

Recovering After Hip Fracture Surgery



Recovering After Hip Fracture Surgery

Patient Name _____

Surgeon Name _____

Surgery Date _____

After surgery, find out what procedures were done.
Ask your surgeon to write them here:

This booklet is intended to provide general information. It is not a substitute for instructions or surgery-specific education provided by members of your healthcare team.

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Contents

Welcome 3

Your Hip Joint..... 4

What Happens When a Hip Breaks (Fractures)? 5

Find Out What a Broken Hip Means for You 5

Recovery in the Hospital 7

Leaving the Hospital (Discharge) 13

Recovery at Home 17

Recovery Planners and Checklists 23

Notes 26

Hospital Information and Contact Numbers..... 27

When To Call..... 28

Welcome

Surgery can be overwhelming. Everyone is different.

Your surgery team will create a recovery program just for you.

This booklet is based on research that helps everyone recover better and faster after surgery. For example, walking and moving soon after surgery is important. So, if you had surgery before, some information may be new or different.

This booklet will help you:

- Plan for recovery in the hospital
- Plan for recovery at home

Near the end of the booklet there are planners and checklists to help you and your family.

Read this booklet as soon as you can.

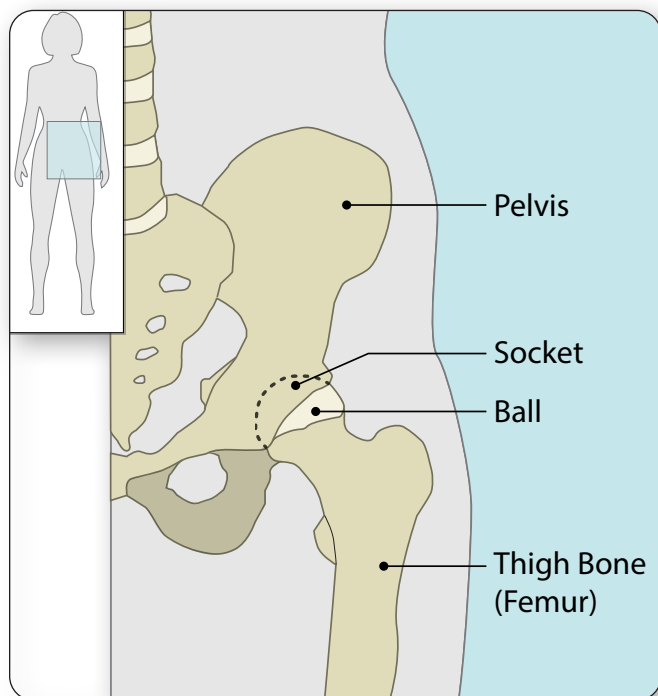


- Write down any questions to ask your surgical team when you see them. Or call with any questions.

We want you, your family, and friends to understand what to expect so everyone can help you recover.

Signed, Your Surgery Team

Your Hip Joint



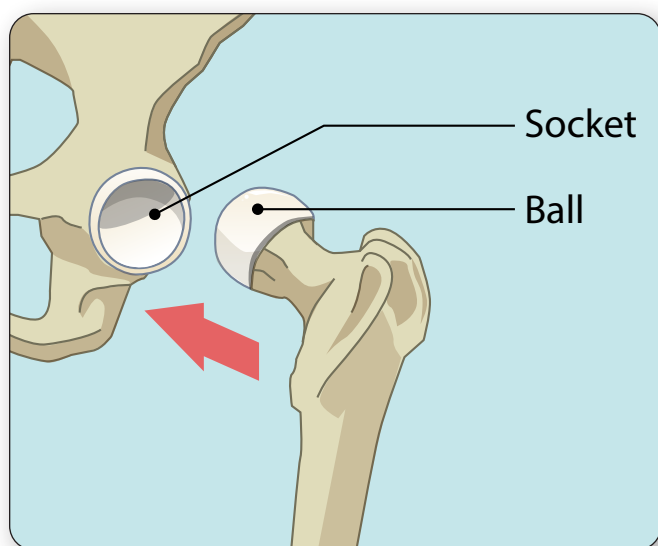
The diagram on the left shows that the hip joint is where two bones meet.

On top is a large bone called the **pelvis** [PEL-vis].

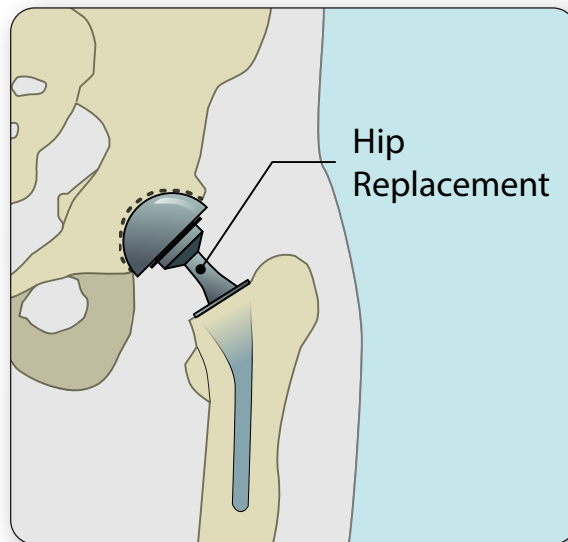
On the bottom is your **thigh bone (femur)** [FEE-mur].

The top of the thigh bone looks like a ball. The bottom diagram shows how this ball fits into a round, cup-shaped area called the **socket**.

This ball and socket joint allows your hip to move and bend.



What Happens When a Hip Breaks (Fractures)?



Sometimes a hip bone breaks as a result of an accident or a fall. Other times, the hip bones become very weak and a bone can break on its own, causing a fall.

A broken hip is repaired with a metal rod or pin, a metal plate, or with a hip replacement (like you see in the diagram on the left).

Find Out What a Broken Hip Means for You

It may seem strange that a hip bone can break on its own. As people get older, a broken hip can be a sign they've become weak and frail. And unfortunately, other health conditions (like heart failure) can get worse after a broken hip.

Talk With Your Doctor:

- Ask what a broken hip means for you or your loved one.
- Talk with your family about your end-of-life wishes.





Timing of Surgery

Once the decision is made to do emergency surgery, it's done as soon as possible. Surgery may be done later that day or the next day.

Surgery may take many hours. So, family and friends may need to wait a while until the surgeon can talk with them.

It's a lot to take in. And things may happen very fast. Your doctor can tell you how serious this is and what the risks are. With any surgery, there's a risk of death during or after a procedure. This risk is often higher with emergency surgery. So, talk with your doctor to understand your risks.



Your Wishes

Most of the time, surgery goes fine. But everyone should make sure their doctor and family know their wishes. If a decision needs to be made about your care during surgery or if you cannot speak for yourself after surgery, your team needs to know who speaks for you.

Since this is emergency surgery, make sure your doctor knows who in your family knows your wishes and can speak for you if you cannot speak for yourself during or after surgery. This person is called your healthcare power of attorney or healthcare proxy.

Make sure this person knows what treatments (like cardiopulmonary resuscitation, otherwise known as CPR, an emergency lifesaving procedure performed when the heart stops beating) you would or would NOT want if there was a serious problem.

It's best to create an **advance directive** (living will) to document what you would or would not like done to keep you alive. It's a good idea for everyone to have this and to talk with their family about it. You can change it any time.

- If you have an advance directive, bring a copy to the hospital.
- If you don't have one, we may be able to help you create this before surgery.



Find a sample advance directive form for your state on the internet here:
<http://bit.ly/StateForm>

Recovery in the Hospital

Most people are in the recovery room for about 2 hours. Once you're awake, you may get water or juice. And the surgeon will talk with your family.

Recovery is different for everyone. It depends on what happened during surgery and on your health before surgery.

- You'll still have a small **intravenous** [in-truh- VEE-nuhs] tube (IV) in your arm for fluids.
- And there may be tubes to drain fluid from your belly and a tube to drain urine from your bladder.
- Don't worry if you don't feel like eating. Your doctor will keep an eye on this. And there are ways to give you nutrition if needed.
- To help prevent blood clots, you may have compression sleeves on your legs. These inflate like balloons to keep blood moving.

You'll get a small plastic tube (shown at right) to help you practice taking deep breaths in. This helps prevent serious lung infections, like **pneumonia** [noo-MOHN-yuh].



Moving Helps You Recover

If you need to stay in recovery a little longer, we'll help you get up and sit in a chair.

While it may seem hard, moving is one of the best things you can do to recover. It helps prevent serious problems like blood clots and pneumonia.



A nurse or assistant will help you do things like get out of bed, sit in a chair for meals, and get up and walk. If your blood pressure is low, we may have you wait so you don't faint or fall.



Call, Don't Fall!

- **Do NOT get up on your own the first time!**
- **You may be lightheaded and could fall.**
- **Press the call button. And a nurse will help you get up.**



Only close friends or family should visit during your recovery. You'll still be tired and need rest.

Computers, tablets, and cellphones are allowed. Have a family member or friend bring yours if desired, since there is Wi-Fi (internet access) in the hospital.



Possible Confusion After Surgery (Delirium)

Sometimes people are confused after surgery. This is called **delirium** [dih-LEER-e-uhm]. It's more common in older people.

With delirium people:

- May not know who or where they are
- May not remember recent events
- May have trouble understanding others
- May be hard to understand
- May not recognize friends and family



Family and friends can help recognize delirium.

Ask those who accompany you to let the nurses know if you seem different or if any confusion is worse than usual.

To help prevent or treat delirium:

- Have a family member or friend bring any glasses or hearing aids you may have.
- Ask a family member or friend to stay overnight when confusion can be worse.
- Have a family member or friend turn the TV off, especially at night so you can sleep.
- Have a family member or friend share photos or familiar objects to help with your memory.

Pain Relief After Surgery

This is major surgery, and most people have pain after surgery. To guide your pain relief, we'll ask you about your pain regularly. You'll still have some pain, but we want to make sure your pain isn't too bad. You should be able to take deep breaths, cough, move, and walk without a lot of pain.



To help manage your pain:

- Let your surgery team know if you already take any pain medications.
- If a small tube was placed in your back to deliver medication (called an epidural [EP-i-DOOR-uhl]), you may get pain medication through it.
- You may get a pain patch to help with pain by the surgical area.
- You may get medications like acetaminophen (Tylenol®) or ibuprofen (Advil®).
- You may get cold packs
- Opioid [OH-pee-oid] pain medications are only used if needed.

Why avoid opioid pain medications?

Opioids are strong pain medications like morphine, oxycodone (Oxycontin® or Percocet®), Vicodin®, Norco®, Dilaudid®, and many others. **Only take opioids if you need them because:**

- They can be addictive
- They can make people feel sick to their stomach
- They can make it hard or painful to have a bowel movement or poop (constipation)

Problems like constipation can be painful and serious. So, we'll use other pain medications when possible



Let your surgery team know if you or anyone in your family has an addiction to drugs, including prescription medications or alcohol. This helps us create the best pain management plan for you.



IMPORTANT

We want to manage your pain and help prevent the problems some pain medications cause. Please tell us if you have any concerns about pain medications or pain control.



Focus on things you enjoy. Listen to music, watch a movie, read a good book, or talk to a friend on the phone. These things can help take your mind off the pain.

Prescriptions for medication can often be filled while you are in the hospital. Ask if you can do this.

Soon After Surgery

- About 4 hours after surgery, we'll help you get up and walk.
- Many people start physical therapy the day of surgery.
- We'll help you use the bathroom or a commode.
- To prevent blood clots, we'll show you how to keep blood moving in your legs. While you're in bed it's good to point and flex your feet and squeeze the muscles in your legs.
- To prevent lung infections (like pneumonia), we'll show you how to take deep breaths every hour or so.



One Day After Surgery

- You'll drink clear liquids.
- A nurse or assistant will help you get out of bed, sit in a chair for meals, and start to walk down the halls.
- If you had a tube to drain urine, that may be removed from your bladder.
- You'll meet with a case manager or discharge planner to figure out if a nurse should visit you at home.
- If you need help getting your strength back at a rehab facility, a social worker will help with this.

Two Days After Surgery

- Most people can eat soft food. You'll eat solid food as you feel up to it.
- If there's a bandage on your wound, it will usually be removed.



Try to be up out of bed most of the day. Walk down the hall at least 3 times a day. Ask for help if you need it.

Three Days After Surgery

Your doctor may order home care

With home care, people with medical training visit you at home to help with medications, teach you how to take care of any wounds, and see how you are doing.

If you need it, every few days a physical therapist will visit you at home to help you move your new joint and build up your strength. He or she will also let your doctor know how you're doing. This is called "home health."

If you are NOT planning to go home from the hospital, let us know. A coordinator can meet with you to discuss your options.

Walking Without a Limp

Before surgery, you probably got used to walking with a limp. This may have caused the muscles in your hip to shorten. With your new joint, even though your legs should be the same length, you may still feel uneven. As you heal, that feeling should go away. And you should be able to develop a normal walking rhythm without a limp.

It can take a while for the limp to go away. If you still have a limp 3 months after surgery, please let us know.



You May Need To Stay in the Hospital Longer

If you feel sick to your stomach or you're throwing up

You'll get medication for this. If you still feel sick, try to eat and drink small amounts throughout the day.

If some urine stays in your bladder

If you can't urinate (pee) a tube (called a "catheter") may be placed to help you go. This will be removed once you can urinate (pee) on your own.

If a lot of blood collects around the hip joint after surgery

If this happens, another procedure may be done to treat it.

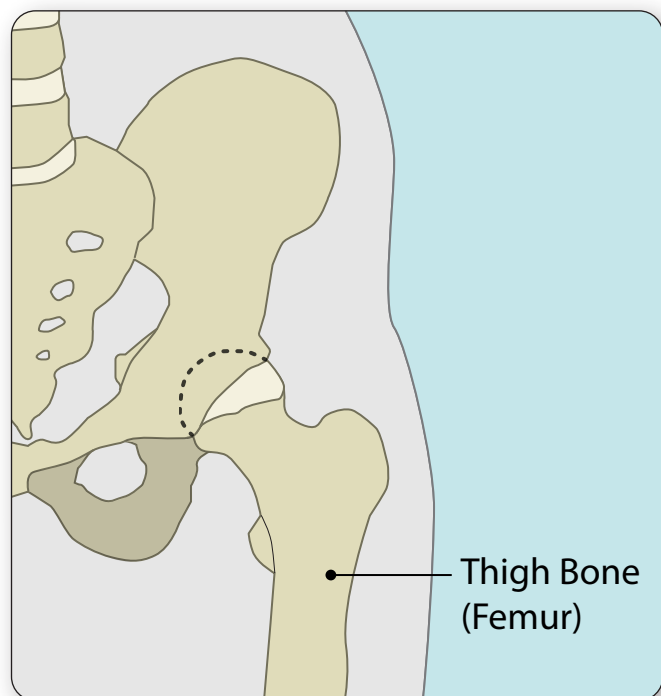
If you get an infection

You'll get medication to help prevent infections. But sometimes people still get an infection after surgery. Most of the time, an infection is easy to treat. But sometimes more surgery may be needed to treat it.

If the thigh bone (femur), shown in the illustration on the right, breaks during hip replacement surgery

Sometimes small cracks develop in the bone during surgery. These usually heal on their own. A large break is rare. But if it happens, surgical wire is used to hold the bones in place while they heal.

This is more likely when the bones have become weak from arthritis or bone loss, called **osteoporosis** [os-tee-oh-puh-ROH-sis].

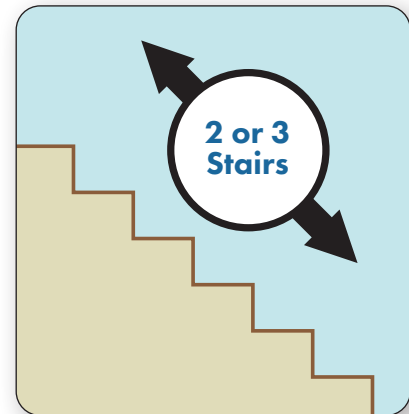


Leaving the Hospital (Discharge)

We'll help you go home as soon as possible, but sometimes there are delays. You may be ready to leave the hospital when:



- You can walk with a cane or walker
- You can go up and down two or three stairs
- You can urinate (pee)
- You can eat
- You're **NOT** burping or throwing up
- You can do your physical therapy exercises on your own
- Your blood pressure is OK
- You **DON'T** need IV pain medications to control your pain
- Your team thinks you're ready



To help you at home, you'll get:

- Information about your surgery and physical therapy exercises
- Directions about how and when to take medications, like blood thinners
- Directions for wound care
- Prescriptions for any medications you need at home



Prescriptions can be filled while you are in the hospital. Ask if you would like to do this.



Arrange for someone to take you home. If that's not possible, let your healthcare team know so they can help you get home safely.

If you need to go to a rehab center, you may need to wait for an open bed or for insurance to approve it.



Blood Thinner Medication Safety

It's important to prevent blood clots. They can cause serious problems, like a stroke. To prevent clots, you may be put on blood thinner pills or shots (like Lovenox®) for a few weeks.



When you take blood thinners, a cut or bruise can be serious. You can bleed too much. So, call:

- If you ever get a cut or a nosebleed that won't stop bleeding.
- If a bruise keeps getting bigger, because this can be a sign of bleeding under the skin.



Before you leave, ask how your surgery may affect:

- Hobbies and activities
- Driving
- Return to work
- Your sex life
- Nursing home, rehab, or home care
- Taking care of your surgical wound
- Showering
- Urinating
- Sleeping
- Home setup
- Preventing falls
- Eating and drinking
- Getting moving
- Your mood
- Followup care

Issues you may want to ask about include:

Hobbies and Activities

You can get back to most activities soon after surgery. Do things you enjoy. It's good for your mood and well-being.

If you feel tired and worn out at first:

- Take afternoon naps.
- Set small goals. Try to do a little more each day.



When Can I Drive Again?

Do NOT drive until your surgeon says it's OK.

- Most people can drive a car with an automatic transmission 4 to 8 weeks after surgery.
- It may take longer before you can drive a stick shift.

Ask when you can drive again. Pain pills (like opioids) slow down your reaction time.

For your safety and the safety of others, driving while taking opioids is NOT recommended and is illegal in some states.



When Can I Go Back to Work?

Talk with your doctor. It depends on what kind of work you do and what was done during surgery.

Many people go back to work 4 to 12 weeks after surgery.

- If your job involves heavy, physical work, like lifting, talk to your surgeon.
- Ask your employer if there are any rules about when you can return to work.
- If you need a return-to-work form or short-term disability papers, bring them to your follow-up appointment or fax them to our office (see phone and fax numbers at the end of this booklet).

When Is It OK To Have Sex?



Ask your surgeon when it's OK to have sex or any questions you have about sexual function after surgery.

It's often fine to have sex once your pain goes away and you feel up to it. But you still need to be careful, so your new hip doesn't move out of place.



If you have questions or concerns, ask your surgeon or physical therapist. It's important to feel safe and get your questions answered.

Nursing Home, Rehab, or Home Care



We'll talk with you to figure out if a nurse should visit you at home, or if you need help getting your strength back at a nursing home.

If your insurance approves home care, people with medical training will visit you at home to help with things like wound care. Bandages may need to be changed 2 times a day. So, even with home care, you or a family member may need to change some bandages.

If you need to go to a nursing home while you recover, we'll help find one that's right for you and is covered by your insurance. Sometimes people need to wait for an open bed or for insurance to approve it.

Find out if you should get anything like:



- **A shower stool**, so you can sit down in the shower.
- **A seat for your toilet to raise the height.** This can make it easier to sit and get back up.

Recovery at Home



If you start to run low on any medications, call your doctor's or surgeon's office a few days before you run out.

Taking Care of Your Surgical Wound

When you go home, the surgical area will be red and bruised.

Some fluid may drain from the area for 3 or 4 days.

The area may itch as it heals. It's annoying, but **do NOT scratch or pick at the area as it heals**. This can cause problems, like infections.

Every day, check for signs of infection and call:

- If the area has become **more** red or painful
- If there is **more** fluid or if the fluid or bandage smells bad
- If the surgical wound is opening up



Set a reminder to check for these things every day.



Different types of bandages are used. Find out how and when to change your bandage (also called a "dressing"). The bandage should absorb the blood and fluid draining from the surgical wound.

If you have any surgical staples, these will be removed in a couple of weeks when you see your surgeon for your follow-up visit.

Showering

Find out when it's OK to shower. Until then, you may need to take sponge baths for a while. **Once your doctor says it's OK to shower:**

- Gently wash the wound with soap and water.
- Pat the surgical scar area dry with a clean towel. **Do NOT rub it!**



Do NOT sit in water (like a bathtub or hot tub). And do NOT go into a pool, lake, or the ocean until your doctor says it's OK.

Urinating

After surgery, sometimes people feel like they still have to urinate (pee) even after going to the bathroom. This usually goes away in a few days. If it doesn't go away or if you have any pain or burning when you urinate, please call your doctor. Pain or burning can be signs of infection.

Sleeping

Good sleep will help you heal and gives you the energy you need for physical therapy. Sometimes pain can make it hard to sleep well. And while opioid pain medications can help with pain, they can also cause problems with sleep.

What CAN Help You Sleep?

Avoid alcohol.



- Even though alcohol can make you feel sleepy, you are more likely to wake up and have trouble sleeping.
- **Do NOT drink alcohol while you're still taking pain medication. It's not safe.**

Avoid caffeine. It will keep you up.



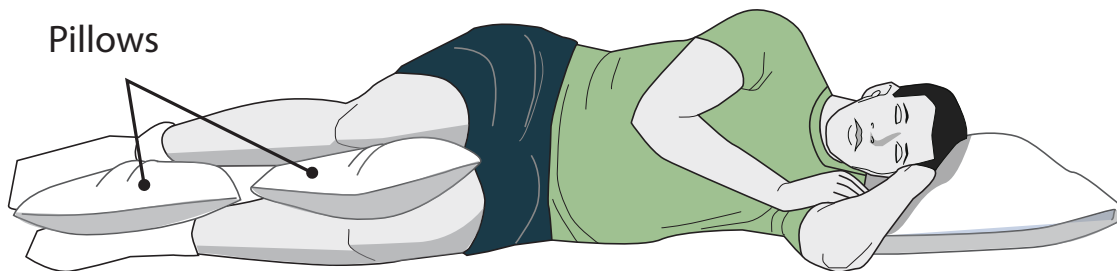
- Only drink a little coffee, tea, or soda during the day.
- Do not drink coffee, tea, or soda at night.



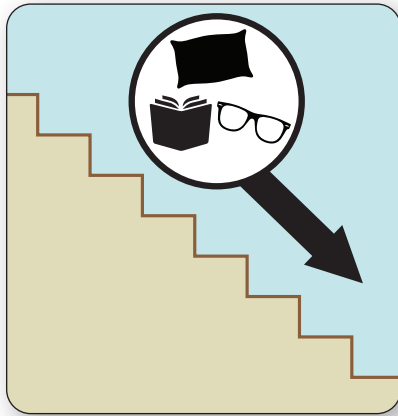
Ask how to use cold packs and to learn about other things you can do to get good rest

It can be hard to sleep well for a few weeks after surgery. It's most comfortable to:

- Sleep on your back or on the side you did NOT have surgery on.
- Whether you sleep on your back or side, put a pillow or two between your legs.



Home Setup



You'll need help at home for the first 1 or 2 weeks. If you don't have someone who can stay with you, ask about having a trained caregiver.

Have someone bring anything you need downstairs.

- Set up a bed on the first floor.
- Put things where they are easy to reach.
- If you don't have a bathroom on the main floor, ask about a portable toilet (called a: **commode**)



Prevent Falls

- Make sure rooms are well lit and put a nightlight next to your bed.
- Move loose wires or cords out of the way.
- Remove any small rugs or throw rugs.
- If you have small pets, they can cause you to trip or fall. It may be best if they can stay with a friend for a couple weeks while you rest.



Find out how to make your bathroom safe.

- Ask about a bath seat.
- Put a nonslip mat in the bathtub or shower.

Eat Healthy

Your body will heal better and faster if you eat healthy.

Sometimes people don't feel like eating after surgery.

In the days after surgery, some foods may taste different and certain smells may make you feel sick to your stomach. If this happens, eat a lot of small meals throughout the day. Over time, you'll be able to eat more.



Get Better Faster

Avoid alcohol; it can slow your recovery. And you could have a bad reaction if you take medicine and/or blood thinners (like Lovenox®) and drink alcohol.



If you smoke, quitting in the weeks after surgery is one of the best things you can do. Smoking slows blood flow and makes it hard for the body to heal. Ask your doctor for help with this.



Get Moving

It may surprise you, but moving can help prevent problems, like blood clots. Get up and walk as soon as you can. This gets blood flowing, which helps you heal.



- Try to get up and move around every 45 minutes or so.
- You may need to use a walker or crutches for a while. Use what your therapist recommends.
- Do the exercises your physical therapist taught you.
- Don't bend down or bend at the waist. It can be painful.
- Find out the best way to go up and down stairs, get in and out of a car, chair, or bed, or up off the toilet.
- Find out when you can swim or ride a stationary bike to build up your strength.



If you have pain, slow down!

Pain is your body's way of telling you it's not ready to do something.



Your Mood

Keep in mind, you just had surgery you didn't expect. You may feel grateful that you were treated quickly, but it can also be an upsetting experience.

It may take a while before you feel like yourself again. You may feel sad or upset. And you may feel alone after your time in the hospital. These feelings usually go away as you heal.

- Counselors and chaplains are available to talk while you're in the hospital.
- Call friends and family to talk.
- Invite people over to keep you company and help out.

If you feel very sad, overwhelmed, or helpless after surgery, please call your doctor.

It's important for us to know so we can make sure you feel better and recover well.

Follow-Up Care



We will x-ray your hip at the hospital. You'll need more x-rays in 3 months to see how your hip is healing. Find out when and where you should get these x-rays done.



Get tested to see how strong your bones are. This is called an “osteoporosis workup.” Your primary care doctor can usually do this.



If you have a problem that's **NOT** an emergency, it's always best to see your primary care doctor or go to the orthopedic clinic.

Recovery Planners and Checklists

Planners

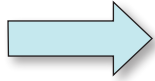
- Recovery Planner

Checklists for Recovery

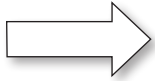
- After Surgery
- Before You Go Home
- At Home
- Notes

My Recovery Planner

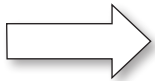
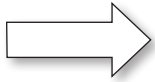
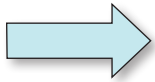
Use this calendar grid to write down important dates.



In the top row, add your surgery date on the appropriate day of the week. Then mark what day you expect to go home from the hospital.



Add any follow-up appointments to the calendar.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Checklist for After Surgery

You'll get pain medication. You will have some pain, but talk to your nurses if:

- **You're worried about taking pain medication**

- **You still have too much pain**

- We'll help you get up and walk. Do NOT get up on your own the first time.
- You may start physical therapy the day of surgery.
- To help prevent blood clots, regularly point and flex your feet and squeeze the muscles in your legs.
- To help prevent lung infections, you'll get a device to help you take deep breathes in. Ask how often to do this. It's very important to do this every hour or so.
- If you need help getting your strength back at the rehab facility, a social worker will help you with this.

Before you go home, make sure you have:

- Prescriptions for any new medications. You can get these filled at the hospital. Ask a nurse.
- Directions for how and when to take any medications.
- Directions about taking showers.
- Any home healthcare scheduled.
- An appointment to see your surgeon in about 1 month.
- Instructions on when to remove your bandage.
- Guidance on when to call.

At Home

- Walk and do your physical therapy exercises.
- Do NOT smoke, vape, or chew tobacco for at least 4 weeks.**
- Do NOT drink alcohol while you still take any pain medication.**
- Do NOT sit for long periods of time.**



Notes

Write down any questions you have for your care team.

Hospital Information and Contact Numbers

Write down hospital information about instructions, hours, phone numbers, etc., here.

Parking and Check-In

Write down parking information here.

Visiting Hours

Write down visiting information here.

Contact Numbers

Write down important numbers for the patient here (e.g., physician's office, main hospital number, operating room).

When To Call



Call us if you are worried or have a question.

Call RIGHT AWAY:

- If you have a fever of **101.5 degrees Fahrenheit** or higher
- If your wound is red
- If your pain is **worse**
- If your pain medication doesn't control your pain enough
- If you have really bad pain in your belly (abdomen) that lasts for more than 1 or 2 hours
- If pus or fluid is coming from your wound
- If it's painful or hard to urinate (pee)
- If you get diarrhea
- If you feel sick to your stomach or you're throwing up

Call as soon as you think something is wrong. Don't wait!



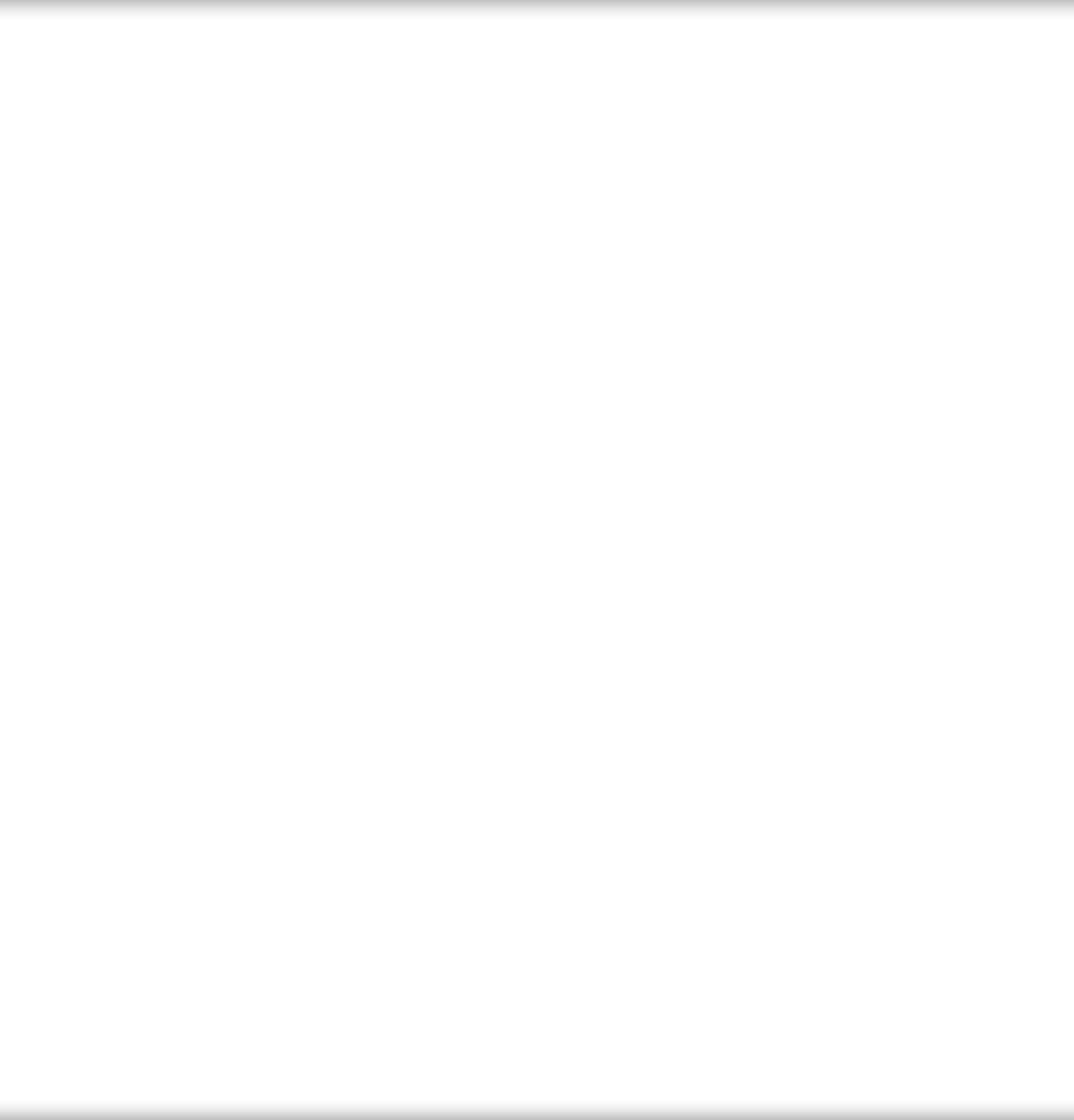
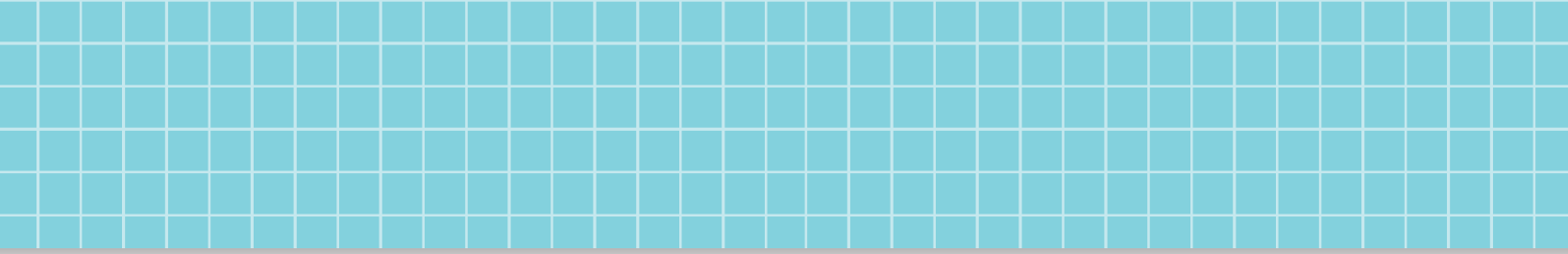
Call 911 or go to the Emergency Room:

- **If you have chest pain**
- **If you become short of breath or have trouble breathing**
- **If you have any other severe problems**

Have the emergency team call us when you are stable.



You can print or tear this sheet out and put it on your refrigerator.





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www.ahrq.gov