Dedicated to Outstanding care

Sherwood Forest Hospitals
NHS Foundation Trust

**INFORMATION FOR PATIENTS**

# Hip fracture

You have been admitted to hospital because you have broken the upper end of your thigh bone (femur).

This leaflet has been designed to give you and your family some information about the care and treatment you will receive. Treatment is always planned on an individual basis, so some difference in the detail may occur.

Our staff are always here to help and answer any questions – please do not hesitate to ask at any time.

King's Mill Hospital is part of the joint venture of the British Geriatric Society & British Orthopaedic Association National Hip Fracture Database; collecting your information to improve standards.

**Contact numbers:**
Ward 12 – 01623 672269
Ward 11 – 01623 672367

**Visiting times:**
Ward 11 and ward 12 – 11.30am until 7pm.

If you wish your relatives to participate in your care they may visit outside these times; please ask the nurse in charge.

## People that may be involved in your care:

**Consultant surgeon**
This is the orthopaedic surgeon who is in overall charge of your care.

**Medical consultant**
You will be reviewed regularly by one of the medical specialists during your stay.

**Ward doctor**
They work alongside the consultant to manage your care.

**Ward nursing staff**
A team of nurses who care for you on a day to day basis.

**Trauma nurses**
Nurse specialists who specialise in trauma surgery.

**Physiotherapists**
The specialists who will help you to improve your mobility, breathing exercises and maintain muscle tone whilst recovering.

**Occupational therapists**
Specialists who assess your needs with your daily living activities.

**Discharge liaison nurse**
The nurse specialist will work with you and your relatives to ensure you have a safe and timely discharge from the hospital.

**Social worker**
The person who will advise and organise any continuing care when you are discharged.

**Matron**
The senior nurse who manages the orthopaedic unit.

**Dietician**
The specialist who will assess your diet and nutritional requirements.

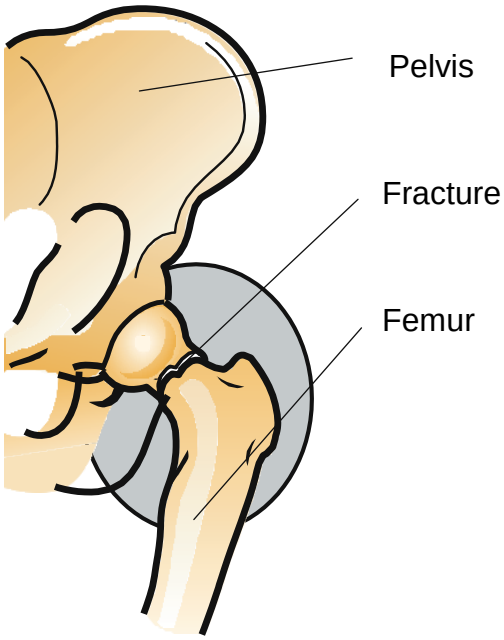
## Things you will need:

- Medication – it is important that you or your family let ward staff know what tablets you are taking; this includes all tablets, medicines and inhalers
- Toiletries
- Nightwear
- Dressing gown
- Slippers – well fitting, not backless
- Glasses/hearing aid (if applicable)
- Comfortable clothes (these will be needed as soon as you are out of bed.

## What is a hip fracture?

This refers to a break at the top of the thigh bone. The type of surgery you have is generally dependent on the part of the hip that is fractured, the severity of the fracture and your age. It will be explained to you how the hip will be repaired and what this involves.

## Fractured neck of femur




## Types of hip fracture:

- The femoral neck (intracapsular). This is located in the upper portion of your femur just below the ball and socket joint of the hip. The ball of the femur may be removed and replaced with a metal prosthesis; this is known as hemiarthroplasty. A total hip replacement may also be considered, where both the ball and socket are replaced.

- The intertrochanteric region (extracapsular). These fractures occur in the portion of your upper femur that juts outward. To repair this type of fracture a pin and plate is inserted across the fracture. Attached to the screw is a metal plate that runs down alongside the femur to help keep the bone stable.

- The subtrochanteric region (extracapsular). This fracture is at the top of the shaft of the thigh bone. To repair this type of fracture a proximal femoral nail may be considered. This is a metal rod and screw that sits inside the thigh bone.

## Risks associated with these operations

Any operation has its risks but we try to minimise them. During the first 12 months after a hip fracture over half of people who walked unaided prior to the fracture will be unable to walk independently, 55% of patients will require assistance at home and a third will experience difficulty sleeping due to pain.

Twelve months after a hip fracture 60% of patients are limited in at least one class of activity (for example feeding, dressing and toileting) and 80% are unable to do more complex activities (for example shopping, gardening, climbing stairs.
*Source of information: National Osteoporosis Society (2006).*

The prognosis is also dependent on the number of pre-existing medical conditions, age and mental state prior to surgery.

There could be complications associated with your surgery and bed rest may be required, but we will try to minimise these.

**Infection**
To help prevent infection you are given antibiotic therapy through your drip. In a small number of cases the metalwork may before infected and may result in it being removed.

**Bleeding**
During the course of your operation you will have a degree of blood loss. If your loss is excessive this is called haemorrhage. Depending upon the amount of blood loss you may require a blood transfusion or iron tablets.

**Deep vein thrombosis/pulmonary embolism**
This is a blood clot which can occur in the calf following surgery. Rarely a pulmonary embolism can occur, which is when a clot breaks of and travels to the lungs. Your risk will be assessed on admission and appropriate treatment given. If suitable, you may also be given special stockings to wear for 6 weeks after your surgery. The physiotherapist will also give advice on exercises you can do to minimise this risk.

**Confusion**
This is a common problem following surgery and can be quite distressing for you and your relatives. There can be varying degrees of confusion depending upon your mental state prior to admission. This can be worsened with:

- Pain killing drugs
- Infection
- Blood imbalance

- Low oxygen levels
- Unfamiliar surroundings (for example just by being away from home).

Confusion will be monitored, investigated and treated if possible. It can take a varying degree of time to settle.

**Chest infection/pneumonia**
This can occur but the physiotherapists and nurses will give advice about breathing exercises. They will monitor and go through these exercises with you throughout your stay. If you do get a chest infection the appropriate treatment of antibiotics will be given. A chest infection can lead to pneumonia in the ill and frail.

**Pressure sores**
We will minimise the risk of developing these by assessing you and by using an appropriate mattress. You will be encouraged to move in bed and also while sat out in a chair. If you are unable to move yourself the nurse will assist you to change your position. This will be monitored closely and you will be advised throughout your stay on the importance of regular pressure relief.

**Constipation**
This is a common problem, mostly due to reduced mobility and medication. The nurses will monitor this daily. Medication can be given if required but increasing your fluid intake will also help. Please inform the nursing staff if you have any problems.

**Swelling**
This often occurs in the legs and can take several months to subside. Should your leg become hot and painful you will need to contact your GP as soon as possible.

**Dislocation**
This is an occasional complication with hemiarthroplasty or total hip replacement. Your physiotherapist or occupational therapist will give you advice about prevention of dislocation.

**Failure of metalwork**
The fracture may not mend fully (this is called non-union) or the implant may fail. This may require further surgery. In the event of this occurring, options may vary upon the type of surgery required, this will be discussed with you.

Please remember we try to minimise any complications. Some of these complications could occur even if you don't have the surgery, due to prolonged bed rest. If you have any concerns please speak to the nurse.

## Alternatives to the operation

The alternatives to not having surgery are taking regular pain relief, prolonged/permanent bed rest, and in some instances traction to reduce pain. A pain killing injection may be given into the hip joint.

## What to expect before your operation

Before arriving on the ward you will have been diagnosed with a broken hip by x-rays. You will have had pain killers, bloods taken, an ECG (tracing of your heart), fluids through a drip (IVI) and possibly oxygen given via a mask.

You will be 'nil by mouth', which means you can't have anything to eat or drink. Once you are on the ward the doctor will give you a further examination and obtain your consent for surgery.

## Your consent

It is important that you understand the operation, the risks of surgery and what this entails before signing your consent form. If you are unable to give consent this decision can be taken by the doctors. It is advisable to have a relative or friend with you at this time.

You may need further bloods and other investigations. You should have had nothing to eat or drink for at least 6 hours, although this could be longer due to delays such as:

- Further discussion of your x-rays by the doctor
- Further investigations (for example a heart scan)
- Further treatment prior to the surgery if you are unwell
- Being admitted late at night (surgery may be delayed until the next day)
- Other people waiting for emergency surgery in other areas of the hospital
- Being on anticoagulants (blood thinning medication).

If your surgery is delayed you will be provided with food and drink as soon as possible and we will ensure you are kept informed of your new time for surgery. To avoid dehydration during your 'nil by mouth' time you may have an IVI (drip).

An anaesthetist will see you before surgery and discuss your anaesthetic. This is usually a general anaesthetic (where you are asleep) or a spinal anaesthetic (an injection into the back to freeze your legs).

Swabs will be taken to rule out any infections (for example MRSA); this is for both yours and other people's benefit. Results of these swabs can be obtained the same day in some circumstances.

You will dress in a theatre gown to wait for your operation. Immediately before your surgery a porter and a theatre nurse will collect you and take you to theatre reception on your bed. Once there you will be transferred on to a trolley and taken to the anaesthetic room to be given your anaesthetic.

If relatives wish to visit prior to your surgery, this can be arranged with the nurse in charge.

## What to expect after your operation

When you wake up you may have the following:

- Oxygen
- An VI (drip)
- A cuff around your arm to record pulse and blood pressure
- A wound on your operated hip and possibly 2 tube drains – these drains take away blood from the wound
- A catheter (tube into the bladder)
- A large triangular pillow between your ankles (to stop you crossing your legs if you have had a hemiarthroplasty or total hip replacement – this avoids dislocation)
- Painkillers.

Some time may be spent recovering in theatre before being transferred back to the ward or high dependency unit.

Once back on the ward it will be necessary to monitor your blood pressure, heart rate, temperature and other observations regularly. Besides regular pain medications and antibiotics it may be necessary to have a blood transfusion if you are anaemic.

As soon as you feel able you may try a glass of water. You may also try a cup of tea or coffee and something light to eat such as a sandwich. If you feel sick, please tell the nurse who will give you something to help this.

## First few days

You may need more bloods taken, may require an x-ray of your leg, and will be monitored regularly. Regular pain relief will be given, but if you are in pain please tell a member of the nursing staff.

The nurses will help you wash and assist you to eat and drink, but you will be encouraged to do things for yourself. If you are eating and drinking as normal, the drip may be removed. It is important to eat well during this recovery time to aid healing. Your family, friends or carers are welcome to come and help encourage you to eat. If you or your visitors are concerned about your food intake, please speak to a nurse; it may be that your appetite is poor after surgery. Nursing staff will monitor food and fluid intake and give extra supplements if needed.

The physiotherapist will visit and give advice on your circulation and breathing exercises. You will then progress to sitting out and moving around.

Taking care of unrelieved pressure on the skin (pressure areas) is encouraged and performed during this time.

Drains will be removed in the first few days and dressings will be changed as needed.

Nursing staff will start planning for your discharge and the occupational therapist, and possibly a social worker (if necessary), will come and see you and your family.

### Subsequent days

Over the next few days, if your condition allows, the physiotherapist and nursing staff will work with you to try and improve your walking; first with a Zimmer frame and then, as you gradually gain your strength and confidence, progressing to using crutches or sticks.

You may experience pain in your operated leg when you first start moving but this will soon improve.

Your goal is to get to your previous level of mobility prior to your fracture, but this is not always possible. As your strength improves the occupational therapist will begin to assess you regarding everyday living tasks and how you will manage when you leave hospital.

If you have a straight-forward recovery and were in good health before your fracture, you may go home within 2 weeks of your operation. It is important to make plans for your discharge as soon as you are admitted and you will probably need to make arrangements for extra help from your family friends and carers for a few weeks at least.

If you feel you will not be able to manage at home, the ward staff can refer you to the social work team – they will need your permission to do this. A full assessment of your needs will then be undertaken to determine if you require any services or support in the community.

You could be transferred to Newark Hospital or Mansfield Community Hospital for further rehabilitation or medical care before being discharged home. You will continue with your physiotherapy and occupational therapy programmes if transferred.

## Discharge

A district nurse may be arranged to check your wound and remove your stitches or clips (which are like staples) 14 days after your operation.

You may need an outpatient appointment to see the doctors – nursing staff will advise you on your discharge if this is needed. Transport can be provided if necessary.

Medication to take home will be provided.

Going home by car may be possible; the occupational therapist and nurses will explain how to get in and out. If hospital transport is needed the nursing staff will arrange this.

It is important to remember that it can take time to recover from this type of surgery, especially if you are elderly or frail. We will provide help, care and support to guide you and your family during this time.

Please do not hesitate to ask any questions, or give any suggestions, regarding your care.

## Why have you broken your hip?

In the majority, these fractures occur after a fall and are usually in people aged over 65. There are several factors that could have contributed to your fall; these include poor balance and strength, poor vision, inappropriate footwear or medical reasons. There are also several reasons why your hip fractured, however, the most likely cause is osteoporosis, which becomes more common as you age.

One in 2 women and 1 in 5 men will suffer a fracture after the age of 50. The reason women are more at risk is due to the menopause. Although bone cannot be replaced, treatments are available to help bone density and hopefully prevent future fractures. These treatments can be discussed with you while in hospital.

## What increases the risk of osteoporosis?

In men and women alike, bone mass peaks by the time we are in our mid-20s, and bone loss decreases slowly but steadily from the age of 40. Other associated risk factors that raise your likelihood of developing osteoporosis include:

- A family history, particularly the mother having had a hip fracture

- Beginning the menopause or having ovaries removed before the age of 45
- The use of steroids over a long period of time (commonly used for a number of medical problems)
- Dieting or exercising to extreme lengths
- Smoking heavily
- Drinking alcohol excessively
- Low testosterone levels in men
- Long term immobility or disability
- Malabsorption disorders (whereby the small intestine can't absorb enough of certain nutrients and fluids)
- Having low body weight.

There are few symptoms of osteoporosis so until you have had a fracture you may not have had any idea that you had the condition, although you may have had it for many years by then.

During your stay you will be assessed for appropriate osteoporosis treatment. This may be medication of referral to the osteoporosis service for a DEXA scan.

### Falls prevention

After your surgery it is important to take fewer risks in your routine.

Helpful hints:

- Take it slowly when getting out of bed or of a chair
- Raise the head of the bed with a pillow or wedge
- Turn a light on before getting up to use the toilet during the night, or leave a light on in the hallway or bathroom
- Hold on to something secure.

In order to prevent future falls the following are also recommended:

- Have regular eye checks
- Ask your GP to review your medication on a regular basis and let him or her know if your medication makes you feel dizzy
- Remember not to mix medication with alcohol as it can cause dizziness and loss of balance
- Always let someone know if you feel unwell
- Avoid clothing and shoes that may cause you to slip or trip
- Avoid walking in socks or tights on slippery floors

- Avoid tripping by using non-slip mats in the bath or shower, under rugs and in the kitchen
- Make sure your home is well lit, especially in the kitchen and stairways.

For further information, falls prevention leaflets are available on the ward – please ask staff for details.

## More information is available from:

**The National Osteoporosis Society**
Free helpline: 0808 800 0035

**Scope disability information**
Free helpline: 0808 800 3333

**Social Services department**
King's Mill Hospital
Telephone: 01623 622515, extension 3380 or 4018

**Age UK**
King's Mill Hospital
Telephone: 01623 622515, extension 4675

Carers can get information and support by telephoning Nottinghamshire County Council on 0300 500 8080.

## Other useful contact numbers:

**Sherwood Forest Hospitals' switchboard**
Telephone: 01623 622515

**Mansfield Community Hospital rehabilitation service**
Oakham ward – telephone 01623 785061
Lindhurst ward – telephone 01623 785110

**Newark Hospital rehabilitation service**
Sconce ward (male) – telephone 01636 685860
Sconce ward (female) – telephone 01636 685871
Fernwood Community Unit – telephone 01636 685713

**Jigsaw Support Scheme**
Telephone: 01623 415974

**Nottinghamshire County Council Handy Person Adaptation Service**
Telephone: 0300 500 8080

For the GP out of hour's service, please telephone your surgery number.

## Useful website:

NHS 111
http://www.nhs.uk/NHSEngland/AboutNHSservices/Emergencyandurgentcareservices/Pages/NHS-111.aspx

## Further sources of information

NHS Choices: www.nhs.uk/conditions
Our website: www.sfh-tr.nhs.uk

**Patient Experience Team (PET)**
PET is available to help with any of your compliments, concerns or complaints, and will ensure a prompt and efficient service.

**King's Mill Hospital:** 01623 672222
**Newark Hospital:** 01636 685692
**Email:** sfh-tr.PET@nhs.net

If you need this information in a different language or format, please contact the PET (as above).



If you require a full list of references for this leaflet, please email sfh-tr.patientinformation@nhs.net or telephone 01623 622515, extension 6927.

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