# Hip Dislocation

In a **hip dislocation** the ball of the *femur* (the top of the large bone in your thigh) has slipped out of its socket. When this happens, if no *fractures* (breaks in the hip socket or ball of the femur) are present, it can be treated by simply putting the ball back in the hip socket. The ball of the femur also has a vessel that goes into it. These vessels are often injured by a dislocation, and because they supply blood to that area, it may eventually be a cause of damage to that part of the bone. When the blood supply from below is not enough to feed the ball of the joint, part of the bone may die (called avascular necrosis or osteonerosis) which could result in the need for surgery at a later date to replace this or repair the joint with a replacement. Replacement of this bone following dislocation often requires a general anesthetic. A general anesthetic means that medications are given to help you sleep while this is done to keep you comfortable. This is not always the case. Sometimes the hip may be put back in place without giving you medications. Following a hip dislocation, your hip will need to be relocated (put back in place).

## LET YOUR CAREGIVERS KNOW ABOUT THE FOLLOWING:

- Allergies
- Medications taken including herbs, eye drops, over the counter medications, and creams
- Use of steroids (by mouth or creams)
- Previous problems with anesthetics or novocaine
- Possibility of pregnancy, if this applies
- History of blood clots (*thrombophlebitis*)
- History of bleeding or blood problems
- Previous surgery
- Other health problems

## BEFORE AND AFTER YOUR HIP RELOCATION

Prior to putting your hip back in place, an IV (intravenous line for giving fluids) may be started, and you will be given an *anesthetic* (medications and gas to make you sleep), or given medications in your back to make you numb from the waist down (a spinal). After surgery, you will be taken to the recovery area where a nurse will watch and check your progress. Once you're awake, stable, and taking fluids well, barring other problems you will be allowed to return to your room. You will receive physical therapy until you are doing well and your caregiver feels it is safe for you to be transferred either to home or to an extended care facility.

## HOME CARE INSTRUCTIONS

- You may resume normal diet and activities as directed or allowed.
- Only take over-the-counter or prescription medicines for pain, discomfort, or fever as directed by your caregiver.
- Use crutches or a walker as instructed. When you are allowed full weight bearing, begin slowly and back off the activity if it is causing pain or discomfort.
- Apply ice to the injured hip for 15 to 20 minutes, four times per day while awake, for 2 days. Put the ice in a plastic bag and place a thin towel between the bag of ice and your cast.
- If your caregiver has given you instructions for exercises and range of motion to do, make sure to do them as instructed.

## SEEK MEDICAL CARE IF:

- There is swelling of your calf or leg.
- You develop shortness of breath or chest pain.
- You have increasing pain or discomfort in your hip which is not relieved with medication.
- You notice increasing swelling around the hip.
- You have any numbness or tingling in your hip or leg.
- You are not improving, or are getting worse.
- You have any other questions or concerns.

## SEEK IMMEDIATE MEDICAL CARE IF:

- You develop a rash.
- You have difficulty breathing or develop shortness of breath.
- You develop any reaction or side effects to medicines given.
- You develop chest pain.

## MAKE SURE YOU:

- Understand these instructions.
- Will watch your condition.
- Will get help right away if you are not doing well or get worse.

Document Released: 01/06/2009 Document Re-Released: 10/14/2010
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