

# Hip Fracture Program

The Joint Institute at  
Cooperman Barnabas  
Medical Center



Cooperman Barnabas  
Medical Center

**RWJ**Barnabas  
HEALTH

Let's be healthy together.

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# Welcome

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Welcome to the Hip Fracture Program at Cooperman Barnabas Medical Center. The Hip Fracture Program was designed to empower our patients and their family members on their path to a quick recovery and optimal outcome after Hip Fracture Surgery.

The Hip Fracture team has implemented a comprehensive planned course of treatment. We believe that you play a key role in promoting a successful recovery. Our goal is to involve you in your treatment through each step of the program. This guide will give you the necessary information to promote a more successful surgical outcome.

The physicians, nurses, rehabilitation staff, and administration of Cooperman Barnabas Medical Center have worked together to assemble a multi-disciplinary team of specialists to create the Hip Fracture Program. This program is more than a specialized surgical program within Cooperman Barnabas Medical Center; it is also a comprehensive patient-centered care model for the surgical treatment. This program will help prepare and guide our patients and their families through the entire process of treatment from:

- ▶ Preparation for surgery
- ▶ Specialized post-operative care
- ▶ Preparation for after medical center care/discharge

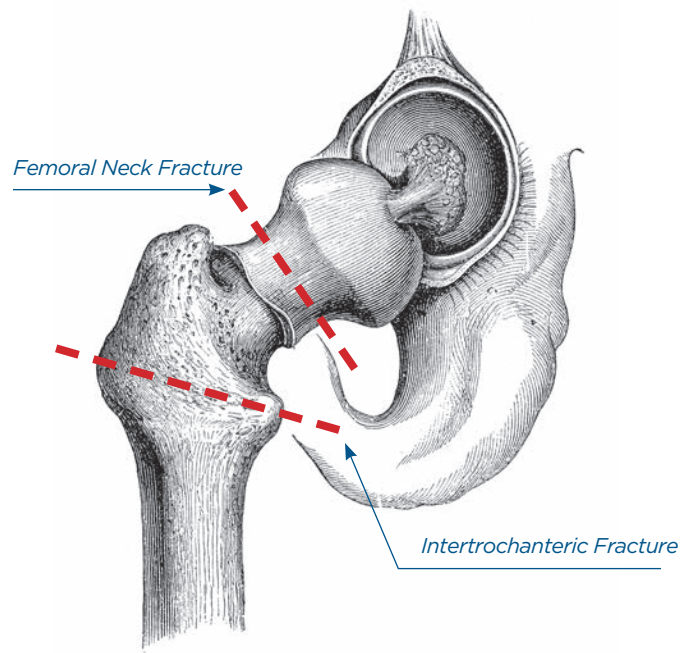
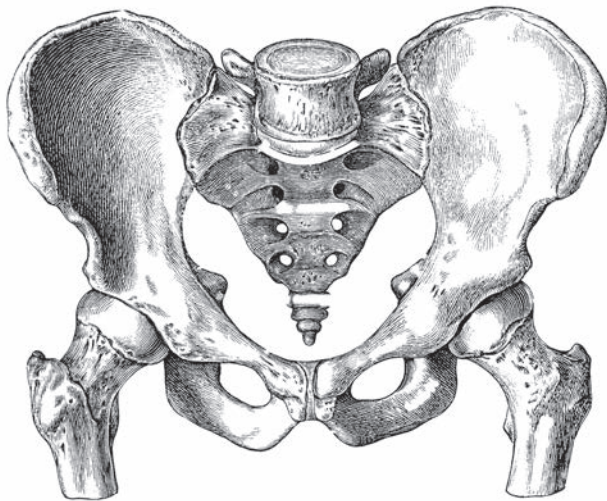
We know for most patients that coming to the medical center for surgery can be an anxiety ridden process. The Hip Fracture Program is designed to address each patient's fear and concerns about his/her treatment and empowers each patient with information and support in order to have the best possible outcome.

It is our hope to deliver the best care for our patients and their family members during all phases of treatment for your hip condition. Our goal is to support you and your family through your treatment so that you can recover quickly and get back to the activities that you love.

# Understanding your Hip and Hip Fractures

To further understand how hip fractures happen it is best to understand how the hip works.

The hip joint is one of the true ball-and-socket joints of the body. The hip socket is called the acetabulum and forms a deep cup that surrounds the ball of the upper thighbone, or femoral head. The femoral head is attached to the rest of the femur by a short section of bone called the femoral neck. The bump on the outside of the femur just below the femoral neck is called the greater trochanter. This is where the large muscles of the buttock attach to the femur.



## What is a Fracture?

A hip fracture occurs when there is a break in the hip bone, usually in the upper part of the femur or the pelvis. Hip fractures are also a concern for women who have gone through menopause whose bones may have become thinner due to osteoporosis. Approximately one out of every seven women will experience a hip fracture. A hip fracture may also lead to hip replacement surgery. This is when an artificial prosthesis is used to replace the broken hipbone.

Most people who have had a hip fracture do not regain the level of independence they had before the injury. Approximately half of those who have had a hip fracture require some kind of assistive device, such as a walker, to ensure safe mobility.

## Hip Fracture Facts

- ▶ Falls are common - 1 in 3 seniors fall each year.
- ▶ Falls are the leading cause of fatal and non-fatal injuries among people 65 and older in the United States.
- ▶ About 3% of all falls cause fractures. The most common are fractures of the pelvis, hip, femur, spine, shoulder, wrist, forearm, leg, and ankle.
- ▶ Falls increase with age - as many as 40 percent of seniors over 80 experience a fall.
- ▶ About 50% of the elderly who sustain a fall-related injury will be discharged to a nursing home rather than return home.
- ▶ Nursing home residents average approximately 3 falls per year.
- ▶ Fear of falling can make you more likely to fall.
- ▶ Women are 3 times more likely than men to be hospitalized for a fall-related injury.
- ▶ Half of the people who have a hip fracture never regain their pre-fall level of functioning.

## ***How do Hip Fractures Happen?***

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Hip fractures are typically caused by a fall. They are considered an orthopedic emergency and require immediate attention and emergency treatment. People who suffer from osteoporosis can be more at risk for hip fractures since their bones are less dense and more brittle and prone to injury. Fractures can even be caused by simple weight-bearing activities. Although some fractures are minor and cause only pain, other fractures can be more severe. It is important to alert your physician if you experience any of the following hip conditions: extreme hip pain that may radiate to the knee, an inability to walk without a device such as a crutch or cane, low back pain, an inability to put any weight on the leg, and/or stiffness, bruising or swelling in the hip or thigh.

## ***Treatment Options***

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Since hip fractures are considered an orthopedic emergency, a benefit of treatment is relief of pain that results from the injury.

Based on your general health and current medications, your doctor will plan the best form of treatment for you. X-rays and CAT scans or Magnetic Resonance Imaging (MRI) tests enable your doctor to make an informed decision regarding treatment. Hip fractures most commonly require emergency surgery by an orthopedic surgeon to restore the bones to their original position. During surgery, a surgeon may use metal devices such as rods to stabilize the bone and hold it in place. Bone grafts may also be needed to ensure adequate healing of the fracture.

Total or partial hip replacements are sometimes performed for hip fractures if pain is severe enough to restrict daily activity or pain is not relieved by anti-inflammatory medicine for arthritis, or the patient has advanced arthritis or significant stiffness of the hip. Based on your medical condition, your physician will determine if total

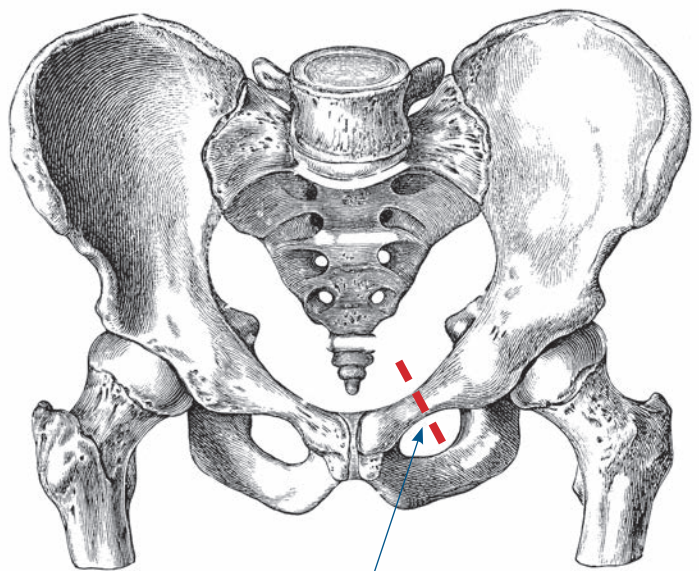
or partial hip replacement is the best treatment option for your hip condition. Total or partial hip replacement may offer relief for patients who suffer pain and the loss of motion in the hip.

## ***Pelvic Fractures***

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The pelvis is a ring-like structure of bones at the lower end of the trunk. The two sides of the pelvis are actually three bones (ilium, ischium, and pubis) that grow together as people age. Strong connective tissues (ligaments) join the pelvis to the large triangular bone (sacrum) at the base of the spine. This creates a bowl like cavity below the rib cage. On each side, there is a hollow cup (acetabulum) that serves as the socket of the hip joint.

Unlike hip fractures, most pelvic fractures do not require surgery. They usually heal on their own. Patients with pelvic fractures are usually treated with pain medication and short periods of bed rest, followed by physical therapy. Physical therapy usually consists of light exercise and ambulation training with an assistive device.



*Pelvic Fracture*

# Having Orthopedic Surgery at Cooperman Barnabas Medical Center

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## ***Prior to Surgery***

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Prior to your operation, hospital protocol requires that each patient undergo tests such as chest x-rays, blood work, and electrocardiograms (EKG) to assess your overall health and condition. Please try to have all your questions answered about your surgery and anesthesia before it is time to sign the consent forms.

## ***OR Holding***

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Once your nurse is satisfied that you have been prepped for surgery and the operating room staff is ready for your surgery, you will then be transported to a staging area in the operating room called OR Holding. Once it is time for you to be transported into the OR Holding, your family member will be asked to wait for you during your procedure in the waiting area of the Surgery Center. Your family member will be given a number that they can use in the waiting area to track your progress through the surgery as it is updated by our OR staff. There are large screen monitors placed in the waiting area where your family member can use the number given to them to track your progress as you progress through surgery and then onto the recovery room.

## ***PACU / Recovery***

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The Post Anesthesia Care Unit (PACU) or Recovery Room is where you will be transported after your surgery has been completed. In the PACU you will be assigned a bed space and a nurse. Your nurse will be monitoring you very closely as you begin your recovery from surgery and the anesthesia that you were administered during surgery. As the nurse is performing his/her duties, a pain management specialist will come see you to begin the management of your pain/discomfort. Please be completely honest when rating your level of pain or discomfort to the pain management specialist, we want you to be as comfortable as possible. Once the PACU team is satisfied with your progress, it will be time for you to have visitors. Please visit [rwjbh.org/cbmc](http://rwjbh.org/cbmc) for the most up-to-date visitation policy. A volunteer at the Volunteer Desk in the waiting area of the Short Stay Unit will inform your family when it is the appropriate time for you to have visitors. The volunteer will then direct the visitor to the PACU where the visitor will be instructed to call into the PACU from a phone located outside. The visitor will then be granted admission into the PACU and will be instructed to wash his/her hands before coming to your bedside.

When the PACU team is satisfied with the progress of your initial recovery after surgery, they will make arrangements for you to be transferred to the orthopedic nursing unit. In the majority of cases, patients will be transferred after their stay in the PACU to 4West. Your surgeon will be able to let you know if he/she suspects that you may need to go to a telemetry unit before arriving to the Orthopedic Unit.

## ***Pain Management***

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It is important to understand that with hip surgery just like any surgery that a patient would undergo, there will be pain and discomfort. Your team comprised of your surgeon, anesthesiologists, nurses, and staff is committed to managing the postoperative pain and discomfort in order to ensure a complete and positive recovery from hip surgery. With that commitment in mind we



have developed a pain management protocol that will manage your pain so that you can meet the goals that we have set for you for discharge and a smooth transition to home. This next section will describe how we will measure the level of pain you are experiencing and list your options for pain management.

## ***Pain Rating Scale***

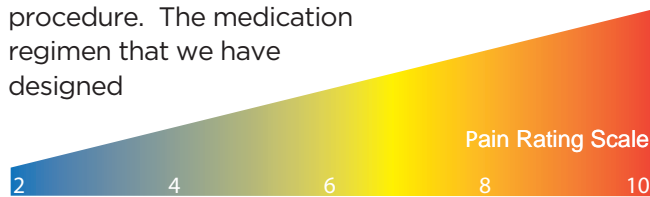
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In order to measure the level of pain that our patients are experiencing after surgery and during the days recovering at the medical center we utilize a pain rating scale. The pain rating scale begins with the number 2 and goes to the number 10. A rating of 2 would mean that you are experiencing mild discomfort and a rating of 10 on the scale would mean that you are in severe pain. Our team will begin asking you for a pain rating immediately after surgery once you wake up from anesthesia in the PACU, and we will continue to ask you for a rating on a regular basis until you are discharged from the unit. Please be completely honest with staff when they ask you to give them a pain rating. The last thing that we want is for our patients to “grin and bear it.” We would like to be as proactive as possible with managing your pain. Please do not wait to see if the pain will get better before letting staff know that you are in pain.

## ***Options for Pain Management***

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You have two options available for pain management after surgery. The options include medications and a pain interventional procedure. The medication regimen that we have designed



is low in opioids or narcotics in order to reduce the number of side effects that you will encounter as well as help return you to normal function as quickly as possible. You will be administered these medications on a regular schedule beginning in the PACU. In addition to the medications that you will receive to ease the pain after surgery you may undergo a local anesthetic block that provides an

infusion of numbing solution into the major nerve near your surgical site.

## ***Alternative Pain Management Techniques:***

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- ▶ Distraction (Methods such as reading and talking can turn away attention from pain.)
- ▶ Guided Imagery (Meditation and breathing exercises)
- ▶ Cold Therapy (Applying ice packs can reduce pain.)
- ▶ Music Therapy
- ▶ Relaxation (Decreasing stress, reducing muscle tension or remembering pleasant experiences can help reduce pain.)

## ***Pain Management Goal***

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Our goal when it comes to pain management is twofold. We want to keep you as comfortable as possible while utilizing little to no opioid or narcotic medication. Achieving this goal will allow you to complete the activities that we have planned for you in order to meet the goals that we have set for discharge from the medical center.

## ***Surgery Day - What to expect***

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Once you arrive on the orthopedic unit, you will be placed in your bed space and assigned a nurse. Your nurse is fully trained in orthopedic conditions as well as the rest of the staff and they will continue your care. Upon arrival, your nurse will give you an incentive spirometer and instruct you how to use it. It is important that you use the incentive spirometer each day of your recovery. Your nurse will ask you to perform 10 deep breaths with the incentive spirometer each hour that you are awake during the day. The incentive spirometer is not a breathing treatment or supplemental oxygen, but a tool to help you perform some deep breathing exercises. These deep breathing exercises help you expand your lungs and breathe easier after surgery. Without it, you are at risk for pneumonia and a delay in your recovery. It is important to note that at some point after your arrival to the unit your nurse will want to assist you out of bed and into a chair. An orthopedic recliner chair will be placed at your bedside for you to sit in. It is important that

you begin to move and sit out of bed after surgery. Getting out of bed will help you feel better and begin returning to normal function. When you are ready to get back into bed, please call your nurse and he/she will assist you back into bed. Based on what time you arrive to the unit you may be asked to get out of bed one more time during the day. Once you are in bed for the night, please try to get some rest. Please remember your safety is most important, if you feel dizzy, lightheaded, or weak do not get up without calling the call bell for assistance.

### ***Mental Confusion***

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Aging adults who suffer a hip fracture and go to the hospital are under a lot of stress. Unfamiliar surroundings, pain medications, and the stress of the injury can lead to changes in a patient's behavior. This is sometimes called the sundowner syndrome because it seems to get worse at night. This can be very frightening to you and your family. Fortunately, it is almost always temporary. It can cause problems because you can become difficult to handle and will not follow instructions. You may try to get out of bed without assistance and can damage the hip further.

The best treatment for mental confusion is usually to get you moving and out of the hospital. Familiar surroundings, familiar faces, and activity are the best treatments.

### ***Physical Therapy/Occupational Therapy***

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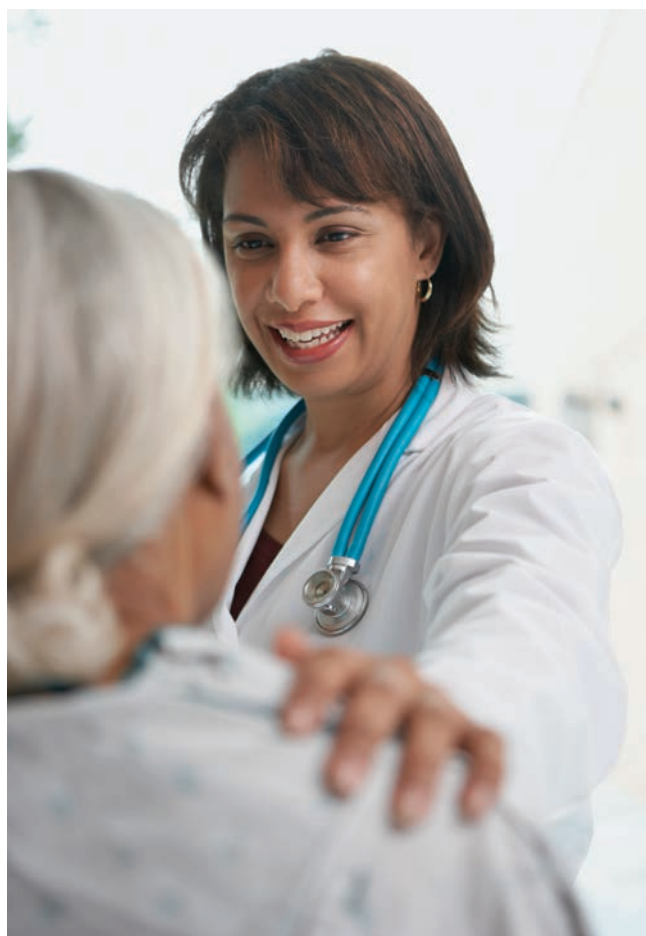
A physical therapist will meet with the patient shortly after their procedure to start their rehabilitation. Treatment will focus on improving motion in the operated limb and improving the level of mobility, and using assistive devices if necessary. An individualized treatment program is established by the physical therapist and occupational therapist, for each patient that will address their specific needs and problems to develop the best course of post-operative treatment and care.

In the event of total hip replacement, hip precautions and the prevention of hip dislocation will be emphasized in physical therapy so patients can learn to live most effectively with their new hip.

### ***Post-Operative Exercises***

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- ▶ Do all exercises 2-3 times a day, 10-20 repetitions each.
- ▶ Take your time when doing exercises. Slow steady repetitions are better than rushing through them.
- ▶ Do not hold your breath during the exercises. Continue with slow deep breathing.
- ▶ Choose a consistent time and place to exercise where you will have everything you need without distraction or interruption.





## Range of Motion and Strengthening Exercises

### 1 Ankle Pumps

Bend ankles to move feet up and down. You can do both feet at once, or alternate. Repeat 20 times with each foot.



### 2 Quad Sets

Tighten the muscles in the front of your thigh, pressing your knee down to straighten it. Hold for the count of 5. Repeat 20 times with each leg.



### 3 Glut Sets

Squeeze your buttock muscles together. Repeat 20 times.



### 4 Short Arc Quads

Place towel roll under your knee. Lift foot by straightening your knee. Do not raise your thigh off of the towel roll. Repeat 20 times with each leg.



### 5 Hip Abduction & Adduction

Slide your leg out to the side. Keep toes pointing up and knees straight. Bring leg back to the starting position. Perform one leg at a time.



### 6 Heel Slides

Slide your heel towards your buttock. Lower slowly to the starting position. Perform one leg at a time. Repeat 20 times with each leg.



### 7 Long Arc Quads

Sit with your back against the back of the chair. Straighten your knee. Return to starting position. Repeat 20 times with each leg.



### 8 Standing Hip Flexion

Hold onto your walker. While standing, raise knee like you are marching in place. Repeat 20 times with your affected leg.

### 9 Standing Ankle Plantar Flexion

Hold onto your walker. Rise up on toes. Perform both legs at once. Repeat 20 times.

## ***Discharge Criteria***

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The discharge criteria have been developed by your surgeon, medical doctor, and staff in order to ensure your safe transition out of the medical center. Your Physician and family, in consultation with the health care team members, will decide which level of care is best for you upon discharge from the medical center.

## ***Going home***

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The Case Manager will come to see you at your bedside to begin the process on postoperative day one after an initial evaluation from the physical therapist. Home Health Care Services and equipment needs will be arranged for you by the Case Manager before you leave. Home Care Services are agencies that will come into the home and continue to work with you during your recovery. You will see a Registered Nurse, Physical Therapist and in some cases, sessions from an Occupational Therapist. These sessions usually begin 24-48 hours after discharge and will continue until you are ready to progress to outpatient physical therapy.

If you are going home after discharge from the medical center, you will need someone that is available to drive you home. You will receive discharge instructions from your nurse before leaving the medical center. The discharge instructions include information about medications, and precautions (if applicable). It is important that you plan for a stop to the pharmacy on the way home. Your surgeon will write prescriptions for medications that he/she would like you to take at home. These include prescriptions for pain medications, so it is important to fill them to continue your pain management. For your convenience we have a retail pharmacy on the ground floor of the medical center. If you would like to have your prescriptions filled by our retail

pharmacy just tell your nurse. Your nurse will contact the retail pharmacy and all prescriptions will be delivered to you at the bedside before you leave. Our retail pharmacy operates just like your neighborhood pharmacy so please remember to bring your prescription drug plan card if you have one to the medical center.

## ***If you are going to skilled nursing facility***

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A skilled Nursing Facility (SNF) offers care to patients with more complex medical problems after surgery. If it is recommended to go to a SNF, our care team will provide you with a list of our preferred providers so you can make an informed decision. Please remember that rehabilitation stays must be approved by your insurance company prior to payment. A patient's stay in a rehab facility must be done in accordance with the guidelines established by Medicare or other insurance carriers.



# Postoperative Care

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## ***Caring For Yourself at Home***

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When you go home, there are a variety of things you need to know for your safety, your recovery, and your comfort.

## ***Control Your Discomfort***

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- ▶ Take your pain medicine at least 30 minutes before physical therapy.
- ▶ Gradually wean yourself from prescription medication to a non-prescription pain reliever. You should ask your physician which over-the-counter medications are safe for you to use.
- ▶ Change your position every 45 minutes throughout the day.

## ***Equipment***

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- ▶ If equipment is needed, the Case Manager can order it for patients prior to discharge from the hospital. Equipment will only be ordered for patients going home. Typically a walker is ordered, and in some cases for total hip replacement patients, they may need a raised toilet seat.
- ▶ Additional equipment may be needed once you are home. The home care therapist can recommend proper equipment once he/she has done their initial home evaluation.

## ***Swelling, bruising and cold therapy***

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- ▶ You may experience swelling following the procedure. Also, you may notice bruising near and around the incision site. As the healing progresses, the swelling and bruising will reduce. Cold therapy or an ice pack can help reduce pain and swelling. To help relieve discomfort, place an ice pack while awake with a barrier such as a towel to protect your skin and incision site and apply for 15-20 minutes 3-4 times per day.

## ***Body Changes***

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- ▶ Your appetite may be poor. Drink plenty of fluids to keep from getting dehydrated. Your desire for solid food will return.

- ▶ You may have difficulty sleeping, which is normal. Do not sleep or nap too much during the day.
- ▶ Your energy level will be decreased for at least the first month.
- ▶ Pain medication that contains narcotics promotes constipation. Use stool softeners or laxatives, if necessary.

## ***Caring For Your Incision***

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- ▶ Keep your incision clean and dry.
- ▶ Your physician may have specific instructions on when you can shower
- ▶ Notify your surgeon if there is increased drainage, redness, pain, odor, or heat around the incision.
- ▶ Take your temperature if you feel warm or sick. Call your surgeon if it exceeds 100.5° F.

## ***Walking***

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Walking is an important part of your recovery, but guidelines must be followed. They include:

- ▶ Walk daily and increase the distance each day, allowing rest between activities.
- ▶ Use walker or crutches until the therapist has transitioned you off of them.

## ***Sitting and Driving***

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- ▶ Do not sit for extended periods of time. Getting up, walking and changing positions are important to recovery.
- ▶ Stop every hour during long car trips to get out and move around.
- ▶ Use a pillow or chair cushion to raise the seat on low chairs.
- ▶ As a safety precaution, do not drive while taking pain medications or until cleared by your surgeon.

## ***Car Transfer:***

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- 1 Push the car seat all the way back; recline it if possible, but return it to the upright position for traveling.
- 2 Place a plastic trash bag on the seat of the car to help you slide and turn forward.

- 3 Back up to the car until you feel it touch the back of your legs.
- 4 Reach back for the car seat and lower yourself down. Keep your operated leg straight out in front of you and duck your head so that you don't hit it on the doorframe.
- 5 Turn frontward, leaning back as you lift your surgical leg into the car.

## ***In and Out of Bed***

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### **When getting into bed:**

- 1 Back up to the bed until you feel it on the back of your legs (you need to be midway between the foot and the head of the bed).
- 2 Reaching back with both hands, sit down on the edge of the bed and then scoot back toward the center of the mattress. (Silk pajama bottoms, satin sheets, or sitting on a plastic bag may make it easier).
- 3 Move your walker out of the way but keep it within reach.
- 4 Scoot your hips around so that you are facing the foot of the bed.
- 5 Lift your leg into the bed while scooting around (if this is your operated leg, you may use a cane, a rolled bed sheet, a belt, or your theraband to assist with lifting that leg into bed).
- 6 Keep scooting and lift your other leg into the bed.
- 7 Scoot your hips towards the center of the bed.

*NOTE: DO NOT CROSS YOUR LEGS* to help the operated leg into bed.

### **When getting out of bed:**

- 1 Scoot your hips to the edge of the bed.
- 2 Sit up while lowering your non-surgical leg to the floor.
- 3 If necessary, use a cane, a rolled bed sheet, a belt or your Theraband® to lower your surgical leg to the floor.
- 4 Scoot to the edge of the bed.
- 5 Use both hands to push off bed. If the bed is too low, place one hand in the center of the walker while pushing up off the bed with the other.
- 6 Balance yourself before grabbing for the walker.

## ***Stairclimbing***

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- 1 Ascend with non-surgical leg first (Up with the good).
- 2 Descend with the surgical leg first (Down with the bad).

## ***Standing***

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Do NOT pull up on the walker to stand! Sit in a chair with arm rests when possible.

- 1 Scoot to the front edge of the chair.
- 2 Push up with both hands on the armrests. If sitting in a chair without armrest, place one hand on the walker while pushing off the side of the chair with the other.
- 3 Balance yourself before grabbing for the walker.

## ***Bathing***

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Do not submerge your incision site, which includes restrictions to baths, hot tubs and swimming pools, until the incision site is completely healed.

## ***Sexual Activity***

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Sexual activity may be resumed once the surgical incision has healed. Maintain hip precautions, if applicable.

## ***Exercise***

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While exercise is good, it's important to recover as directed by your doctor.

- ▶ Do not engage in high-impact activities such as running, jumping, aerobics, basketball, tennis and skiing until indicated by your surgeon.
- ▶ Realistic activities include unlimited walking, swimming, golf, driving, hiking, biking and other low-impact sports.

## ***Follow up with you doctor***

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You will also want to follow up with your medical doctor to discuss ongoing care and preventing future falls and fractures. Most surgeons will require a follow up between 7-10 days post-surgery. You can contact your surgeon's office to arrange this appointment.

## ***Prevention and Recognition of Potential Complications***

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There are some complications that patients are at risk for following surgery. It is important for you to be aware of the signs and symptoms of these conditions so that you can quickly recognize them and seek treatment. If you think that you are experiencing any of the signs and symptoms of these conditions, you should call your doctor and seek treatment immediately. These potential complications include:

- ▶ Blood Clots
- ▶ Pulmonary Embolus
- ▶ Infection
- ▶ Pneumonia

### ***Blood Clots***

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Blood clots or deep vein thrombosis (DVT) is a condition in which a clot forms in the blood vessels of the legs. A clot forms when a patient has been sedentary for a period of time either lying in bed or sitting in a chair. Surgical patients are commonly at risk for blood clots because it can be more challenging to get up and walk after surgery. A blood clot is very painful and needs to be treated immediately in a medical center with intravenous blood thinners. It is important to be able to recognize the signs and symptoms of a blood clot in order to seek treatment quickly.

### ***Blood Clot - Signs and Symptoms***

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- ▶ Swelling in calf, thigh, or ankle that does not go down with elevation
- ▶ Pain or tenderness in calf
- ▶ Can be in either leg

### ***Blood Clot - Prevention***

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- ▶ FlowTrons®
- ▶ Physical Therapy
  - 1 Ankle pumps
  - 2 Early walking

## ***Pulmonary Embolism***

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A pulmonary embolism is a serious and potential life threatening condition where a blood clot forms in your legs and travels to your lungs. If you think you have the signs and symptoms of a pulmonary embolism you should call 911 and get to a medical center for treatment.

### ***Pulmonary Embolism - Signs and Symptoms***

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- ▶ Sudden chest pain
- ▶ Difficulty or rapid breathing
- ▶ Shortness of breath
- ▶ Sweating
- ▶ Confusion
- ▶ Call 911

### ***Pulmonary Embolism - Prevention***

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- ▶ Prevention of a blood clot
- ▶ Recognition of a blood clot
- ▶ Quick treatment of a blood clot

### ***Infection***

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Having any surgery performed puts you at risk for surgical site infection however surgical site infection can be prevented. It is important that, after you leave the medical center, you keep your incision clean and dry.

### ***Infection - Signs and Symptoms:***

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- ▶ Red incision
- ▶ Increase pain or swelling
- ▶ Draining of the incision
- ▶ Temperature elevation > 101°

### ***Infection - Prevention***

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- ▶ Keep your incision clean and dry

## ***Pneumonia***

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All surgical patients are at risk for pneumonia especially those who spend a long time under anesthesia. Pneumonia is an inflammation of the lungs and can be caused by an infection from bacteria or a virus. Fortunately pneumonia can be prevented by using a device called an incentive spirometer after surgery as well as getting out of bed and walking after surgery with the assistance of your nurse, a family member, or friend.

## ***Pneumonia – Signs and Symptoms***

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- ▶ Cough
- ▶ Fever
- ▶ Shortness of Breath
- ▶ Painful Breathing

## ***Pneumonia - Prevention***

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- ▶ Incentive Spirometer
- ▶ Walk

## ***Preventing Future Falls***

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Dress Appropriately

- ▶ Wear properly-fitting shoes with nonskid soles.
- ▶ Tie your shoe laces.
- ▶ Replace slippers that have stretched out of shape and are too loose.
- ▶ Use a long-handled shoehorn if you have trouble putting on your shoes.
- ▶ Avoid high heels and shoes with smooth, slick soles.
- ▶ Women who cannot find wide-enough athletic shoes for proper fit should shop in the men's shoe department because men's shoes are made wider.

## ***Understand Your Medications***

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- ▶ Avoid excessive alcohol intake.
- ▶ Keep an up-to-date list of all medications and provide it to all doctors with whom you consult.
- ▶ Check with your doctor(s) about the side effects of your medicines and over-the-counter drugs.

- ▶ Fatigue or confusion increases your risk of falling.
- ▶ Make sure all medications are clearly labeled and stored in a well-lit area according to instructions.
- ▶ Take medications on schedule with a full glass of water, unless otherwise instructed.

## ***Tips for your home***

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Protect yourself with these simple changes in furniture arrangement, housekeeping, and lighting to prevent falls.

### **Bedroom**

- ▶ Place a lamp, telephone and flashlight near your bed.
- ▶ Sleep on a bed that is easy to get into and out of.
- ▶ Replace satiny sheets and comforter with products made of no slippery material; i.e., wool, cotton.
- ▶ Install a night-light along the route between your bedroom and the bathroom.
- ▶ Keep clutter off the bedroom floor.

### **Living Areas**

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- ▶ Arrange furniture so you have a clear pathway between rooms.
- ▶ Keep low-rise coffee tables, magazine racks, footrests and plants out of the path of traffic.
- ▶ Install easy-access light switches at entrances to rooms so you won't have to walk into a darkened room in order to turn on the light. Glow-in-the-dark switches may be helpful.
- ▶ Walk only in well-lighted rooms, stairs and halls.
- ▶ Do not store boxes near doorways or in hallways.
- ▶ Remove newspapers and all clutter from pathways.
- ▶ Keep electric appliance and telephone cords out of walkways, but do not put cords under a rug.
- ▶ Do not run extension cords across pathways; rearrange furniture.
- ▶ Secure loose area rugs with double-faced tape, tacks, or slip-resistant backing.
- ▶ Do not sit in a chair or on a sofa that is so low it is difficult to stand up.
- ▶ Repair loose wooden floorboards right away.
- ▶ Remove door sills higher than 1/2" inch.

## Stairs and Steps

- ▶ Keep stairs clear of packages, boxes or clutter.
- ▶ Light switches should be at the top and bottom of the stairs. Or consider installing motion-detector lights which turn on automatically.
- ▶ Provide enough light to see each stair and the top and bottom landings.
- ▶ Keep flashlights nearby in case of a power outage.
- ▶ Remove loose area rugs from the bottom or top of stairs.
- ▶ Replace patterned, dark or deep-pile carpeting with a solid color, which will show the edges of steps more clearly.
- ▶ Put non-slip treads on each bare-wood step.

## Kitchen

- ▶ Remove throw rugs.
- ▶ Clean up immediately any liquids, grease, or food spilled on the floor.
- ▶ Store food, dishes, and cooking equipment within easy reach.
- ▶ Do not stand on chairs or boxes to reach upper cabinets.
- ▶ Use nonskid floor wax.



## Patient Contact Log

Information	Name	Contact
Orthopedic Surgeon		
Anesthesiologist		973.322.5512
Orthopedic Resident		
Medical Doctor		
Physician Assistant		
Case Manager		
Social Worker		
Home-Health Care Agency		
Skilled Nursing Facility		



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