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.

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