to-face service): 04 237 8422

Alcohol

We encourage you to minimise your alcohol consumption after your surgery. Alcohol consumption significantly increases the risk of complications and can prevent the wound from healing.

Phone calls and information

If you have a mobile phone with you please ask your family and friends to contact you on your mobile phone rather than ringing the ward and asking to be put through to you. This is to allow the nursing staff time to care for you, rather than answering phone calls. Please also ask them to bring in your mobile phone charger so you have enough power to make and receive calls.

We encourage your next of kin (as noted on your Personal Information Form) to call and get the information your family/Whānau and friends require, so they can pass it on.

Wi-Fi

Wi-Fi is available in Wellington Hospital by purchasing time at the Atrium Gift Shop. You can get information about this from the Ward Administrator.

Cultural and spiritual care while in hospital

CCDHB provides Whānau and Pacific Health support, as well as a Chaplaincy service.

The goal of Whānau Care is to work with Māori patients and their Whānau to achieve the best health outcomes. They provide Tikanga support, such as Karakia, returning of body parts, and support with issues of Tapu.

Other services they provide include communication support (understanding information and treatment and coordinating Whānau Hui). They also provide Tangihanga/ bereavement support with death or impending death.

Temporary accommodation is offered for Whānau from outside of the CCDHB region who are supporting a patient in hospital. Accommodation is very limited, there is one room allocated per Whānau for three or four people, depending on availability.

Bookings can be arranged through Whānau Care Services between 8:00am and 4:30pm, Monday to Friday. Children must be accompanied by an adult. The cost of a room is \$30.00 a night with a \$10.00 refundable key bond. If you require accommodation for your Whānau please talk to your nurse.

Pacific Health's vision is to empower Pacific Island patients and their families, by providing sound cultural and professional support throughout their hospital stay. Pacific Health can help you with interpretation and help with understanding what needs to happen while you are in hospital and help prepare you to go home.

The Chaplains are available for people of all faiths or no faith – they can be reached by the hospital staff at your request.

If you have any questions or want help with any spiritual or cultural needs, please ask a nurse.

Your notes:

This image shows a full page of white paper with horizontal blue lines, typical of notebook paper. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Contact us

Department: Orthopedic Clinic
Level C, Emergency Building
Wellington Regional Hospital
Phone: (04) 385 5999
Hours: 8am - 9.30pm, 7 days

Capital & Coast DHB
Phone: (04) 385 5999
Email: info@ccdhb.org.nz
www.ccdhb.org.nz