

Hip Fracture - DHS

Your broken hip joint - some information

These notes give a guide to your stay in hospital. They also give an idea about what it will be like afterwards. They do not cover everything. If you want to know more, please ask.

What is the problem?

You have broken the upper end of your thigh bone close to your hip joint. This is called your *neck of femur* (...feem-err). Therefore your injury may be referred to as a *fractured neck of femur*.

This injury is also known as a *hip fracture*.

NB There is no difference between a fracture and a break.

What does the operation consist of?

We make a cut about 8 inches long along the side of your hip and thigh. We position your leg so that the broken parts of your bone are together and then hold them with a special screw and plate. This is sometimes referred to as a *pin and plate*.

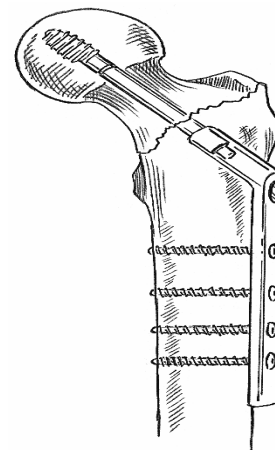
We then close up the skin with stitches.

Are there any alternatives?

If you lay in bed, with traction on your leg, your break may heal. Without an operation you would be in bed for three months. After an operation you will be out of bed the next day.

Operating reduces the serious complications of staying in bed for a long time.

Overall, I think the best plan is to get you walking as soon as possible by fixing your broken bone.



What happens before the operation?

Welcome to the ward

You will be welcomed to the ward by the nurses or the receptionist. You will have your details checked. You will be shown to your bed and will be helped to change into a

cotton gown. You will have some basic tests done, such as pulse, temperature, blood pressure and urine examination.

Please ask a friend or relative to bring any medicines or drugs you may be taking into hospital, so that your drug treatment in hospital is correct. Please tell the nurses of any allergies to drugs or dressings.

Visits by the surgical team

You will be seen first by the House Surgeon, who will interview and examine you. He, or she, will arrange some special tests such as x-rays and blood samples. The House Surgeon will explain the operation to you.

You will then be asked to sign the consent form. This gives us permission to perform the operation. If you are not clear about any part of the operation, ask for more details from the doctors or from the nurses. They are never too busy to do this.

The House Surgeon will mark the site of the operation with a marker pen. If the mark becomes faint before the operation, ask for it to be redrawn.

You will be seen by the surgeon who will be doing the operation. He will check that everything is in order.

Visits by the anaesthetic team

One of the anaesthetists who will be giving you your anaesthetic will interview and examine you. The anaesthetist will be especially interested in chest troubles, dental treatment and any previous anaesthetics you have had, plus any anaesthetic problems within the family.

Visit by the physiotherapist

The physiotherapist will show you how to keep your chest clear after the operation and how to keep moving about.

Smoking

You should not smoke whilst in hospital.

Diet

You will be asked not to eat or drink anything for 6-12 hours before your operation. This will let your stomach empty to prevent you from vomiting during your operation.

Timing of the operation

Your operation is a relative emergency. It is not necessary for us to operate in the middle of the night. We will probably perform your operation on the next available emergency operating list.

The timing of your operation is usually arranged the day before. The nurses will tell you when to expect to go to the operating theatre. Do not be surprised, however, if there are changes to the exact timing.

Preparation for going to the operating theatre

You will be asked to remove all jewellery, watches, make-up and nail varnish. Wedding rings can be covered with tape if they will not come off.

You also have to remove any contact lenses and false teeth.

The operation site will not be shaved on the ward. If it is necessary, we will shave it in the operating theatre.

Pre-medication

You may be given a sedative injection or tablets about 1 hour before the operation. This will relax you and may make you sleepy. Once you have had your pre-med' you must stay in bed. You should call for a nurse if you need assistance.

Transfer to theatre

You will be taken on a trolley to the operating suite by a ward nurse and a theatre porter. You will be wearing a cotton gown. There will be several checks on your details on the way to the anaesthetic room where your anaesthetic will begin.

Having a general anaesthetic

A general anaesthetic is given so that you are asleep during the operation. You will have an injection into a vein in your arm or hand, and you will go off to sleep.

You will have only the haziest memory of going off to sleep, if at all.

The operation is then performed.

What happens after the operation?

After the operation, you are taken on a trolley to the recovery ward for about half an hour. Then you go by trolley back to the ward.

Coming round after the anaesthetic

Although you will be conscious a minute or two after the operation ends, you are unlikely to remember anything until you are back in your bed on the ward.

You may wake up with an oxygen mask on your face. This is to help you come round from the anaesthetic.

You will have a plastic tube in your arm to give you a blood transfusion or salt solutions.

You may have a fine plastic drainage tube coming out of the skin near the wound, connected to a container.

Warning after a General Anaesthetic

The drugs that we give for a general anaesthetic will make you clumsy, slow and forgetful for about 24 hours. This happens even if you feel quite alright.

For 24 hours after your general anaesthetic:

Do not make any important decisions.

Will it hurt?

The wound may be painful. You will be given injections or tablets to control this. Ask for more if the pain is unpleasant.

Drinking and eating

You will be able to drink within an hour or two of the operation provided you are not feeling sick.

The next day you should be able to manage normal food.

Passing urine

It is important that you pass urine and empty your bladder within 6-12 hours of the operation. You will need to use a bottle or a bed pan with help from the nurses at first.

If you still cannot pass urine let the nurses know and steps will be taken to correct the problem.

Opening bowels

It is quite normal for the bowels not to open for a day or so after an operation. You may need help with a bed pan at first. Later you will be able to walk to the toilet, but you may still need help.

If you have not opened your bowels after 2 days and you feel uncomfortable, ask the nurses for a laxative.

Sleeping

You will be offered painkillers rather than sleeping pills to help you to sleep. If you cannot sleep despite the painkillers please let the nurses know.

Physiotherapy

Whilst in bed, you should help your circulation by continuously moving your ankles and legs.

You will be helped out of bed on the first or second day after your operation. By the time you go home you will be walking with the help of two crutches or a frame. You will be able to go up and down stairs.

The wound and stitches

The wound will have a simple adhesive dressing over it.

The nurses will pull out your wound drain the day after your operation. This does not hurt.

We will take your stitches out 10 days after the operation.

Washing

Wash around the dressing for the first ten days.

You can wash the wound area as soon as the dressing has been removed. Soap and warm tap water are entirely adequate. Salted water is not necessary. You can shower or take a bath as often as you like.

What about informing my relatives and contacts?

With your permission, the nurses will keep your relatives and contacts up to date with your progress. However, please help minimise the number of phone calls to the ward. Organise a few key people who can ring and distribute news of your progress.

How long in hospital?

You will be in hospital for ten days to two weeks following your operation. You may go home when you can walk safely with crutches or sticks.

You will be given an appointment to visit the Orthopaedic Out Patient Department six weeks after your operation.

Clothes

Please get loose fitting clothes and sensible shoes to wear when you go home (eg track suit and training shoes). They will be easier to put on and take off.

Sick notes

Please ask the nurses for sick notes, certificates etc.

Driving

You must not drive for two months after you leave hospital. You will not be able to perform an emergency stop as quickly as normal before then.

Work

This depends on your job. If you can get to work without driving yourself or by using public transport you may be able to return to work six weeks after your operation.

General recovery

When you go home, you will be able to move around the house. You will not be able to go shopping for the first few weeks after you go home. Please make arrangements for friends or family to shop for you.

Your hip will continue to improve for at least six months.

Complications

Wound infection sometimes happens. You will be given antibiotics to try and prevent this.

You can develop a blood clot in the veins of your calf (Deep Vein Thrombosis - D.V.T.). We will use a combination of medicine and compression stockings to try and prevent this.

General advice

This type of injury is very common. The operation is a medium sized one. Overall I think that you will be much better by having the operation.

If you have any problems or queries, please ask the nurses or doctors.

Any Questions?

If you have any questions, jot them down here and ask the doctors or nurses for answers.

Any complaints?

If you have any complaints, please contact the doctors or nurses straight away. If this does not solve the problem, please write to me at Department of Orthopaedics, Whipps Cross Hospital, Leytonstone, E11 1NR.

Boyd S Goldie

Consultant Orthopaedic Surgeon

Acknowledgement

This leaflet was produced using equipment purchased with charitable donations.

If you would like to help other ventures to benefit patients, please send your donations to:

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(Make cheques payable to Department of Orthopaedics, ForestHealthcare Trust)