

Hip Surgery

Surgery is necessary to correct hip fractures, although the type of surgery may vary depending on the extent of injury. Surgery to repair a fractured hip may involve internal fixation, partial, or total hip replacement. After the operation, patients should undergo frequent neurovascular checks to assess for adequate circulation, sensation, and motor function. The patient must keep the affected leg abducted, and he/she must also avoid internal rotation of the leg, and turning onto the affected side. Remember, flexion of the hip greater than 90 degrees is contraindicated for at least six weeks after surgery.

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Neurovascular Assessment

Nerve-and-blood-vessel Assess-man

After surgery, the patient is at risk for impaired circulation. Neurovascular checks should be performed frequently to assess for adequate color, temperature, sensation, capillary refill, and distal pulses in the affected extremity.

No 90 Degree Hip Flexion

No-sign 90 Degree Angle

For at least six weeks after surgery, the patient must avoid activities that cause more than 90 degree flexion of the hip, as this could result in dislocation. Activities that should be avoided include crossing the legs or ankles, putting on socks or shoes, or sitting on low seats. An elevated toilet seat should be used for at least 6 weeks after surgery.

No Adduction

No-sign to Add-duct-tape

Legs should be maintained in an abducted position to prevent dislocation of the affected hip. An abductor pillow may be used for this purpose. Patients should be reminded not to cross their legs or ankles.

No Internal Rotation

No-sign to Internal Rotation

Trochanter rolls can be used to keep the leg in a neutral position. Patients should avoid internal or external rotation of the affected extremity.

Avoid Turning on Affected Side

Avoid-sign when Turning on Affected Side

Patients should avoid turning or rolling over onto the affected side until healing is complete.

Considerations

Thromboembolism Prevention

Trombone-Elmo Prevention-wall

After surgery, patients are typically encouraged to ambulate on post-op day one. Early ambulation can help prevent thromboembolism development.