



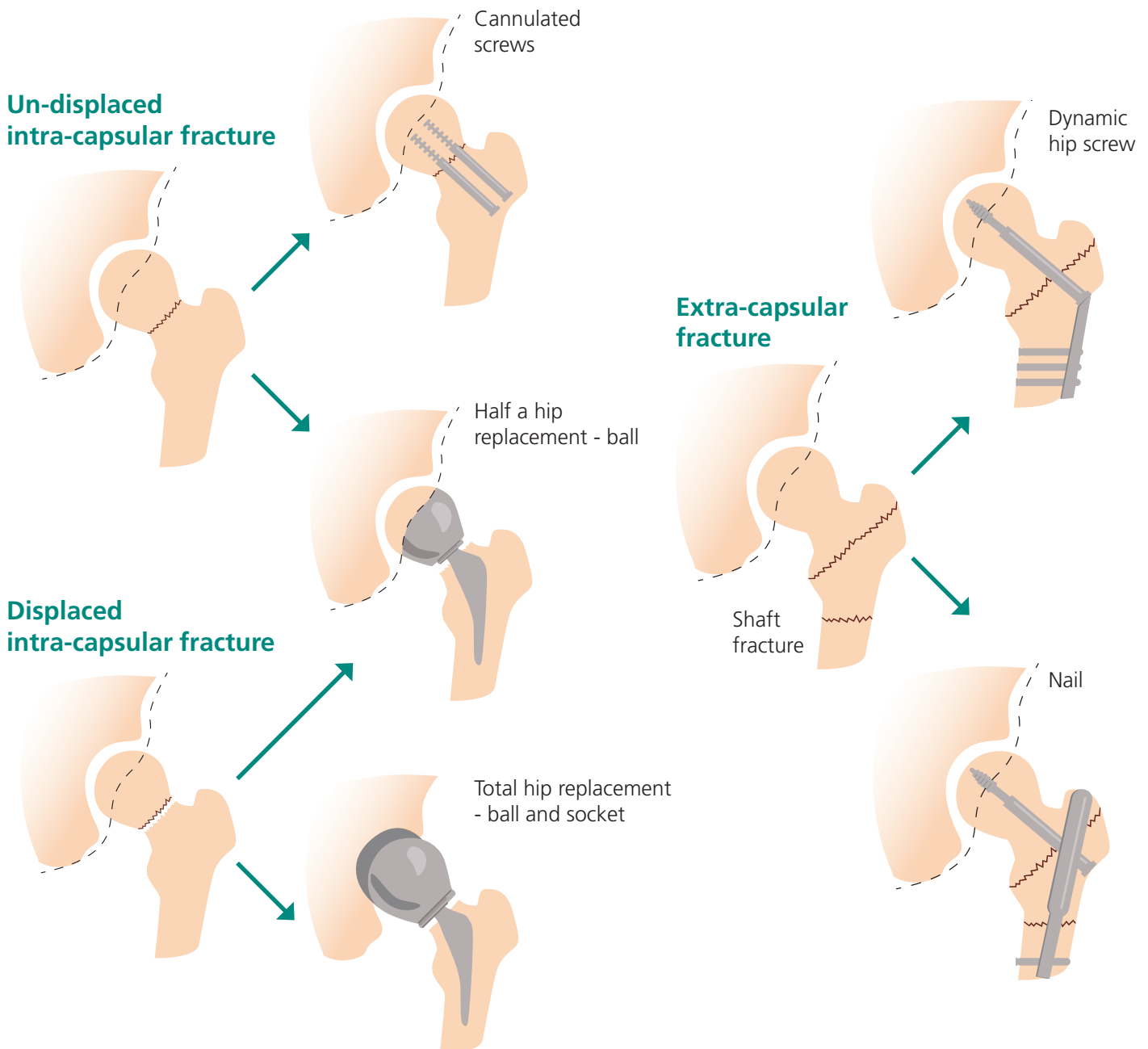
“You’ve had a hip fracture”

Advice for patients and their families

What is a hip fracture?

Your hip joint is a ball and socket joint at the top of your thigh. A broken hip is a fracture of the thigh bone (femur) just below this ball.

Hip fractures can happen in anyone after a severe injury, but most follow simple trips or falls, in older people whose bones are more brittle (osteoporosis).



Do I need an operation?

Doctors almost always recommend an operation as this quickly eases your pain. Occasionally hip fractures do not need surgery, but this is unusual.

Operation will usually allow you to get out of bed sooner, so you are able to get back on your feet more quickly and should spend a shorter time in hospital.

Operation will therefore reduce your risk of complications such as blood clots, chest infection and pressure sores.

Your own type of fracture is illustrated on the front cover of this sheet.

Your surgeon will point out the choice of operation suitable for your fracture.

What will my operation involve?

Each operation usually takes 30 to 90 minutes, though some can take longer.

Your surgeon will discuss the type(s) of operation which are best for you. This decision can depend on your past medical history, what type of hip fracture you have, and how much you normally walk and use your hip. For example: a hip replacement is a more difficult operation, but some people may be able to walk better after it.

The surgeon will make a cut on the side of your hip and remove bits of broken bone. They will put in screws, nails or an artificial joint made of metal, plastic or ceramic, or a combination of these, and will close your skin with stitches or clips.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and recommend the best form of anaesthesia for you.

How soon will I recover?

After the operation you will be moved to a 'recovery area' until you are well and comfortable enough to return to the ward.

Your surgeon or the physiotherapist will tell you how much weight you can put on your leg. The physiotherapist will help you to start walking using a walking frame, usually the next day. They will teach you how to look after your new hip.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower. The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

Doctors on the ward known as orthogeriatricians will work to ensure you remain well before and after the operation. They will look into the cause for your fall and will advise you whether you should consider any form of medication to make your bones stronger.

Some people are able to go home sooner, but most stay in the trauma unit for 2 to 3 weeks and some need longer. If you live in the Vale of Glamorgan then we may be able to move you to our ward in Llandough hospital for ongoing rehabilitation.

Your occupational therapist will discuss your needs at home. They can arrange for you to have help with your daily activities, such as meals, bathing and shopping.

If you are worried about anything, in hospital or at home, speak to your healthcare team. They should be able to reassure you and identify and treat any complications

What can I do to help myself?

Let your doctor know about all the medication you take, including all blood-thinning drugs, herbal remedies, dietary supplements, and over the counter medicines.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. If you smoke, stopping smoking may reduce your risk of developing complications and will improve your long-term health.

Staying in bed is not healthy. It can lead to complications, and by worsening muscle weakness it may reduce how completely you recover. Regular exercise should help you to recover and improve your long-term health.

Will I get back to my normal activities?

Nearly everyone will notice an improvement in the sharp pain on movement that is typical of a broken hip. The hip area will still feel bruised, but with pain killers such as paracetamol and morphine you should be able to start moving around by the day after you operation, and this movement will help the pain to settle.

Most people make a satisfactory recovery. It is important to follow the advice the physiotherapist gives you about exercises to strengthen your hip muscles. Your walking should continue to improve for at least 6 months.

Your recovery will depend on how mobile you were before you broke your hip. It usually takes a few months to recover fully from a hip fracture. It may take a long time before you can walk properly, and you may always need to use a walking aid.

Do not drive until you have checked your insurance policy and you are confident about controlling your vehicle. Regular exercise should help you to return to normal activities as soon as possible.

What complications can arise after a hip fracture?

Modern anaesthesia and surgery mean that very fewer people (less than 1 in 100) die around the time of their operation.

Many patients are frail with other medical problems, and perhaps 1 in 15 will die in the month after the injury. This risk is greater for those who do not have surgery.

A third of people who suffer a hip fracture already have memory problems or dementia, and nearly all will find that this seems worse for a time after a hip fracture. Even people who did not previously have such problems will commonly develop confusion or 'delirium' after this injury.

It is common for your leg to be swollen. It can take up to a year for the swelling to go down. An artificial hip never feels quite the same as a normal hip and it is important to look after it.

Bleeding during the operation may mean that you need a blood transfusion, but bleeding, infection and problems with the wound are unusual after the operation.

Blood thinning drugs (usually given as daily injections) mean that nowadays less than 1 in 100 people will suffer a deep vein thrombosis (blood clot in the leg), and blood clots in the lung, strokes and heart attacks are also unusual.

Chest and urine infections affect 1 in 10 people, and some people have difficulty passing urine, and need a temporary catheter (tube in the bladder) to ease this.

Rare complications of hip surgery

Physical injuries are rare during hip surgery. If your bone is weak it may split or fracture during the operation (risk: 1 in 50). Damage to nerves can lead to temporary (or very rarely permanent) weakness, numbness or pain in your leg or foot.

Developing a collection of blood (haematoma) under your wound (risk: 1 in 60). If you get a large haematoma, you may need another operation to drain it. Damage to blood vessels around your hip is very rare and can lead to loss of circulation to your leg and foot that would need surgery to restore the blood flow.

Infection in your hip or wound can lead to failure of the implant (risk: 1 in 500). This is a serious complication and people usually need one or more further operations to control the infection, and may even need to have the implant removed.

Loosening of the implant in your femur (risk: 1 in 40). This can be painful and you may need another operation. The hip replacement may slip out of its socket (dislocate) (risk: 1 in 500).

Your surgeon will try to make your legs the same length but this is not always possible and if your leg is slightly short you may need a shoe-raise.

Notes

If you would like more information or have any questions about your care then don't hesitate to ask your nurse, doctor or any of the team looking after you