

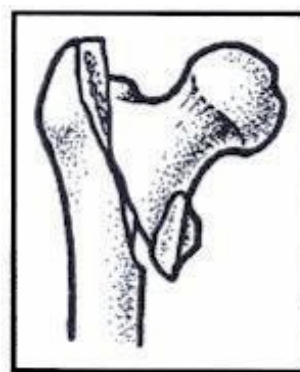
## Patient Information Leaflet Hip Fracture

### Introduction

This information leaflet is intended to give you and your family a better understanding of the injury you have, the operation you may require and the rehabilitation and discharge process. Our aim is for you to regain your previous level of mobility and to be able to return to your home as soon as possible. We anticipate that you will stay in hospital for approximately ten days.

### What is a hip fracture?

A hip fracture is sometimes known as a broken hip or fractured neck of femur (NOF). This occurs when the top part of the thigh bone (femur) breaks. These pictures show the two main types of hip fracture.



The ball shaped head of the femur breaks at the junction with the neck.

The neck and ball break at the junction with the main shaft of the femur

If you fracture your hip you are likely to have a lot of pain around the injured hip. You will usually be unable to move your hip, stand or walk. You may also notice that the affected leg looks shorter and is turned outwards compared to your other leg.

This injury will normally require an operation to fix the break in the bone.

### What causes a hip fracture?

A hip fracture is a very common injury that affects mainly older people. Here at the Norfolk and Norwich University Hospital we treat around 800 people with a hip fracture each year.

For most older people, a hip fracture happens after a fall, usually just a fall from standing. People fall for many reasons – it may just be a simple trip over a loose rug or an item of furniture, or sometimes there may be a medical reason for it. This can range from low blood pressure, a heart rhythm abnormality, a faint, etc. If you fracture your hip, the doctors will try to identify the reason why you have fallen, so that any underlying problem can be treated as well.

If you have osteoporosis you are more likely to fracture your hip when you fall. Osteoporosis means that your bones become less dense and more 'honeycombed'. This makes them more prone to breaking. This condition occurs commonly in older people,

especially women.

It is important that you receive treatment for osteoporosis if you have it, as this will reduce the risk of you breaking any other bones in the future.

### **Why do I need an operation?**

Most patients with hip fracture will need an operation. This is to ensure the bone heals properly and in the correct position. Without surgery the bone can take a long time to heal (sometimes not healing at all), and it remains very painful which would stop you from bearing any weight on that leg. Carrying out the surgery enables you to start trying to get back on your feet and home safely as soon as possible.

### **What kind of operation will I have?**

The operation you have will depend on the type of fracture you have. Your surgeon will decide on this depending on your assessment on admission to hospital and on your X-rays.

### **The common operations are:**

- Hemiarthroplasty (partial hip replacement)
- Dynamic Hip Screw (DHS)
- Intramedullary hip screw (IMHS)
- Cannulated screws

This is a hemiarthroplasty.  
The head of the thigh bone  
is replaced with a prosthesis  
as seen in the picture.

This is a dynamic hip screw.  
A plate on the outside of the bone,  
with screws going into the bone, holds  
the fracture in position.

This is an intramedullary hip screw.  
A rod is inserted into the shaft of the femur with a large screw passing through it into the femoral head.

These are cannulated screws.  
Several screws are inserted across the  
Fracture to hold the fragment in place.

### **What sort of anaesthetic will I have?**

Usually you will have either a general anaesthetic or a spinal anaesthetic. For a spinal anaesthetic an amount of local anaesthetic is injected through a needle into the small of your back to numb the nerves from your waist downwards for two to three hours.

You will be seen by an anaesthetist before your operation who will discuss types of anaesthesia with you. They will explain what will happen and assess whether any treatment is needed to prepare you for surgery.

### **What are the risks of having surgery?**

Some of the possible complications are listed below, the doctor will be happy to discuss these with you if you have any questions.

- Wound infection - you will usually be given antibiotics at the time of your operation to reduce the risk of the wound becoming infected.
- Failure of wound healing - this is more likely to occur in people who eat little whilst their body is healing.

- Failure of bone healing
- Deep vein thrombosis - as initially you will be less mobile whilst you are recovering from a hip fracture, this puts you at increased risk of a blood clot forming in your veins (DVT). You will usually be given daily injections of a medicine to reduce this risk and we will help you to try to get up and mobilise as soon as possible after your operation.
- Post-operative confusion – some people become confused and disoriented for a time after their operation. This is particularly likely to happen if you already have problems with your memory or dementia, but is usually only a temporary problem. It can be very distressing for both the person who is confused and also their visitors.
- Dislocation of hip prosthesis (hemiarthroplasty only) – you will be given instructions by the physiotherapists and occupational therapists in how to adjust your movements so as to reduce the risk of dislocation.
- Chest infection/pneumonia – when you lie in bed it is more difficult to expand your lungs fully and this puts you at risk of developing infection. This is another reason why we will try to help you get out of bed as soon as possible after your operation.
- Blood loss – after a hip fracture and during surgery there may be some blood loss. If this makes you anaemic, then we may offer you a blood transfusion.

### **What happens after the operation?**

When you return to the ward after your surgery you may have oxygen in place, usually via a tube which fits under your nostrils. You may also need a drip to prevent dehydration, this will be removed once you are drinking enough fluid.

If you had a catheter inserted into your bladder for the operation, it will be removed as soon as your condition allows.

Your pain will be controlled by regular pain killers, either tablets, injections or a pump that you control. These will be explained to you in more detail by your nurse.

We aim to get you up and moving as quickly as possible after your operation, and usually this will begin the day after surgery. Sometimes you may feel discomfort in your hip for a few days after the operation, especially when you try to move, stand or walk. If this is the case, then please let the nurses know and they can give you some extra painkillers if necessary.

### **When will I be discharged from hospital?**

We will start planning your discharge right from the day you arrive at the hospital, to try to ensure that your stay is as short and smooth as possible. You will be seen by a healthcare professional who will gather relevant information. They will discuss your personal situation such as who you live with, if you have any stairs and whether you have any community help. This will help us with your discharge plan.

You will be seen by physiotherapists who will help you work towards regaining your previous level of mobility. The occupational therapists will help you with skills to enable you to perform the practical tasks of daily living such as washing, dressing and cooking.

Please make sure that you have well-fitting slippers with you in hospital, as these will improve your safety as you work with the physio and occupational therapists. It is also important to have your dentures, hearing aids etc. with you.

Some people are able to get back on their feet quickly, and if we feel that you will be able to return home after a very short period with a few days of additional support from the hospital team we may put you into our 'fast track' program. Others may benefit from a longer period of rehabilitation for which we may refer you to one of the community hospitals around Norwich and Norfolk. The therapists will discuss the available options with you.

### **How do I prevent another hip fracture?**

The most common cause of hip fracture is a fall in someone with osteoporosis (a disease resulting in loss of bone density). The best way of preventing another fracture is therefore to reduce your risk of falling and to treat the osteoporosis.

The doctors will assess whether you have a medical problem which predisposes you to fall, and treat this where possible. They will review any medications which you take, your blood pressure and your general health. It is useful for your General Practitioner to repeat these assessments at intervals in case your health changes, or if you have a fall.

It is important to have your eyesight checked on a regular basis.

The occupational therapists may visit your home to look for any hazards, such as loose rugs, which may cause you to fall.

If you are 75 years of age or over and break your hip it is highly likely that you have osteoporosis. We will usually start you on medication for this, and ask your GP to continue to prescribe the treatment for you. If you are under the age of 75 years then we may refer you for a DEXA bone scan to confirm whether you do actually have osteoporosis.

The medication we give is usually a calcium and vitamin D supplement, together with a tablet called a bisphosphonate (the most commonly prescribed bisphosphonate is called alendronate, and is taken once per week). It is important that bisphosphonate tablets are taken correctly: they must be taken first thing in the morning on an empty stomach with a glass of water. You should not lay down or stoop, or eat and drink anything for at least half an hour after taking the tablet.

These instructions are to minimise the likelihood of the tablet irritating your gullet (which is the most common side effect people experience from this medication) and to ensure that you absorb the active medication properly and so get the maximum benefit.

Some people are unable to take a bisphosphonate and we may suggest alternative medication.

There are also measures which you can take to improve the health of your bones:

- Take regular weight-bearing exercise such as brisk walking or dancing
- Ensure that your diet contains adequate amounts of calcium and vitamin D
- Stop smoking
- Avoid excessive alcohol consumption

**We hope that you have found this information helpful. If you have any questions then please don't hesitate to ask the doctors and nurses looking after you.**

