



Your MGH Care Album

Patient Name _____

The purpose of this MGH Care Album is to provide a helpful, educational tool for you and your family. It will help you understand what will take place while you are at MGH for your bone fracture repair and what to expect during your fracture rehabilitation.



MASSACHUSETTS
GENERAL HOSPITAL



ORTHOPEDIC TRAUMA
INITIATIVE

HARVARD MEDICAL SCHOOL

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Questions or Concerns?



Do you have any questions or concerns? You have a few options:

7:00 am – 3:00 pm weekdays Call our fracture nurse practitioner at (617) 697-4806

Anytime, any day Email your question to: fractureMGH@partners.org

Emergencies 3:00 pm – 7:00 am
nights, weekends and holidays Call our Pager at (617) 280-9956

What happened to you?

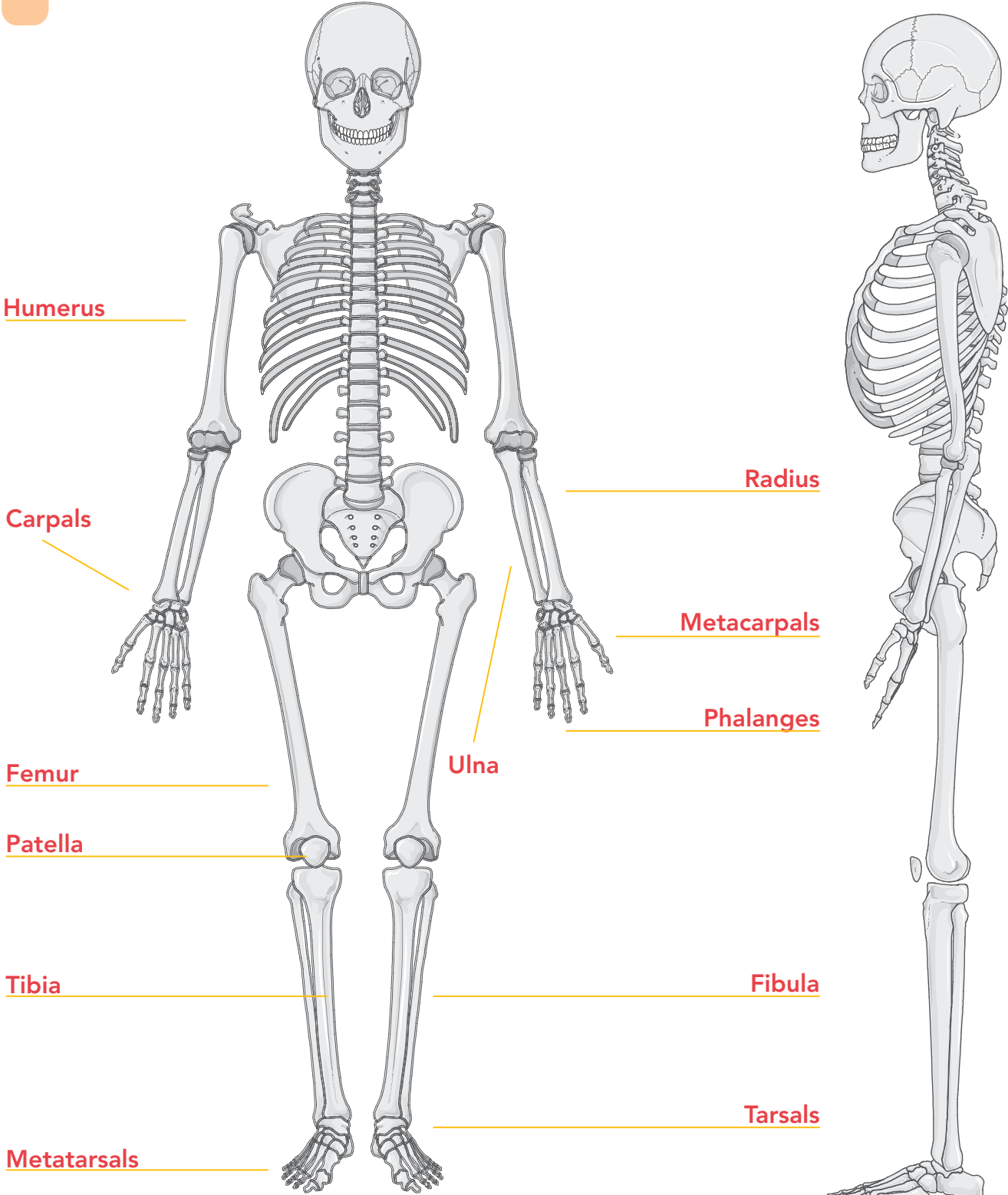
Your Injury:

Your Surgery:

Your Surgeon:



Your Bones



Frequently Asked Questions



How soon can I go home?

Your recovery from your injury will start in the hospital and continue in other settings.

Patients often spend about 4-5 days in the hospital after a fracture. Often patients continue their recovery in settings such as a rehabilitation hospital or skilled nursing facility.

The time you spend rehabilitating from your injury depends on how quickly you are able to recover and build the strength/balance you need to walk safely.

How soon can I walk again?

Your weight bearing status will be explained to you before you leave the hospital. If you are able to bear weight as tolerated, you can put more weight on your leg as it feels comfortable to do so.

If you are considered non-, touch down-, or partial weight bearing, your surgeon will evaluate you at your next appointment to determine whether it is safe for you to bear more weight.

Do not forget to use the ambulatory aid recommended by your surgeon/physiatrist.

Why did this happen to me and will it happen again?

If you broke your bone when you fell from your own height, you may have osteoporosis.

Osteoporosis is a condition where the bones become weak and can break from a minor fall or activity that would not normally cause a bone to break.

Lifestyle changes and certain medications prescribed by your physician can help prevent bone loss, increase bone density, and reduce your risk of future fractures.

Frequently Asked Questions

How long will it take to heal?

Most fractures take one year to fully heal. The first 4 months are considered the healing phase, while the last 8 months – called the remodeling phase – are when the bone attempts to become like it was prior to your injury. Over time your fractured bone becomes stronger and you should be able to resume many of your regular activities.

How long will I need to take medication?

It depends on the kind of medication you are taking. If you are taking blood-thinning medication like aspirin, dalteparin, enoxaparin or warfarin, or antibiotics for infection you will need to take these drugs for as long as the doctor thinks is necessary. If you are taking pain medication, you should only take this medication when needed.

What's going to happen to me while I'm in the hospital?

Surgeons, geriatricians, physical therapists, nurse practitioners, nurses and others will make sure you are ready for surgery and take care of you after surgery. A case manager will help your transition to a rehabilitation facility or to home with services. The entire care team will work with you to optimize your recovery and help you get back to the activities that are important to you.



Our Fracture Team



David Lhowe, MD



R. Malcolm Smith, MD

Orthopedic Trauma Surgeons

The attending physicians are senior orthopedic surgeons who take overall responsibility for your care. They work closely with residents, who are training to be orthopedic surgeons and are available 24 hours a day, 7 days a week to provide care while you are in the hospital.



Marilyn Heng, MD, MPH

Geriatric Inpatient Fracture Service

Our geriatric medicine physicians and nurse practitioner have specialized training in the care of patients 65 years and older and work with your surgeons and acute care nurse practitioners to optimize your care and rehabilitation.



Esteban Franco Garcia, MD



Kat Breda, AGACNP-BC

Acute Care Nurse Practitioners

The acute care nurse practitioners specialize in care of patients with traumatic injuries. These nurses work very closely with all physicians, nurses and other care providers involved in your care.



Kathy Burns, ACNP



Benjamin Hollingsworth, ACNP

Outpatient Services



Orthopedic Trauma Outpatient Clinic

Clinic patients receive comprehensive care for their orthopedic injuries by a team of expert physicians and nurses. Patients who are recovering from orthopedic surgery will typically visit with their surgeon about 2 weeks after surgery to assess how their injury is healing and remove incision sutures or staples. Additional clinic visits will be scheduled as needed. The staff also helps patients coordinate care with other MGH services such as physical therapy, occupational therapy, and social services.

During your recovery at the hospital, a physician assistant for osteoporotic fracture care and prevention will visit with you to discuss a treatment plan to help reduce your risk of another broken bone from osteoporosis.



Cortney Dryer, RN
Nurse Manager for Orthopedic Trauma Outpatient Clinic



Lisa Beyer, Physician Assistant
MGH Fracture Liaison Service

Before Your Fracture Surgery



Lots of Questions

Surgeons, anesthesiologists, doctors, nurse practitioners and nurses will all ask...

What happened?

What is your medical history?

Have you had other surgeries?

Who is your health care proxy and do you have advanced directives?

Make sure you ask questions about your care and surgery. We are happy to answer all of your questions.

What to Expect

You will have nothing to eat for 8-12 hours before your surgery.

You will receive pain medication. Let us know if you are in pain!

You will have a chest X-ray and blood work performed.

You will receive fluids and medications through an IV in your arm or hand.

You might have difficulty sleeping because of noise, light and regular interruptions from your care team.

You will probably have to use a bed pan or urinal to go to the bathroom. Do not worry, your nurse will help if you need assistance.

After Your Fracture Surgery

You will get daily visits from:

- Your Surgical Team
- Geriatric Medicine
- Physical Therapy
- Occupational Therapy

You can expect to feel:

- Tired
- Discomfort / Pain
- Not as hungry as usual

Your goal will be to get out of bed and move when your doctor gives you the okay. Your physical therapist can give you exercises to do while you are in bed too.



The more you move the faster you will recover!

After Your Fracture Surgery

You will begin eating and drinking again.

The nursing staff will assist you with your care needs, such as providing medication, bathing and getting out of bed.



You will receive medication to manage your pain.

You will wear compression boots wrapped around your lower leg that will massage your legs and help prevent blood clots.



Blood tests and x-rays will be done to manage your recovery. You may need a blood transfusion if you are anemic or lost a lot of blood.



Physical therapists will work with you to increase your strength and balance so that you can return to activities you enjoy.

Use the incentive spirometer to exercise your lungs and help prevent pneumonia.

Possible Complications



Complications include:

Pneumonia

Urinary tract infection (UTI)

Mental Confusion (delirium)

Blood clots in your legs or lungs
(deep vein thrombosis or
pulmonary embolism)

Bed sores (pressure ulcers)

Further loss of muscle mass,
increasing your risk of falls and injury

Experiencing more pain than
normally expected

How to prevent complications:

Your physician will tell you when it is safe for you to get out of bed and move about.

Practice deep breathing to expand your lungs and sit upright in bed or chair if allowed.

Perform your physical therapy exercises to increase your strength, balance and flexibility.

Take only the medications as instructed by your care team and ask your physician if you have any questions or if you think something is missing.

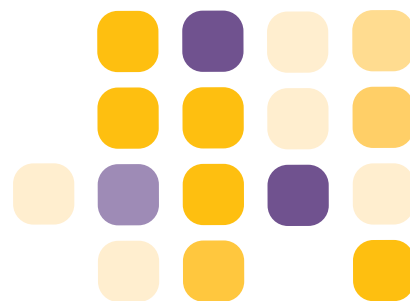
Eat complete meals and take supplements if your doctor ordered them.

Drink frequently unless your care team has placed restrictions on the amount of fluid you are allowed to drink.

Do not hesitate to discuss your concerns with your medical team.



Your medical team
will work with you
to help ensure a
successful surgery
and recovery



Pain Management



How to Treat Pain:

- Rest
- Ice
- Elevation
- Medication

What to Keep in Mind:

Pain makes recovery from surgery more difficult and stressful for your body.

It is important to take your pain medication to help your body heal.

You should take pain medication before physical therapy to get the most out of your session.

Most people who take narcotic pain medication for short periods of time as instructed do not become addicted to it.

If your pain medication is not working for you, we have other medications or non-pharmacological ways (like ice) to treat your pain. Tell us about your pain so we can help you!

It is normal for you to feel some pain following a bone injury and surgery and while you are healing and recovering from your accident.

Constipation



Treatment for Constipation

- Increase your fluid intake.
- Increase your fiber intake.
- Move as much as possible.
- Bowel medications may be used for a short period of time.

Delirium

What is delirium?

A new, fluctuating change in mental status that is reversible and is frequently caused by several factors related to the patient's injury and hospitalization.

Family and Friends: What can you do to help?

Tell the care team that the patient is acting differently than they normally do.

Tell the patient where they are, who they are, why they are here—reorient them frequently.

Bring in objects the patient may recognize such as favorite photos, pillow, blanket.

Make sure the patient has their hearing aids, glasses, dentures and are using them.

Ask the patient's nurse if you can help the patient eat and drink the food that is brought to them. You can also bring in food from home that the patient enjoys. Remember to check with the patient's nurse *àrst* before offering food brought to the hospital.



Family and friends can help us take better care of the patient

Delirium: What You May Observe

Poor thinking skills and memory

Difficulty with speaking or writing

Personality changes

Emotional disturbance

Easily distracted

Sleeping more

Rapid changes in mood

Changes in normal behavior

Lack of focus

Being hyperactive, restless, agitated

Saying things that do not make any sense



Your Discharge Checklist



- Your questions have been answered.
- If you are going directly home, remember to ask who will be contacting you to help you recover from your surgery, such as a visiting nurse and when to expect their call.
- If you are going directly to a rehabilitation facility, remember to confirm where you are going and ask how long you should expect to be there.
- You understand your discharge instructions that are given to you in writing.
- You know who to contact with questions or concerns after you leave MGH:
Email: fractureMGH@partners.org; Call: (617) 697-4806; (weekdays);
Pager: (617) 280-9956 (emergencies, nights and holidays)
- You understand what medications you are taking and why. You also understand why these medications may be different than what you were taking before you were hospitalized.
- You have received prescriptions for your pain medication.
- You have contacted your PCP to alert them to your recent hospitalization.
- You have scheduled a follow-up appointment with your orthopedic surgeon.

Frequently Asked Questions

What will I be doing during rehabilitation?

There are many skilled therapists, nurses and clinicians who will work with you daily to help you regain your independence, strength and movement.

A specific plan of care and goals will be determined with you and your family once you are transferred to the rehabilitation hospital.

Who do I contact if I have questions once I get home?

You have a few options:

Phone (7:00 am - 3:00 pm weekdays): Call our fracture nurse practitioner at (617) 697-4806

Email (anytime): fractureMGH@partners.org

Pager (Emergencies from 3:00 pm - 7:00 am weekdays, all weekends and holidays): (617) 280-9956

When do I see my surgeon again?

Before you leave the hospital, you will be given specific instructions about your scheduled follow-up appointment.

Typically you will have an appointment with your surgeon 2-3 weeks or 6 weeks after your surgery.



Your Recovery



Why do I need to perform physical therapy?

To increase your strength.

To increase your balance.

So you can move around, take care of yourself and enjoy your hobbies.

How long do I have to perform physical therapy?

Everyone's speed of recovery is different and your physical therapist will work with you to determine the optimal amount of exercise you need to reach your goals.

Typically it takes 3 – 6 weeks to regain your strength with physical therapy.

Types of Exercises

Your physical therapist may include in your recovery:

Strengthening Exercises: Simple muscular contractions using your body weight as resistance.

Range-of-Motion Exercises: Helps you to flex and extend your injured joint.

Stabilization Exercises: Helps you restore balance and strength to the muscles surrounding your injury.

When can I put weight on my leg?

Your surgeon will determine when it is safe for you to bear weight on your leg.

How much weight you can put on your leg depends on the type of fracture you sustained.

Your Recovery



Putting weight on your injured leg

Placing weight (known as weight bearing), on your injured limb depends on how well your bone is healing and what type of surgery you had. X-rays are used by your orthopedic surgeon to confirm the status of your bone healing. Each fracture is different with different bones and fracture repairs healing at different rates. Your orthopedic surgeon will give you specific instructions regarding when you can safely put weight on your injured limb and how much weight is safe to place on it. Placing weight on your repaired limb before you are cleared to do so may damage it and put you at a higher risk of complications and increase your time to recover.

It is very important to follow the instructions given to you by your orthopedic surgeon, trauma nurse practitioners and physical therapists. Remember if you have any questions about your recovery please ask us to clarify your activity instructions!

Weight bearing as tolerated (WBAT):

When you stand or walk, place as much weight as feels comfortable on your affected leg. Let pain be your guide. If you feel pain, place less weight on the affected leg.

Partial weight bearing (PWB):

When you stand or walk, you may place some amount of weight on your affected leg to help you move while using an assistive device like a cane or walker. Exactly how much weight you can support will be specified by your surgeon and how to support your weight will be shown to you by your physical therapist.

Touch-down weight bearing (TDWB):

When you stand or walk, you may put your foot down to touch the floor only for balance. Do not place actual weight on your affected leg.

Non-weight bearing (NWB):

Place no weight on your affected leg. Do not touch the floor with your affected leg. While you stand or walk, you must hold your affected leg off the floor.

Fall Prevention

Exercise for improved bone strength and balance

Weight bearing exercise such as walking.

Balance training such as Tai Chi and upper body strengthening exercises.

Get enough calcium and vitamin D

1200 mg of calcium daily.

1000 to 2000 international units of vitamin D a day.

Always check with your doctor or nurse practitioner before starting to take calcium or vitamin D.

Check your eyes at least yearly

Have an eye exam yearly.

If you have diabetes or eye disease you may need more frequent exams.

Watch your medications

Feeling weak and dizzy are possible side effects of many medications and can increase your risk of falling.

Talk to your doctor about side effects caused by your medications.

Do not start and stop medications, except under your doctor's direction.

Avoid smoking or excessive drinking

Smoking and alcohol consumption can reduce bone strength. Drinking too much alcohol can impair your balance.

Dress appropriately

Wear properly-fitting shoes with non-skid soles.

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.



Fall Prevention at Home

A checklist with information on how to make your home safe

- Floors**
Remove all loose wires, cords, and throw rugs. Minimize clutter. Make sure rugs are anchored and smooth. Keep furniture in its usual place.
- Bathrooms**
Install grab bars and non-skid tape in the tub or shower.
- Kitchen**
Install non-skid rubber mats near sink and stove. Clean spills right away.
- Lighting**
Make sure halls, stairways, and entrances are well lit. Install a night light in your bathroom. Turn lights on if you get up in the middle of the night.
- Stairs**
Make sure treads, rails, and rugs are secure.
- Bedroom**
Place a lamp, telephone and flashlight near your bed.

Contact MGH Senior Health at (617) 726-4600 and ask for information on a fall risk assessment if you are interested in further home evaluation for fall prevention.



Osteoporosis



Warning Signs and Symptoms

A broken bone when you fall from your own height
Back pain or hip pain
Loss of height

Treatment

Certain medications prescribed by your physician can help prevent bone loss, increase bone density and reduce your risk of fractures.



Prevention

A healthy diet including foods with calcium and vitamin D, like milk, yogurt, eggs, some fishes, and dark leafy greens.

Weight bearing exercises like walking, dancing, Tai Chi and upper body exercises.

Avoid smoking, excess alcohol and caffeine because they can weaken your bones.



Nutrition for Bone Health



The U.S. Dietary Guidelines can help you choose the right foods for your bone health:

Go lean with protein

Focus on fruits

Vary your veggies

Get your calcium-rich foods from dairy products:

Fat-free or low-fat milk, yogurt and cheese

Lactose-free and lower-lactose products are widely available

You can also get calcium from non-dairy foods:

Canned salmon and sardines (with bones)

Dried figs

Broccoli, kale, mustard greens and turnip greens

Nuts (almonds, roasted soy nuts)

Foods with added calcium (juices, soy milk, rice milk, cereals and others)

Word Search

Here is a word search puzzle featuring many of the terms used in this book. How many of them can you find?

L V A G D E L I R I U M P T R I E C G C
J E R L P F Y C N E G R E M E S O G L B
N O I T A C I D E M A A S F R N B T M H
M T H S N B A L A N C E W U S O N S U V
U R C I T Z N Y W F E Z N T K E C U H N
I A P P V W I O Y E O R I J D F S R T N
C U V A E J C W I K S P U I P I H G G O
L M O R T O C A Y T A I C T S W X E N I
A A V E Y N Y I L T A C C O C J A O E T
C T C H H T S R I A A T R R Z A O N R I
S N A T B R E O E X T O I E E B R T T R
V E T D Z I N K K G P I C L C X J F S T
J M A M B U L A T O R Y P P I O E V Q U
D T S N C G T M E Q Y U N S U B V M C N
D A C T I V I T I E S G S X O J A E Y S
U E S P R E S C R I P T I O N H N H R H
M R I I H O W V W X V I T A M I N U E Y
J T Y T A P P O I N T M E N T N F X H R
H L L S G N I L A E H D E N S I T Y X M
Z Y N P D Y C I D E P O H T R O D F L X

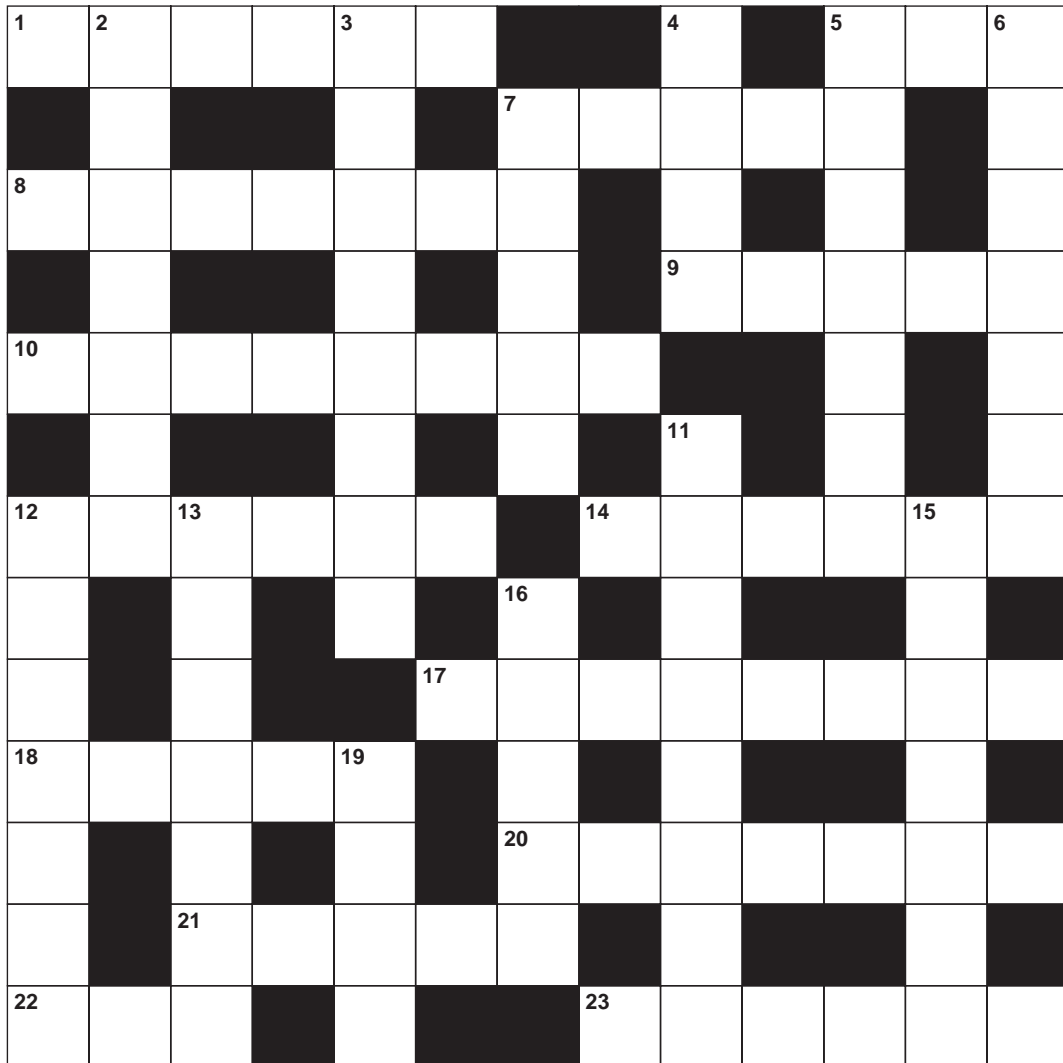
ACCIDENT
ACTIVITIES
AMBULATORY
APPOINTMENT
BALANCE
CALCIUM
CONSTIPATION
DELIRIUM

DENSITY
EMERGENCY
EXERCISE
FRACTURE
HEALING
HOSPITAL
MEDICATION
NURSE

NUTRITION
ORTHOPEDIC
OSTEOPOROSIS
PRESCRIPTION
RECOVERY
REHABILITATION
STRENGTH
SURGEON

SURGERY
THERAPIST
TRAUMA
TREATMENT
VITAMIN

Crossword



ACROSS

- 1 - Spring back (6)
- 5 - Work of creativity (3)
- 7 - Noble gas (5)
- 8 - Forgive (7)
- 9 - Arms and legs (5)
- 10 - Forms of payment (8)
- 12 - Farmer (6)
- 14 - Tall structures (6)
- 17 - Moan (8)

18 - Connective tissue (5)

- 20 - Robbers at sea (7)
- 21 - Unpleasant giants (5)
- 22 - Male offspring (3)
- 23 - Chooses (6)

DOWN

- 2 - Space shuttle (7)
- 3 - Educational institutions (8)
- 4 - Hero (4)

5 - Excite (7)

- 6 - Thin papers (7)
- 7 - Dares (anag) (5)
- 11 - Bodily (8)
- 12 - Chats (7)
- 13 - Belief (7)
- 15 - Clothing (7)
- 16 - Great successes (5)
- 19 - Thin cable (4)

Answers



