Royal College of Physicians

British Orthopaedic Association
Caring for Patients; Supporting Surgeons

BRITISH GERIATRICS SOCIETY

My hip fracture care:
12 questions to ask
A guide for patients, their families and carers

About this guide

This guide is aimed at patients who have a hip fracture, and their families and carers. It explains what a hip fracture is, and answers 12 essential questions about what to expect from your hip fracture care. There is also space for you (or your family and carers) to make notes about the different aspects of your care.

In association with:

RCS ADVANCING SURGICAL STANDARDS

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National Osteoporosis Society

Falls and Fractures Alliance

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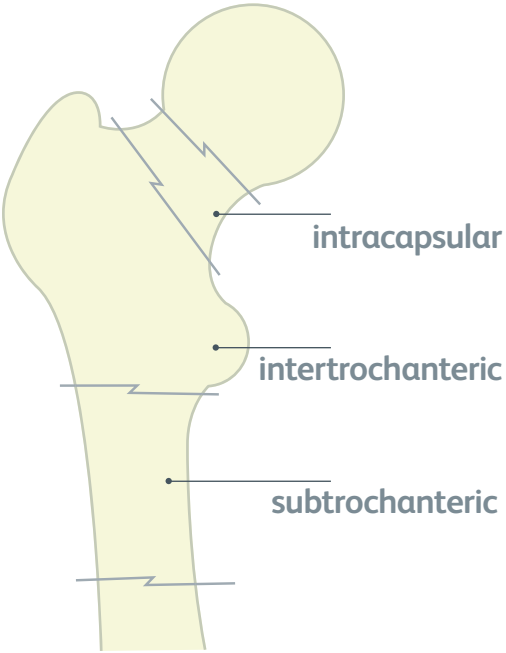
Introduction

What is a hip fracture?

The hip is a ball and socket joint at the top of the thigh bone, where it meets the pelvis. A hip fracture occurs when the bone in the ball part of the joint breaks. Your surgeon may refer to it as a 'fractured neck of femur' or 'fracture of the proximal femur'.

Areas of the femur where different types of fracture commonly occur:



What causes a hip fracture?

Falls are common in older people, and one in three people over 65 will fall each year. Slower reflexes can mean that they are unable to break their fall, and the hip often takes the brunt of the impact.

Bone is strong and usually doesn't break with a simple fall, but as we get older our bones become weaker. Osteoporosis and other bone diseases can increase the effect of age and further weaken bone. This means that even a fall from standing height can cause a fracture.

Many people with a hip fracture also have other medical, social and mental health conditions that pose problems for their operation and recovery.

What is the usual treatment?

The vast majority of people need an operation to get back on their feet, or just to move about in bed with comfort and dignity. A small number are too unwell for surgery. Your operation will be one of the following:

> a partial or total hip replacement
> fixing the fracture with a plate
> fixing the fracture with screws
> fixing the fracture with a rod inside the thigh bone.

Your operation will depend on the type of fracture you have.

You will need care from a team including paramedics, A&E staff, orthopaedic surgeons, anaesthetists, geriatricians, nurses and physiotherapists. When necessary a pharmacist, occupational therapist, dietician, speech therapist, psychologist, or psychiatrist will also become involved in your care.

Your hospital can also arrange for a social worker to provide help if you need it after you leave hospital.

What about my own hip fracture?

Everyone's needs are different and so the care you receive will be tailored to you, particularly if you have additional medical, social or psychological issues.

How to use this guide

The aim of this guide is to provide you with information on your care, and to let you know what good hip fracture care looks like across the country. These 12 questions cover essential aspects of hip fracture care, and are designed to help you and your family understand and plan your care.

This report also summarises what we have found in the National Hip Fracture Database's (NHFD) audit – which monitors the care of all hip fracture patients in England, Wales and Northern Ireland.

The statistics below each question are taken from the latest annual report (2015), which reports on patients admitted to hospital with a hip fracture between 1 January and 31 December 2014.

This audit is really important for patients because it shows that improvements in care mean more people are surviving after a hip fracture. The statistics are there to add context to the guide – we have included the ideal elements of hip fracture care, and the statistics to show where these may not be possible for everyone.

We encourage you to ask questions to the doctors and nurses looking after you, and to discuss your treatment until you are happy that you understand what is being done and why.

12 questions to ask about your hip fracture care

1 What will be done to help relieve my pain?

Hip fracture pain is felt in the groin and thigh, and is made worse by movement.

Pain relief is intended to keep you comfortable while waiting for an operation that will allow you to start moving around again.

Most patients will receive regular, simple painkillers like paracetamol but stronger painkillers are often needed. These may help to relieve your pain at rest, but may still not allow you to move around comfortably in bed. You may also need additional medicines (such as regular laxatives) to avoid side effects such as constipation.

A local injection in the groin called a 'nerve block' can be very helpful. The National Institute for Health and Care Excellence (NICE) suggests that this should be considered.

In 2014 the NHFD found that 38% of patients received such nerve blocks, but most of these were given at the time of the anaesthetic and operation, rather than as pain relief while waiting for surgery.

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2 What will be done to help me if I have memory problems or become confused?

About half of people with a hip fracture already have memory problems or become temporarily confused with 'delirium' following a hip fracture.

Delirium usually results from a combination of factors. These may include pain, medication, the anaesthetic and operation, loss of normal routine while you are in hospital, and problems such as infection.

Prompt attention to these issues will usually allow you to get back to normal, so staff need to be alert to any memory problems and other mental health issues.

In 2014 the NHFD found that nearly 95% of all patients were offered a memory assessment on admission.

This test is useful in identifying memory problems, but ward staff will still find it helpful if your family and friends tell them about any changes they notice in your speech and behaviour.

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3 When will I meet a geriatrician to plan my care and rehabilitation?

A geriatrician is a doctor who specialises in helping older patients and the NHFD has encouraged hospitals to appoint 'orthogeriatricians' – specialists in the care of older people with hip fracture.

These doctors help by making sure you are as fit as possible before your operation, supporting you following surgery and by leading the rehabilitation team. These doctors can be particularly helpful if you are frail or have complex health needs.

Over half of patients are now seen by an orthogeriatrician to help prepare them for their operation.

85% of patients are seen by an orthogeriatrician within 72 hours of being admitted to hospital.

Notes

4 Will I have surgery on my first or second day in hospital?

NICE guidelines recommend that your surgery should take place on the day of your admission to hospital or the following day. This is because it is uncomfortable, undignified and distressing to be confined to bed with a hip fracture.

This recommended time for surgery may not be possible for some patients – for instance if you have medical problems which need treatment to make you fit enough for surgery.

The NHFD has been hugely successful in promoting prompt surgery. In 2014 over 70% of patients had their operation within the recommended time.

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5 Will a senior surgeon and anaesthetist be in charge of my operation?

Many people with hip fracture are very frail and this means that they will benefit from the care of an experienced surgeon and anaesthetist.

This will minimise the stress of the operation, and the best possible repair of the hip will improve prospects for rehabilitation.

In 2013 the NHFD recorded that for 69% of hip fracture operations, the orthopaedic surgeon and anaesthetist in theatre were both consultants or other senior specialists.

Notes

6 What will be done to help me if I have difficulty with eating or drinking?

You will need to be 'nil by mouth' for a few hours before your operation, but food and drink are key to recovering from hip fracture and surgery.

Everyone needs help with meals while immobile in bed. If you are frail or confused you may need additional support throughout your time in hospital.

The assistance of family and friends is often helpful. You can discuss with nursing staff whether it will be useful for your family to visit at mealtimes, so that they can help you with eating and drinking.

The NHFD annual report give examples of good practice from several hospitals. These include making nutrition central to care on a hip fracture ward, and the use of energy drinks to minimise the time patients spend 'nil by mouth' before surgery.

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7 How soon after surgery will I get out of bed and start physiotherapy?

The aim of the operation is to allow you to get up and put weight on your hip straight away. You may have some pain and discomfort when you start and you may also feel weaker than usual.

Pressure-relieving mattresses and pads, and regular moving in bed will help to avoid pressure damage while you are still less mobile than usual.

Early mobilising with physiotherapy will help to avoid pressure sores and other complications, and your morale should improve as you start to regain your mobility and independence.

In 2014 we recorded that 2.8% of hip fracture patients developed pressure sores.

Early mobilisation is a measure of the quality of post-operative care, pain relief and physiotherapy services in your hospital. In 2014 the NHFD found that 73% of patients were mobilised out of bed on the day of, or the day after, surgery.

Notes

8 Will I be able to go home, and if so, how soon?

It is difficult to predict how well you will cope with the stresses of a hip fracture, surgery and with the challenges of rehabilitation.

Some patients are well enough to leave hospital after only 5–7 days, but the time you will need to spend in hospital depends on various factors, including your previous level of mobility and the support available to you. Frailer people often need increased levels of care after discharge.

Since the NHFD was set up, there has been a steady improvement in the number of people surviving a hip fracture, but a proportion of the frailest will die in the weeks following this injury. In most cases this reflects how unwell they were before they suffered the hip fracture.

In 2014 more than half of people admitted from their own home returned there within a month.

On average, patients with a hip fracture spent 20 days in the hospital where their fracture was treated.

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9 How will I be kept informed of my progress, so that my family and carers can make arrangements for when I leave hospital?

The team looking after you will keep you updated with information on your progress and on the plans for your discharge. They will be happy to discuss this with your family/carers, with your permission.

It is important for ward staff to understand your home circumstances. This will help them to plan your care and organise rehabilitation and social services support in the community, if needed. This will help avoid delays when you are ready to leave hospital.

In 2014 we found that half of hospitals have now appointed one or more specialist nurses to support patients with fragility fractures, including hip fractures.

Notes

10 What will be done to try and reduce my risk of falling in the future?

Hip fractures usually follow a fall. Preventing further falls needs to be considered when planning your rehabilitation and discharge.

However, an overly cautious approach carries the risk of compromising your rehabilitation, future mobility and long-term independence.

In 2014, over 95% of patients had a falls risk assessment shortly after their hip fracture.

This assessment should be part of the process of preventing future falls, and should include:

- a review of your medication
- physiotherapy work on your strength and balance
- an occupational therapist assessment of your home environment, to ensure you can manage day-to-day activities safely.

Notes

11 What will be done to see if I need bone strengthening treatment?

Most people who suffer a hip fracture will have osteoporosis, which means their bones have become weaker. This is a normal consequence of ageing and NICE guidelines recommend that all older patients with a hip fracture should be considered for bone strengthening treatment.

If you are younger you may need a bone density (DXA) scan to help decide if you need this treatment. Various treatments are available, in the form of tablets, drips or injections. These need to be continued over a number of years to protect against future fractures. Without treatment, one in five people will suffer another hip fracture in future years.

Your doctor should also consider your need for calcium and vitamin D supplements at the same time.

In 2014 the NHFD found that over 95% of patients were assessed for osteoporosis and 78% were recommended for treatment after this assessment.

Notes

12 Will you check-up on me after I leave hospital?

Surgical repair of hip fracture is now so successful that most patients do not need to return to an orthopaedic outpatient clinic.

Some hospitals will contact you after a few months to check on your progress. They may also want to make sure that you are managing with any bone strengthening treatment that you started after your hip fracture. This contact may be by letter or telephone.

The information from this follow-up will also help in improving local services.

However, if you have any problems after discharge, contact your GP.

In 2014, 63% of hospitals were following up their patients in this way.

Notes

Other information

What is the National Hip Fracture Database?

In 2007 orthopaedic surgeons, geriatricians and nurses set up the National Hip Fracture Database (NHFD) to collect information about hip fracture care in England, Wales and Northern Ireland. It is now part of the Falls and Fragility Fracture Audit Programme at the Royal College of Physicians (RCP).

The NHFD's team monitors hip fracture management and aims to improve the care provided.

Online reports are provided so that hospital staff can monitor their own progress throughout the year.

The NHFD releases an annual report describing each hospital's performance. To find out more, visit: **www.nhfd.co.uk**.

If you have any questions or feedback on this report please contact us: **nhfdfeedback@rcplondon.ac.uk.**

Please note: doctors and nurses looking after you in hospital will collect information on your care. This is shared securely with the team at the RCP under a specific legal provision from the Confidentiality Advisory Group. Only anonymous data is shared and analysed.

What are the national guidelines for hip fracture?

The NHFD seeks to promote the standards of care which the National Institute for Health and Care Excellence (NICE) published in its guideline: '*The Care of Hip Fracture in Adults*' in 2011. Find out more at: **www.nice.org.uk.**

Part of the Falls and Fragility Fracture Audit Programme (FFFAP)

A suite of linked national clinical audits, driving improvements in care; managed by the Royal College of Physicians.

> National Hip Fracture Database (NHFD)
> Fracture Liaison Service Database (FLS-DB)
> Falls Pathway Workstream

www.rcplondon.ac.uk/fffap

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