York and Scarborough Teaching Hospitals
NHS Foundation Trust

Fractured Femur

Information for patients, relatives and carers

Orthopaedic Department

ⓘ For more information, please contact:

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York Hospital
Wigginton Road, York, YO31 8HE

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Introduction

This leaflet has been designed to help you and your relatives have a better understanding of the type of injury you have sustained and what will happen to you whilst you are in hospital.

Falls

Nearly all hip fractures happen following a fall. After your surgery, we will assess the reasons for and the impact of your fall including any previous falls.

This may include reviewing your medication, testing your eyesight as well as assessing and improving your mobility.

What is a hip fracture?

The hip is the joint that forms the junction between your thigh and your upper body. It is a ball and socket joint.

A hip fracture is a break in the bone at the top of your leg called the thigh bone. There are two main types of break that can occur. One is just below the ball, through the neck of the hip. The other is across the top of your thighbone through an area called the trochanter. These are generally treated in different ways.

Osteoporosis

As we get older our bones tend to thin and become increasingly brittle, this is called osteoporosis. Not everyone who breaks a bone has osteoporosis. During your hospital stay, we will assess your risk of having osteoporosis and decide on what further treatment is needed to reduce the risk of a future fracture.

This treatment may be in the form of tablets and or an intravenous infusion.

Some patients may be referred for a bone density scan called a DEXA scan. These are performed as an outpatient at the Nuffield Hospital in York.

Our hip fracture nurse will discuss this and provide you with the information required.

How will my fracture be treated?

In most cases we will recommend an operation for your hip fracture. We aim to perform this surgery as soon as possible after your admission, and in most cases, this is within 36 hours of your admission.

Sometimes surgery is not recommended, for example if your fracture is already starting to heal, or we feel that the risk of surgery is too great. In these cases, you will start to mobilise again very slowly, and the pain may take a number of weeks to settle.

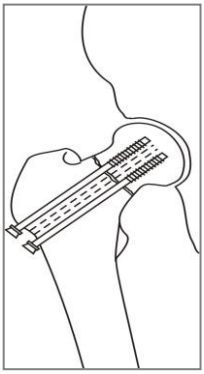
Your operation will be carried out under a general anaesthetic or a local anaesthetic (spinal). An anaesthetist will visit you before your operation to discuss which is best for you.

An information leaflet detailing the different types of anaesthetic or a leaflet about the spinal anaesthetic is available. Please ask us if you would like to see a copy.

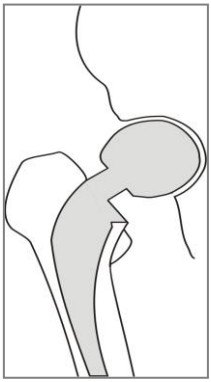
Cannulated Hip Screw or Hemiarthroplasty/total hip Replacement

If you have a fracture across the neck of your hip we will either:

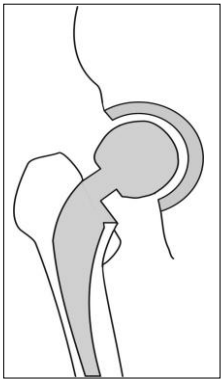
- Choose to repair this with metal screws (see picture 1) or
- Remove the ball of the hip and replace it with a hemiarthroplasty (see picture 2) or occasionally a total hip replacement (see picture 3).



Picture 1
Cannulated Screws



Picture 2
Hemiarthroplasty

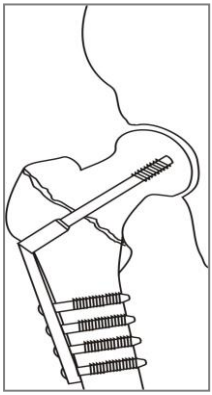


Picture 3
Total Hip Replacement

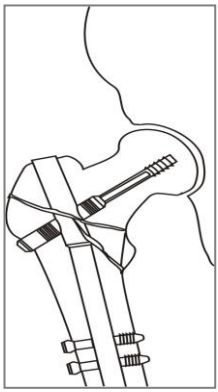
Dynamic Hip Screw/Trochanteric nail (IM Nail)

If you have a fracture at the top of your thigh bone, called the trochanter, we will choose to repair this fracture with either:

- A specialised metal plate and screws called a dynamic hip screw (see picture 4) or
- A specialised metal rod that goes inside the bone called a trochanteric nail or IM Nail (see picture 5)



Picture 4
Dynamic Hip Screw



Picture 5
Trochanteric Nail

What are the benefits of these operations?

An operation will greatly reduce your pain, aid fracture healing, and enable you to begin mobilising as soon as possible, hopefully returning to your normal mobility.

What are the risks of these operations?

Deep Vein Thrombosis (DVT) or Pulmonary Embolism (PE)

This is fairly rare. A deep vein thrombosis is a blood clot in the veins in the leg. If it occurs, you will notice swelling and pain in your leg. A PE occurs when the clot can break away and pass through the circulation to the lungs. This may cause chest pain and / or breathlessness. You will have stockings put on your legs and a daily injection under your skin to reduce your risk of thrombosis.

Wound infection

Your wound is checked very regularly after your operation hence this is rare. Most wound infections will settle with antibiotics, but very occasionally further surgery will be necessary.

Skin damage

During your operation the surgeons may have to manoeuvre your leg. If your skin is frail, you may sustain some skin damage. This will be monitored by the nursing staff on the ward post operatively.

Dislocation

This is rare. A dislocation can only happen if you have had a hip replacement or a hemiarthroplasty. The new ball of your hip pops out of the socket. This is usually very painful and may require a return to the operating theatre to put the ball back into the socket. You will be shown how to reduce the risk of dislocation by the physiotherapists and nurses.

Other possible complications include:

- Bleeding
- Pain
- Altered leg length
- Walking with a limp
- Avascular Necrosis: Deterioration in the quality of the bone because the blood supply to the ball of the hip may have been disrupted as a result of the fracture)
- Nerve Damage
- Blood Vessel Damage
- Failure of procedure, or metal work needing removal
- Non-union, Mal-union
- Stiffness
- Need to change operation to Hemiarthroplasty or total hip replacement (rare)
- Death
- Heart Attack
- Stroke
- Delirium (confusion)
- Premature loosening of new joint (Hemiarthroplasty or total hip replacement only) requiring further surgery in the future

- Bursitis/tendinitis
- Further fracture during surgery
- Heterotrophic ossification (calcification within the soft tissues)

These complications are rare, but we will explain them fully during our discussions about your operation.

Are there any alternatives?

Traction with prolonged bed rest or palliative treatment

Consent

You will be asked to sign a consent form (this will be either: FYCON125-1 Dynamic Hip Screw/IM Nail, or FYCON127-1 Hemiarthroplasty/Total Hip Replacement depending on the type of operation you will have) before your operation to say you understand the risks and benefits and that you agree to the procedure. You will be offered a copy, and a copy will be kept in your patient notes.

What can I expect to happen?

Hip fracture can be an extremely painful condition, which may need strong painkilling drugs. You will be given regular painkillers either as tablets, liquid or patches. If you have any pain, then please let your nurses and doctors know.

You will not be able to eat or drink for a few hours before your surgery, but you will be given fluids through a drip in your arm.

The morning after your admission, your condition will be discussed in the Trauma Meeting. This meeting is led by the orthopaedic consultants. Your x-rays will be looked at and your treatment options discussed. Your orthopaedic consultant and their team will visit you the same morning, examine you and discuss with you the various treatment options and decide a plan, which suits you best. We will discuss the reasons for each of these choices with you before your surgery.
You will also be seen soon after your admission by a medical consultant.

After your surgery you will be monitored regularly. The nurses will help you to change your position in bed so that you are as comfortable as possible.

These operations are designed to relieve the pain from your fracture and allow you to mobilise out of bed. In most cases, you will be able to put all of your weight through your injured leg again. If we choose to repair your fracture, the bone will usually take about three months to heal. If you have a hemiarthroplasty or hip replacement, then the fracture is removed, and the ball of your hip is replaced.

You will be able to eat and drink shortly after your surgery. It is important that you eat and drink a well-balanced diet to aid your recovery and prevent any complications.

You will have been assessed by senior members of the Orthopaedic and Anaesthetic teams prior to surgery. After surgery has been completed a senior medical doctor will take over your care. An orthopaedic consultant will then only review your case if a problem related to your operation arises.

We will discuss your progress in a weekly multidisciplinary meeting, which takes place on a Tuesday. The multidisciplinary team is made up of the nursing staff, medical consultant, ward doctors, physiotherapist, occupational therapist and dietician. In these meetings we discuss every aspect of your care. After discussing with you and your carers we will make an individualised discharge plan.

If you require further information ‘The National Hip Fracture Database’ provides a simple guide for families and carers. Ask a member of staff to give you one of these.

Therapy after surgery

The aim of therapy is to help you recover from surgery, improve your mobility and ensure you can carry out daily living as independently as possible. As soon as possible after your operation the physiotherapist will help you get out of bed and walk, demonstrating and allowing you to practice how to use the appropriate aids. This is important to prevent any complications such as chest infections and bed sores.

You will be given your own daily exercise programme. This will strengthen your muscles and help your hip to stay supple. It is also important, once you are able, to walk to the toilet with the support of nursing staff. Completing this regularly will help build up your exercise tolerance and help you to get you back to your normal routine. If you have stairs at home, the physiotherapist will show you how to tackle and practice these before you go home.

If you are admitted from your own home, then an occupational therapist will see you on the ward. They will ask you about your home environment and the everyday activities that you undertake. They will then help you practice these in order to assist you to regain your independence. Activities could include washing and dressing, kitchen tasks and transferring on and off furniture such as the toilet and your bed. The occupational therapist will also consider any equipment or help you might need when you return home.

As part of the rehabilitation processes, it is vital that you are able to participate in therapy on the ward as soon as possible. To assist in this, we would request that family members/friends bring in shoes and your own day clothes to practice the essential tasks of washing and dressing. The shoes need to be supportive and a non-slip type: such as slippers with backs, trainers, or sturdy shoes/sandals. Please see the list below, talk to the staff if unsure or if this is a problem and we can discuss this further with you.

Once you have been admitted to the ward we will start to discuss with you the different options for your discharge. These could include home with outpatient/community follow up, home with the community response team (short term support) or with home care. The option of further rehabilitation at an in-patient unit may also be considered. If you are from a residential home or nursing home, you may also be able to benefit from community physiotherapy.

Our aim is to work with you to achieve your goals and assist with returning you home.

What do I need whilst I am in hospital?

You will need a selection of day and night clothes, such as:

- Dresses
- Skirts
- Trousers
- Tops; t-shirts, shirts, blouses.
- Jumpers, cardigans.
- Supportive shoes and / or slippers.
- Underwear; vests, pants, bras.
- Socks, tights.
- Nightwear; nightdresses, pyjamas (shorts instead of trousers) and a dressing gown.
- To aid your mobility it is important that you have appropriate footwear.

For your discharge home, you will need a jacket or coat and day clothes.

Suggested toiletries include toothpaste, toothbrush, denture tablets, soap, deodorant, shaving foam, razors, aftershave, perfume, make up, a hairbrush and or a comb.

What are the visiting times?

Visiting times are 1.00pm to 8.00pm.

There may be circumstances where visiting outside the normal hours may be agreed with the staff. This can be discussed with the ward or department team on an individual basis.

We recognise that some carers and visitors may be taking part in your care or would like to assist you with eating, and we welcome this input. Please discuss this with the nurses caring for you.

Patients may use the ward fridge for storing cold food items however; we are unable to reheat food for patients.

Discharge or transfer

We make all the arrangements for your discharge or transfer. If you are going to be cared for further in a rehabilitation setting, we would already have briefed the staff about your condition and your plan.

If you are going back home, we will discuss with you your transport arrangements and arrange for a week's supply of all your medication for you to take home. Your medical summary will be sent to your general practitioner soon after your discharge.

Most people will not need any hospital follow up appointments after they are discharged from hospital but sometimes this will be necessary. If you need a follow up appointment, you will be told about this when you are discharged, and you will receive a confirmation letter with the details on.

Every time a patient has a Hip Fracture, which requires hospital treatment, we now routinely add the information onto the National Hip Fracture Database (NHFD).
A member of our Ward Team will contact you at four months after your operation to enquire after your recovery.

Tell us what you think of this leaflet

We hope that you found this leaflet helpful. If you would like to tell us what you think, please contact:
Ward Sister, Ward 28 or the Matron in Elderly Medicine, The York Hospital, Wigginton Road, York, YO31 8HE or telephone 01904 726028.

Teaching, training and research

Our Trust is committed to teaching, training and research to support the development of health and healthcare in our community. Healthcare students may observe consultations for this purpose. You can opt out if you do not want students to observe. We may also ask you if you would like to be involved in our research.

Patient Advice and Liaison Service (PALS)

PALS offers impartial advice and assistance to patients, their relatives, friends and carers. We can listen to feedback (positive or negative), answer questions and help resolve any concerns about Trust services.

PALS can be contacted on 01904 726262, or email yhs-tr.patientexperienceteam@nhs.net.

An answer phone is available out of hours.

Leaflets in alternative languages or formats

If you would like this information in a different format, including braille or easy read, or translated into a different language, please speak to a member of staff in the ward or department providing your care.

Patient Information Leaflets can be accessed via the Trust's Patient Information Leaflet website: www.yorkhospitals.nhs.uk/your-visit/patient-information-leaflets/

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