

Rehabilitation programme after cannulated hip screw surgery

Information for patients at Princess Royal University Hospital

This leaflet gives you advice about the things you can do after your operation – both while you are in hospital and when you go home – to help you get the best possible results. It is a guide only, and your physiotherapist may give you other advice to meet your individual needs.

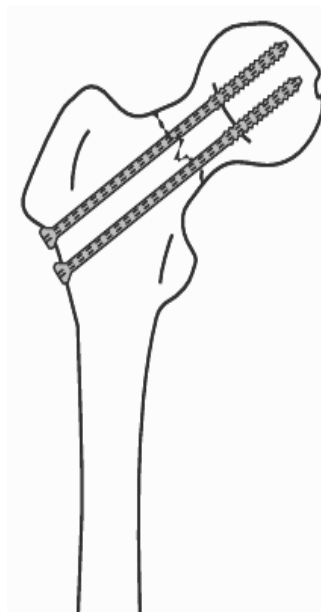
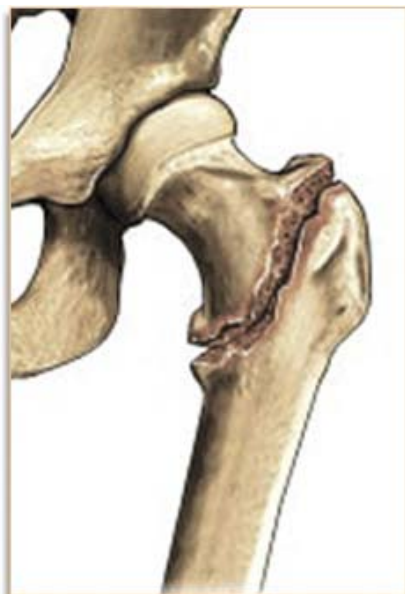
Confirming your identity

Before you have a treatment or procedure, our staff will ask you your **name and date of birth** and check your **ID band**. If you don't have an ID band we will also ask you to confirm your address.

If we don't ask these questions, then please ask us to check.
Ensuring your safety is our primary concern.

Your surgery

You have had surgery in which screws have been put into to the top of your thigh bone (neck of femur) to fix the break, as shown in the diagram below.



Pain control

All fractures are painful. This pain can be worse when you move. It is important that your pain is well controlled so you can walk on your operated leg as soon as possible. It is normal to have some discomfort when you walk on your operated leg, but it should not be too painful. Please tell a member of your medical team if you feel your pain is not being well controlled.

First day after your surgery

Your physiotherapist will see you on the first day after your operation. They will start your exercise programme and then help you to get out of bed - usually with a frame to support you - and sit on a chair. Normally, you will **not** be allowed to put all your weight on your operated leg. Your physiotherapist / medical team will confirm this with you.

Your occupational therapist will also see you around this time. They will work with you to make sure you can manage the things you do every day, such as washing and dressing yourself. If you are not able to do them fully, they will suggest equipment or a care package that will help you to manage.

Following days

Your physiotherapist and occupational therapist will work with you to help you walk on your own and manage your daily activities again. They will show you how to use stairs, if needed. In between your therapy sessions, you should continue practising walking and any other activities that your therapist has suggested. Our nurses or members of your family can help you if you need it.

Helping yourself

We encourage you to become as independent as possible while you are in hospital, so you are ready for your discharge home. Try to do the following:

- wash yourself and sit out of bed each morning, after you have been assessed by your therapists. Our nurses can help you where needed.
- wear loose-fitting day clothes and comfortable, well-fitting shoes or slippers with backs and good grip as soon as possible after surgery.

How your family, friends and carers can help your recovery

Your family, friends and carers play an important part in your recovery and discharge from hospital. Here are some examples of how they can help you.

- We will ask relatives, friends and carers to bring clothes in for you and to take them home and wash them, as we do not have personal laundry facilities at the hospital.
- Many patients have less of an appetite when they are in hospital, so your relatives, friends and carers are welcome to bring in any food or drink you would like, as long as this does not need reheating.
- We will ask your family to make sure you have your hearing aids, glasses or anything else you may need. If you do not have these, you could become confused and have problems understanding where you are.
- If your family knows you have been diagnosed with dementia, it would be helpful if they could fill in a form about you, called 'This is me'. This helps us to make sure we give you care you need.

Leaving hospital

After your surgery, and once you are medically well, the team of doctors, nurses and therapists will plan with you your return home.

Your therapists will help you set goals that you need to be able to achieve before you can be safely discharged from hospital.

Your occupational therapist will ask you about where you live so they can help you to plan how you will cope at home with your level of independence. This might mean moving furniture, giving you equipment to assist you or putting your bed in a different place for a while.

Rehabilitation

If you need more therapy, your therapists will arrange a follow-up appointment for you when you leave hospital. This will be in your home, at an outpatient clinic or in a local rehabilitation unit.

Care provided by students

We provide clinical training where our students get practical experience by treating patients. Please tell your therapist if you do not want students to be involved in your care. Your treatment will not be affected by your decision.

Exercises at home


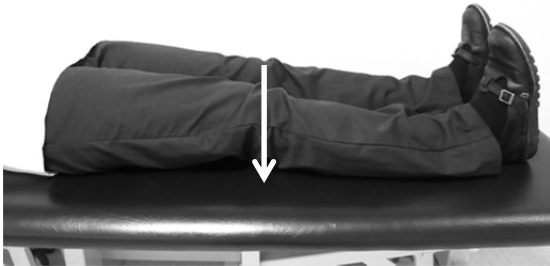


The following exercises help to:

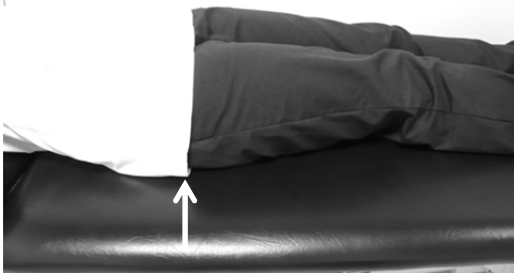



- improve the movement and circulation in your legs
- make it easier to do your daily activities, such as getting in and out of bed and getting dressed
- strengthen the muscles around your hip.

Do each exercise 10 times, as described.

Try to do them three – four times a day on your own, or with the help of your relatives, carers or friends.

It is important you keep doing them for at least three months after your operation.

Exercise	How to do it
 A black and white photograph showing a person's legs from the knees down, resting on a dark surface. The feet are flexed at the ankles, with the toes pointing upwards.	<p>Lie or sit with your back supported. Move both your ankles so your toes point up and then down. Repeat 10 times every hour. This helps improve the circulation in your legs.</p>
 A black and white photograph showing a person's legs from the knees down, resting on a dark surface. A white arrow points downwards from the knee area towards the ankle, indicating the direction of the muscle tightening.	<p>Lie in a comfortable position. Tighten your thigh muscle by pushing both your knees down on the bed and pulling your toes up towards you. Hold for 10 seconds. Relax.</p>
 A black and white photograph showing a person's legs from the knees down, resting on a dark surface. The right leg is bent at the knee, with the foot flat on the surface.	<p>Lie on your back and gently bend the knee of your operated leg. Then slowly straighten your leg.</p>
 A black and white photograph showing a person lying on their back on a dark surface. The right leg is bent at the knee and moved out to the side, away from the middle.	<p>Lie on your back. Gently move your operated leg out to the side and then slowly bring it back to the middle.</p>

Exercise	How to do it
	<p>Tighten your bottom muscles together. Hold for 10 seconds. Relax.</p>
	<p>Operated leg only Stand on your unoperated leg and hold onto something for firm support. Move your operated leg forwards and upwards, bending both at the hip and the knee. Slowly lower your operated leg to the ground and repeat.</p>
	<p>Operated leg only Stand upright, hold onto something for firm support and keep your upper body still. Move your operated leg sideways, away from your body, and then back to the centre. Move it in a slow and controlled way and keep your kneecap facing forwards.</p>
	<p>Operated leg only Stand on your unoperated leg and hold onto something for firm support. Move your operated leg directly backwards from the hip as far as is comfortable. Then bring your leg back to the starting position. Keep your upper body still.</p>

Daily living

Here we give you advice on how to:

- walk with your walking aid
- stand up and sit down on a chair
- go up and down stairs.

Walking

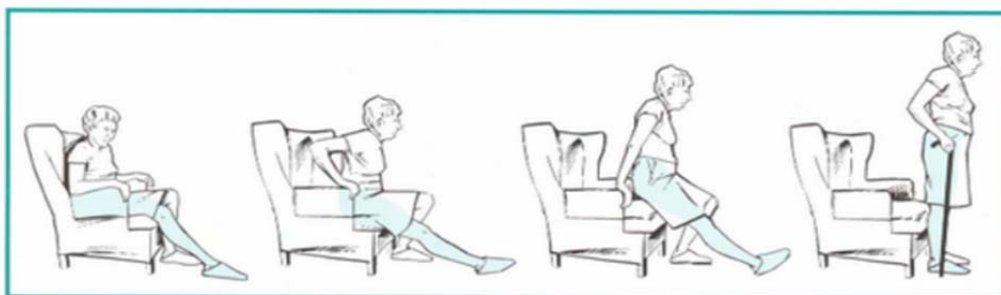
Your therapists or nurses will help you to get up and moving at first. They will also tell you when it is safe for you to walk on your own. You usually use a frame to get about on the first day after your operation and then move on to using elbow crutches before you are discharged.

Here explain how to get about without putting weight on your operated (non-weight-bearing) leg, using a walking frame or elbow crutches.

1. Place the frame or crutches forwards (your crutches should be shoulder distance apart)
2. Lean on the frame or crutches, to take the weight off your operated leg
3. Hop your good, unoperated leg half way into the frame / parallel to the crutches
4. When you have your balance, repeat steps one to three.

Standing up

- Put your operated leg out in front of you.
- Push on the arms of the chair to stand up.
- When standing, place your hands on your walking aid.



Sitting down

- Making sure you can feel the chair behind your knees, put your operated leg out in front of you
- Take your hands off your walking aid and put them onto the chair arms
- Slide your operated leg forward as you lower yourself into the chair.

Using stairs

If you have stairs at home, your therapists will teach you how to use them so you do not put more weight than allowed on your operated leg. Where possible, use a handrail. **Hold onto the handrail with one hand and hold your two elbow crutches in the other. Your therapist will show you how to do this.**

Here we explain how to go up and down stairs without putting weight on your operated (non-weight-bearing) leg, using elbow crutches.

Going up stairs

1. Keep your operated leg off the floor.
2. Hop up one step with your good leg.
3. Move your crutches onto the same step and repeat steps one and two.

Going down stairs

1. Keep your operated leg off the floor and in front of you.
2. Move the crutches down one step.
3. Hop with your good leg onto the same step.

If you are allowed to put part or all of your weight on your operated leg, your physiotherapist will teach you another way to use stairs. If you are worried about managing the stairs at home, please discuss this with your therapists.

Your questions

Use the space below to write down anything you would like to discuss with your therapist.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you.

PALS at Princess Royal University Hospital
Farnborough Common
Orpington
Kent
BR6 8ND

Tel: 01689 863252
Email: kch-tr.palskent@nhs.net

If you would like the information in this booklet in a different language or format, please contact PALS on 020 3299 1844.

Who can I contact with queries and concerns?

Physiotherapy, Tel: 01689 864632

Occupational therapy (OT), Tel: 01689 864632