Post Hip Fracture Fixation or Hemiarthroplasty Instructions

DR. EASTWOOD

Follow-up Appointment

If you have not already done so, please contact our office to set up an appointment 14 days after your date of surgery for removal of your suture/staple, an overall wound check, and a review of your progress with physical therapy.

You should make an appointment with your primary care doctor around the same time to check on your medical status and to be assessed for osteoporosis.

Wound Care

Care for your incision is very important. If you had a one-piece island dressing placed at the hospital, leave this on for 72 hours after discharge. If the dressing is soaked, change earlier. Having a few dots of blood initially or thin yellow/clear dots for the first few days is to be expected. Any drainage should gradually decrease. If you have any blisters, foul discharge or pus-looking drainage, call immediately. The wound area will naturally feel a little warmer than the other hip due to increased blood flow and healing response. Swelling is expected early on and gradually decreases over the first several weeks.

Once you begin dressing changes, use a nonstick dressing like a Tefla pad, nonstick adhesive bandages for small incisions or ABD pads; these can be found at your local drugstore. Dressings should be changed daily. Wounds may be dabbed with peroxide for cleansing. DO NOT use products like bacitracin or triple antibiotic ointment; they are mostly petroleum jelly and keep the wound too moist.

You ***cannot*** get the incision wet until we remove your staples or sutures. After that you may shower over the incision, but no soaking in a tub until 6 weeks post surgey.

If you have any problems or questions, please call your doctor's office (8am-5pm).

Answering service for after hours.

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Physical Therapy and Weight Bearing

Your weight bearing will be determined by your specific fracture, fixation and health status. Your surgeon will instruct you on how much weight can be placed on the extremity.

If you are not in a rehab unit, or do not have home therapy set up, you need to call your local physical therapy clinic of choice and start outpatient physical therapy immediately. PT is necessary to restore your motion and function.

Prevention of Blood Clots

1. If you have a history of blood clots or are at high risk, you will be given a prescription for blood thinner such as Lovenox or Coumadin for the first few weeks after surgery.
2. Starting the day after surgery, take one baby aspirin (81mg) twice a day until the sutures are removed. Do not take aspirin if you have an allergy or are on a different blood thinner. If you have been prescribed a different blood thinner, start taking it the day after surgery.
3. Using compression socks or stockings can also help with blood clot prevention.
4. PT and increasing your activity level will also help.

Concerns with Infection and Fevers

For a variety of reasons, a low-grade fever less than 101.5°F for a few days after surgery can be normal. If you have a high fever, chills and/or sweats and are concerned about infection, let us know. Refer to wound care above as well, about wound appearance.

Pain Medicine and Constipation

Yes, these unfortunately go hand in hand. You will be given a discharge prescription for a narcotic; we expect you to wean off these as soon as possible. All narcotics can make you constipated; you can compensate by increasing your water intake, fruits and veggies, and using a stool softener or Metamucil. If you are having severe constipation issues, contact your primary care doctor.

Osteoporosis

You need to make a dedicated appointment to see your primary care doctor to be assessed for osteoporosis (low bone density). If you have not had a bone scan, one should be ordered to screen for bone loss, and whether you may be a candidate for treatment to prevent future fractures. If you are already being treated for osteoporosis, you need to be reassessed to determine if a change in regimen is needed.

Ownthebone.org is a great website with education and resources about osteoporosis.

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