Geriatric Fracture Program

FACT SHEET FOR
PATIENTS AND FAMILY
What is a Hip Fracture?

A hip fracture is a break in the femur – the largest bone in the body. Hip fractures can occur at the ball, neck, or upper shaft of the femur (see picture at right). The crack may be undisplaced (the bone is broken but still remains in place) or displaced (the bone has moved out of place).¹

What causes a Hip Fracture?

Falls are common in older people, statistics indicate that one in three people over 65 may fall each year. Bone is strong and usually doesn’t break with a simple fall, but as we get older our bones become weaker, predominantly due to Osteoporosis and other bone diseases that can weaken bones - this can result in a hip fracture from a fall from standing height.²

Why do I need surgery?

The most common treatment for a hip fracture is surgery. The aims of surgery are to control pain and promote early mobilisation, with all patients who are medically fit should have surgery within 48 hours of admission. Delays from admission to surgery can cause distress to the patient and is associated with greater morbidity and mortality.¹

Conservative Management

This is now only rarely practised, because an unfixed hip fracture causes continuing pain, loss of weight-bearing and very high levels of dependency. Non-union is common and length of stay high; and – not surprisingly – studies have indicated much improved outcomes for those treated operatively.¹

What happens before surgery?

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

An Orthopedic Surgeon / Orthogeriatrician will diagnose your hip fracture and work with you to determine your treatment. These doctors ensure you are as fit as possible before your operation, supporting you following surgery and by leading the rehabilitation team.

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

Hip Surgery Potential Benefits

• Decrease pain and help your hip heal correctly
• Restore the bone to its normal function
• Prevent further injury
• Enable you to return to most of your pre-fracture activities
Hip replacement surgery

A partial or total hip replacement may be necessary in these cases:

- To replace the broken upper part of the femur with artificial parts
- If the hip joint area was already damaged before the fracture by arthritis
- To repair femoral neck fractures when the blood supply to the top of the femur is damaged, and there is a chance that the bone might die
- If the fractured bones cannot be properly aligned

Internal and External Fixation

Internal and External Fixation involves stabilising fractured bones with surgical screws, rods, or plates. This type of surgery aligns the bones so they can heal properly.

What type of surgery am I having?

The type of surgery you have depends on the location of the break, the position of the bone fragments, and your current health status.

The aim of the operation is to allow you to get out of bed 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.

Surgery should take place on the day of your admission to hospital or the following day. This is because it can be 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.²

Surgery for a hip fracture may include one of the following:

Risks and potential complications

- Bleeding that would require a blood transfusion; infection; allergic reaction to anesthesia (risks associated with all surgery)
- Nerve damage that reduces feeling and movement in the leg
- Hardware in the hip moving out of place
- Pain, swelling, or trouble moving the leg
- Incomplete healing of the bone
- Increased pressure in the hip, which can damage muscles and tissue
- Blood clot, possibly
- Muscle spasms
What happens during surgery?

You may typically spend between 1 and 3 hours in surgery, depending on the complexity of your fracture. Your doctor and anaesthetist will talk to you about what will happen during your specific surgery.

You’ll receive one of the following types of anesthesia (medication that prevents you from feeling anything during surgery):

**General anesthesia**: affects your entire body and puts you into a deep sleep.

**Regional anesthesia**: prevents feeling in the lower part of your body. Because you remain conscious, you will also be given a sedative to make you sleep. The most common types of regional anesthesia are spinal or epidural block

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.

What happens after my Surgery?

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. Some patients are well enough to leave hospital after only 5–7 days, while others will need increased levels of care.

While you’re in the hospital, your goal is to build your strength and continue your recovery outside the hospital.

Physiotherapy

You will be asked to get out of bed soon after surgery. 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.

Pressure Sores

Pressure-relieving mattresses and pads along with early mobilising with physiotherapy will help to avoid pressure sores while you are less mobile than usual.

Eating and drinking

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 from nursing staff, friends and family, throughout your time in hospital.

Pain management

Managing your pain well is an important part of your treatment. 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 can cause side effects such as constipation, and may still not allow you to move around comfortably in bed.

Your healthcare team will continue to monitor your pain rating throughout your stay to see how your pain is changing over time and whether treatment is having the intended effect.
What happens when I leave the hospital?

The team looking after you will keep you updated with information on your progress and on the plans for your discharge.

It is important for the hospital staff to understand your home circumstances. This will help in planning your rehabilitation and avoiding delays when you are ready to leave hospital.

If you live at home or in an assisted living facility, you may need to spend a short time in a rehabilitation facility until you can transition back to living at home.

If you live at a nursing home, you’ll probably return to that facility.

Recovery

With proper care and rehabilitation, many patients are able to return to pre-injury levels of activity and independence. Hip fractures usually take 3 to 6 months to heal, and it may take up to a year to fully recover from your injury.

Some patients may be suitable for early discharge to their home, with appropriate support services; others may be discharged back to their nursing homes. However, many osteoporotic fracture patients will benefit from a period in a rehabilitation unit with early involvement of a multidisciplinary team.¹

Healthcare professionals and carers will continue to support you during your recovery towards independence.

How do I care for myself after I leave the hospital?

You may want to do these things to help your recovery go better:

**Follow your doctor’s orders.** Depending on your surgery, your doctor will tell you how much weight you can put on your hip. If you were sent home with crutches or a wheelchair, be sure to use them. It may be several weeks before you can use your hip for everyday activities.

**Manage your pain well.** Your doctor will recommend prescription or over-the-counter pain medication, or both. Be sure to take your medication before you go home and take it as recommended. If it doesn’t manage your pain well, call your doctor.

**Continue your physical therapy.** Do any exercises that your physical therapist recommends, and continue to go to physical therapy if prescribed. Exercise is the most important thing you can do to ensure the best recovery possible.

**Keep your incision clean and covered.** Ask your doctor when it’s okay for you to bathe or shower, and when the dressing will be changed.

**Before you ever have any other procedures,** tell all your healthcare providers, even your dentist, that you have metal hardware in your hip (if applicable). They may ask you to take antibiotics to prevent infection.
What will be done to reduce my risk of falling in the future?

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

What if I need bone strengthening treatment?

Many people who suffer a hip fracture will have osteoporosis, which means their bones have become weaker.

It is recommended that all older patients with hip fracture should be considered for bone strengthening treatment.

Gradually increase your activity. Daily activities will become easier as you progress with your exercises and normal daily activities, such as walking, house chores, bathing and dressing, shopping.

Eat a healthy diet. A diet rich in vitamin D, calcium, and protein can help strengthen your bones. Talk to your doctor about how much of each you need through diet and vitamins.

Avoid falling. Be especially careful about stairs, ice, getting out of the bathtub, and other situations where you may fall. Have someone help you, if necessary, and use a cane, walker, crutches, or hand rails when needed.

Follow-up after leaving hospital?

Modern surgical techniques for repairing hip fractures are now very successful meaning that most patients do not need to return to an orthopaedic centre.

Following discharge, your hospital may contact you after 1 and 4 months to check on your progress after surgery and rehabilitation. This contact may be by letter or telephone.

However, contact your GP right away if you have any problems after discharge or suffer any of the following symptoms:

- Change in vision
- Fever over 38.3°C (101°F)
- Chills, a cough, weakness
- Pain that is not controlled by pain medication
- Continued nausea or vomiting
References

1. The Care of Patients with Fragility Fractures (The Blue Book) - Published by the British Orthopaedic Association September 2007


Important: The information in this document is strictly for informational purposes and it is not intended to be used in isolation without specific medical advice from the professional healthcare team administering your care. Neither is it intended to promote any medical products, constitute medical advice or to replace specific advice given to you by your healthcare team. If you have concerns or questions regarding the content of this document or its applicability to your circumstances, you should speak to your healthcare team.