NHS

Royal Cornwall Hospitals

NHS Trust

Following your intermedullary nail (IM nail)

Information for patients

Outstanding Care for **One+All**

Patient name:

Date of operation:

About your operation

You have had an operation called an intermedullary nail (IM nail) to treat your broken hip (fractured neck of femur).

An intermedullary nail consists of a long nail or rod that is inserted into the hollow centre of your thigh bone (femur). It is fixed in place with screws at the top and bottom. This is a common operation after a broken hip.

If you have any questions regarding your surgery please speak with your doctor.

Figure 1 Position of nail and screws in hip and thigh bones.

Following your intermedullary nail

Following your hip fracture and your operation to repair it you will be cared for by a multi-disciplinary team (MDT). This will include doctors, nursing staff, occupational therapists, physiotherapists, pharmacists, discharge co-ordinators and many others who will work together to provide you with the best possible care.

The length of time you will be in hospital will depend on your rate of recovery and the progress you are able to make.

Pain relief

A hip fracture and surgery is painful, but you will be offered pain relief to help manage this. It is important that your pain is controlled so you can work with the staff to help you recover and restore your mobility. It is important to take your pain relief regularly. If you feel your pain is not being managed speak to your nurse, therapist or doctor.

Eating and drinking

As soon as you feel able you may try something to eat and drink. If you feel sick, please tell your nurse as they may be able to give you medication to help. It is important to eat well during this time to aid healing and recovery.

Therapy

The Physiotherapy and Occupational Therapy teams will see you to support your recovery and rehabilitation. They will help facilitate your safe discharge from hospital.

Physiotherapy

The physiotherapists will see you on the day of, or the day after, your operation. You will be taught exercises to help get your hip moving, improve your muscle strength and aid circulation. (See end of this booklet for your personal exercise programme).

The physiotherapists will assess your movement and help you sit out of bed as soon as you are well enough (day 1 after surgery if possible). You may initially need some equipment to help get you moving – the therapists will show and explain this to you. You will then be encouraged to sit out regularly with the help of the nursing staff.

The amount of weight you are allowed to put through your operated leg will be prescribed by your surgeon. This is called your 'weight bearing status'. Your physiotherapist will discuss with you what this means.

Your 'weight bearing status' is:

- ☐ Full Weight Bearing (FWB)
- ☐ Partial Weight Bearing (PWB)
- ☐ Touch Weight Bearing (TWB)
- ☐ Non Weight Bearing (NWB)

The physiotherapists will continue to work with you to help you progress your strength and mobility, and regain your confidence.

You will usually need to continue using a walking aid (walking frame or crutches) for at least 6 weeks. Your doctor or therapist will advise you if this needs to be longer. As long as you are permitted to fully weight bear 6 weeks after your operation, you may be able to progress to one stick or crutch. This ideally should be held in the opposite hand. You should be able to walk safely and without a limp before you stop using a walking aid.

Following your discharge from hospital, you may require ongoing physiotherapy and this will be discussed with you prior to your discharge.

Occupational therapy

Your occupational therapist will speak with you and/or your family about your home environment and social situation. This will help determine the level of support you may need to manage your daily activities and to maintain your independence following your surgery.

Planning your discharge

The length of time you will be in hospital will depend on your rate of recovery and the level of support you have at home.

Many patients can be discharged straight home and continue their recovery and rehabilitation in their own home. There are different community teams that can support you with your rehabilitation at home and these will be discussed with you by your therapists as appropriate.

Inpatient rehabilitation may be considered if you and the therapy team feel you need further time to recover and improve your level of function and mobility before returning home.

If it is anticipated that you may not be able to return safely to your own home and manage independently, further assessments of your care needs will need to be done. You and your family will be involved in these discussions. The ward discharge co-ordinator will also be able to support and answer any questions you may have.

Managing your everyday activities

Following your discharge, it may take time for you to regain independence with everyday activities. Your occupational therapist will discuss how you will manage your daily activities once you return home and may suggest some equipment to help you regain your independence.

You may find that a small table next to your chair will help you keep items you use often within reach. Avoid sitting on furniture that is too low. Your therapist will supply any raisers or equipment that you need.

Your physiotherapist and occupational therapist will go through the following with you but here are some guidelines.

Getting dressed

You are advised to get dressed sitting on the edge of your bed or on a chair of appropriate height. Loose clothing is advisable. Your therapist can show you how to dress safely and independently and will supply you with dressing aids if necessary.

Washing and bathing

You are advised not to sit in the bottom of a bath initially whilst your hip is healing. If you have a separate shower or a shower over the bath you may be able to use this. Your occupational therapist will discuss these options with you and may be able to supply assistive equipment to help you.

Kitchen activities

In the kitchen you will need to think about how you usually do things. You may experience difficulty standing at the cooker or work surface and you may struggle to bend down to get things out of low cupboards, the fridge or the oven. A little re-organisation of commonly used items to a higher level, and a high stool in the kitchen will help.

Although you may be able to cook, you will not be able to carry things such as plates and cups away from the kitchen so you will need to have someone to carry things for you for a while, or your therapist may be able to supply you with an equipment aid.

Housework

You will not be able to do any heavy housework or shopping for a while, so it is important to identify who might be able to help you with vacuum cleaning, laundry, bed-making and changing, carrying shopping bags and putting out bin bags. Your occupational therapist can support with these discussions if required.

Sleeping

If your partner sleeps on the side of the bed next to your operated side you may wish to swap sides or sleep in a separate bed for the first few weeks.

You are advised to sleep on your back for the first 6 weeks. If you must sleep on your side, then sleep on the opposite side to your surgery, and put pillows between your legs so that your operated leg is supported in a neutral position.

Driving

Ask your doctor about when you can drive again – it will usually be at least 6 weeks. You need to be sure that you have full control of the vehicle, including the ability to perform an emergency stop. When returning to driving you should inform your insurance company about your condition.

Getting into the passenger seat of a car

Make sure the car is parked away from the kerb so that you get out onto the road not onto the pavement. Use the front passenger seat. Have it pushed back as far as it will go and slightly reclined.

Get in bottom first and lower yourself onto the edge of the car seat. Lean back and pull yourself across the seat, keeping your operated leg straight. Stay leaning back whilst you slowly bend your knees to get your legs into the car and face the right way.

You must not drive for six weeks following your operation.

Walking up and down steps / stairs

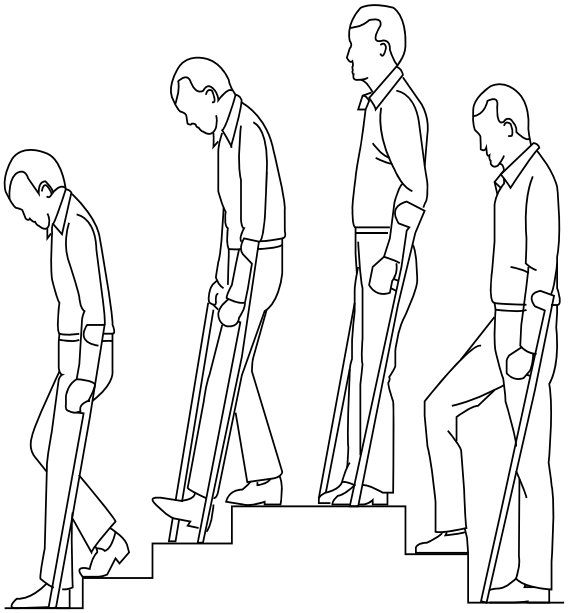
Take one step at a time. Hold the hand rail if there is one available. Then take both of your crutches in your other hand as shown by your physiotherapist.

Walking up:

1. Unoperated leg
2. Operated leg
3. Crutches/sticks

Walking down:

1. Crutches/sticks
2. Operated leg
3. Unoperated leg



Returning to work

When you can return to work will depend on the type of work and how many hours you do. Ask your doctor about returning to work. You can also discuss this with your therapists.

General advice

Your level of function and independence will have changed following your hip fracture and surgery. However it should continue to improve after discharge.

Before your discharge from hospital, the occupational therapist and physiotherapist will assess whether you need support or follow up from community therapy teams and/or other community services. If necessary, an appropriate referral, following discussion and consent with yourself, will be completed to facilitate either or both of these.

Pain relief will be prescribed for you to take home with you on discharge from hospital. It is important to manage your pain as pain can slow down your recovery. You can speak to your pharmacist or GP about your pain relief if you have any questions once at home.

At home it is important to get plenty of rest, but you also need to balance this with a gradual return to your normal activities, as you feel able.

Try to go for short walks regularly if you can, and continue the exercises as advised by your physiotherapist.

If you have any questions about the above advice, please do not hesitate to ask your doctor or therapist.

What should I look out for?

You may have swelling in your leg for up to 3 months after your operation. Resting with your legs raised for a few hours each day will help you manage this.

An increase in swelling or pain may mean that you are doing too much. This should settle with rest.

Seek medical attention as soon as possible if:

- your pain is getting worse (particularly if new onset pain)
- your wound begins to seep, or becomes hot, red, or inflamed
- you feel unwell with a high temperature
- your leg becomes hot, red, swollen, painful or inflamed.

The advice in this booklet is a guide only. Please check with your doctor or therapist for specific advice about your condition.

Your exercise programme

These will be taught to you by the physiotherapy team. Only do the exercises marked with a tick and discuss with your physiotherapist if you have any queries.

The exercises are likely to cause discomfort but there is no need to push into pain. You should find that any discomfort settles soon after you stop the exercises. The exercises will become easier as your hip heals.

Aim for 10 repetitions of each exercise, 3-4 times a day. Don't worry if you can't manage this many at first. You can increase your repetitions beyond this number if you find they are getting easy.

Bed and chair exercises:

1. **Ankle pumps (both feet)** – Point your toes all the way up towards your chest, then all the way down away from you. This is a circulatory exercise to help prevent blood clots. **Repeat 20 times, regularly.** ☐

2. **Static glutes** – Squeeze your bottom cheeks together and hold for 5 seconds.

3. **Static quads** – pull your toes towards you and tighten your muscles at the front of your thigh. Use these muscles to push your knee down straight and into the bed. Hold for 5 seconds.

4. **Hip flexion (operated leg)** – Lying on the bed. Bend your hip and knee to slide your heel towards you slowly, then slowly straighten your leg and slide your heel back down. A slide sheet or plastic bag under your heel may help at first. Do not bend your hip past 90 degrees.

5. **Hip abduction** – Lying on the bed. Keep your toes facing up to the ceiling. Slide your leg out to the side, then slide it back in towards the other leg. A slide sheet or plastic bag under your heel may help at first.

6. **Seated knee extension** – Lift your foot up towards you by straightening your knee, then slowly lower it back down.

Standing exercises

Progress to these exercises when you are feeling steady on your feet and always hold onto something firm for support. Again, aim for 10 repetitions, 3-4 times a day.

1. **Hip flexion** – Bend your operated hip to lift your knee. Then slowly lower it down again.

2. **Hip abduction** – Lift your leg out to the side whilst keeping your back straight, then slowly lower it back to the ground.

3. **Hip extension** – Squeeze your buttock muscles and take your leg backwards behind you, keeping your back and your knee straight, then lower it back down.

Any questions?

If you have any queries about these exercises please discuss with your physiotherapist.

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