

Anaesthetics, Orthopaedics and Trauma Patient Information

Fractured Neck of Femur

Information leaflet for relatives and patients.

**If you would prefer not to receive any further information on this topic,
please return this leaflet.**

Introduction

This leaflet has been designed for relatives and patients with this type of fracture to gain a better understanding of the:

- Type of operation
- Anaesthetic they may require
- Associated risks

Hip fractures – why do we operate?

A fractured neck of femur (NOF) is when the top part of the hip bone is broken. Most patients with hip fractures benefit from early surgery for pain relief and to allow mobilisation. Without surgery patients must be nursed flat in bed for 3-6 months. This often leads to problems such as chest infections and bed sores. Surgery repairs the fracture so that pain control is improved and allows patients to get up and walk. They can return home safely as soon as possible.

There are 5 main types of operation:-

- Hemiarthroplasty
- Dynamic Hip Screw
- Intramedullary Nail
- Total Hip Replacement
- Cannulated Screw

Each person with a fractured hip will be offered the operation that is best suited to them.

Doctors will take into account:-

- Exactly how and where the bone is broken
- How much exercise will be taken after the fracture is healed.

A hip fracture is a serious injury, especially in people over the age of 65. It is likely to be a life changing or possibly life threatening condition.

The Anaesthetic

A spinal anaesthetic or general anaesthetic is used during an operation for a fractured neck of femur. A spinal anaesthetic is when a local anaesthetic drug is injected through a needle into a small space in the back to numb the nerves from the waist downwards. This may be combined with sedation to help relax during the procedure and the operation. Alternatively, a general anaesthetic may be used. This is when medicines are used to give a state of controlled unconsciousness during the operation. Pain relief may be given by a nerve block or numbing solution around the joint itself. The aim is to reduce the pain after the operation and reduce the amount of strong pain killers such as morphine which have common side effects of nausea and vomiting, confusion, bladder irritation and constipation.

What is the prognosis (outlook)?

The outlook for most patients who sustain a hip fracture is good, but the fracture alone is associated with causing high rates of illness and in the frail and elderly possibly even death within the first month with or without surgery. The estimated risk of death for patients having an emergency operation for a hip fracture is that 10% (1 in 10) die within 1 month. This is compared to a planned total hip replacement, when it is estimated that 0.2%-0.4% people die within one month (1 in 2000-4000).

An individual person's outcome will depend on how fit they are prior to the injury. Underlying medical conditions such as leaky or stiff heart valves, angina, heart failure, diabetes or long-standing chest conditions may increase the risk of the operation. Even the fittest patients may not be quite so mobile afterwards. Patients who are less fit may find it difficult to live independently and require extra care. Many people decide to move into residential or nursing homes where they can receive more support.

Without an operation, a person with a hip fracture remains in pain and may develop other problems. The risk of dying remains high. Surgery carries its own risks but generally these are outweighed by the risks of a prolonged period of immobilization in hospital to allow the fracture to heal.

Resuscitation

Many patients who fracture their hip are frail and dependent. We encourage patients and their relatives to discuss what their wishes would be, should cardiac arrest occur at this difficult time.

Risks and complications

All forms of treatment carry risks. These may be affected by:-

- Age
- Sex
- Presence and severity of other medical conditions
- General fitness, including your exercise ability
- The type of operation

Risks from current medical problems

- Heart attack
- Stroke
- Blood clots – Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)
- Pneumonia
- Kidney failure
- Infections
- Pain after surgery
- Admission to High Dependency Unit (HDU)/Intensive Care Unit (ICU)
- Losing some intellectual capacity – Post Operative Cognitive Dysfunction (POCD)
- Death

Specific risks to anaesthesia (general) or surgery

- Allergic reactions
- Bone Cement Implantation Syndrome (BCIS) – rare but potentially fatal
- Failure of wound healing
- Failure of bone healing
- Dislocation of hip prosthesis

You can find out more about each of these surgical risks by talking to the surgical doctors who are looking after you.

We realise that not all the information is what relatives or patients may wish to hear or read. We hope that this leaflet has sensitively informed you of useful considerations and risks which you and your relatives may encounter during treatment for this injury.

National Hip Fracture Database

Hip fracture is a common injury. This hospital takes part in the National Hip Fracture Database (NHFD), which has been set up to improve the care of patient with broken hips. For more details please contact www.nhfd.co.uk. As part of the NHFD we follow up patients routinely to ask you about your mobility and bone protection medication.

Further Information

Anaesthetics, Orthopaedics and Trauma contact telephone number: 01305 254414

If you need this information in large print, easy read, on audiotape or in another language please call 0800 7838058 or e-mail pals@dchft.nhs.uk

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