Hip Fracture Post-operative Instructions

Hundreds of thousands of hip fractures occur every year in the United States. The majority are considered 'fragility fractures' and can be a marker of deteriorating health. Consequently, there is a higher complication rate with hip fracture surgery than with most elective procedures both from the surgery itself as well as the constellation of medical issues surrounding the affected patient. The care of your hip fracture surgery involves a team approach between your surgeon, medical doctors, rehab specialists and case managers.

---Dr. J Toman

1. The risk of acute infection is generally about <4% for all patients. Notify the office if you develop fever > 101°F, with unusual increase pain, redness, and warmth. Report any pus or unusual drainage to our office immediately. If you encounter any problems, please call 229-502-7930 during the day. Some minor redness and swelling around the incision/staple line is normal as the wounds heal.

2. Broken bones, especially large bones of hip, bleed and tend to make large bruises. Combined with surgery, these regions of 'black and blue' can be large and sometimes migrate down the thigh, or into the buttocks. This is normal, and should resolve with time. Scrotal/labial swelling is less common, and my office should be notified should this be observed.

   If you develop significant swelling in the lower leg/foot (not just the knee or hip) after the first 3-4 days please call our office or present to the ER and an ultrasound will be scheduled to check for blood clots in the leg veins.

3. Use ice therapy to the operative site as needed – it will significantly decrease the pain.

4. Use pain medication as needed. You may also use Tylenol (500 mg every 6 hours) if the pain medication is too much. When you complete your prescriptions, you may take either Advil (2 tablets every 8 hours) or Aleve (2 tablets every 12 hours) as needed for pain and swelling. You can come off the prescription pain medication when you feel comfortable.

5. Resume other home medications as per your usual regimen unless otherwise instructed (see below for blood thinners).

6. Change the dressing daily with a dry, sterile dressing.

   Try not to finger or touch the wound if possible until a good scab has formed. If there is persistent clear (serous) drainage from the wound, a wound vac may have been applied, and will be cared for by a VNA.
DO NOT put any ointments, salves or creams (ie, Bacitracin) on the wound until cleared to do so by myself.

7. Please administer the blood thinner medication as prescribed every day to help prevent dangerous blood clots. You will be maintained on this medication for 4 weeks. If you already take a blood thinner (ie, Coumadin, Plavix) we will likely restart that medication.

**TAKE ONLY THE ONE CIRCLED BELOW**

Xarelto by mouth once daily

Ecotrin by mouth twice daily

Lovenox by injection once or twice daily

Rarely, a clot form in or move to the lungs; these are called pulmonary emboli and are potentially life-threatening. This may occur even with anticoagulation therapy. After completion of the formal anticoagulation period, once daily baby aspirin may be recommended for a period of time.

The best anticoagulant is walking or ambulation. Physical therapy will help you with this while in the hospital. It is also my preference that when able, patient use **thigh-high compression stockings** for DVT prevention along with walking and the medication. This will also help control leg edema/swelling.

If at any time following discharge from the hospital, if you develop shortness of breath or chest pain, go immediately to a convenient ER for evaluation of a blood clot in the chest.

8. Sleeping is usually tough for the first few weeks; pain seems to increase at night – this is normal – use the medication and the cryo cuff or ice pack. Sleeping medication should be used with caution in the elderly.

9. I will see you approximately 2 weeks from the date of surgery. We will remove the staples at that time. Call the clinic with any questions (number above).

10. The pain medication causes constipation; drink plenty of fluids, apple juice and prune juice as needed. You can also use colace 100mg by mouth two times a day. If you do not have a bowel movement within 5 days drink ½ bottle of magnesium citrate, which is sold at the pharmacy.

11. Do not drive, operate machinery or make important decisions while taking pain medications, or immediately following administration of anesthesia.

12. Some patient’s report having pain after surgery that is quite manageable, other patients report a significant amount of discomfort. The response to the reconstruction over the first 5 days is quite individual. Do not hesitate to take 2 tablets of the pain medication every 4 hours if needed. Of course, rest, ice and taking it easy for the first few days
will have a significant impact on your recovery. Narcotic medication can cause reaction in the elderly such as dementia, confusion, anxiety. Discontinue if this is observed.

Post-op Activity and Precautions

Getting patients moving and out of bed after a hip fracture event is perhaps the most critical aspect of treatment. Patients who are bedbound following a hip fracture, with or with surgery, have a high risk of mortality within one year of the injury. Pneumonia, bed sores, dementia and urinary tract infections are all potential consequences of prolonged immobility in the typical hip fracture population.

Early, aggressive physical therapy can help decrease the risk of subsequent falls, deconditioning and blood clots.

There may be pain, burning or stiffness at the surgery site. Do not hesitate to ask for or take pain medications to control these symptoms so that you can safely ambulate.

**HIP REPLACEMENT**

- See [Hip Replacement Guidelines](www.southactive.com)

**HIP HEMI-ARTHROPLASTY**

Most hip hemi-arthroplasty procedures are performed via the direct anterior approach. This allows for full immediate weight bearing and essentially no restrictions to activity except those below.

- Avoid excessive hip extension. Walking with normal gait permitted.
- No excessive hip external rotation (keep toes pointed up)
- Weight-bearing as tolerated unless otherwise instructed.
  Weight bearing may be delayed depending on your specific type of surgery.
  If there is any doubt, err on the conservative side until WB status can be verified.

**INTRAMEDULLARY NAIL or HIP SCREWS**

Most hip fracture surgery where the bone ends are brought together to heal allow for full weight-bearing immediately after surgery. However, the injured joint and surrounding tissues remain, and rehab protocols should focus on mobilization and pain control.

- Weight-bearing as tolerated unless otherwise instructed.
Weight bearing may altered depending on your specific type of fracture. If there is any doubt, err on the conservative side until WB status can be verified.

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**PHYSICAL THERAPY - IN-PATIENT DISCHARGE GOALS**

- Transfer from bed to chair with use of walker/crutches/cane without physical assistance
- Able to dress self with minimal assistance
- Communicate an understanding of the post-operative protocol/precautions
- Ambulate 150 ft with or without assistive device, but without physical assistance
- Safely ascend/descend small sets of stairs with hand rails
- Discharge to a safe environment can be assured

- Post-Discharge Rehabilitation
  1) Plan should be in place prior to discharge, either in an in-patient facility (such as Agape) or at home with home physical therapy
  2) See Hip Fracture Rehabilitation Protocol for specific goals and exercises. Every hip fracture is an individual experience. Your specific protocol will be adjusted depending on your overall health, age and nature of the injury.
  3) As always, please contact Dr. Toman if you have any questions.