



Royal College
of Physicians

National Hip Fracture
Database (NHFD)

Your hip fracture

All about your hip fracture,
and what to expect on the
road to recovery



In association with:

Commissioned by:



British Geriatrics Society
Improving healthcare
for older people



British Orthopaedic
Association



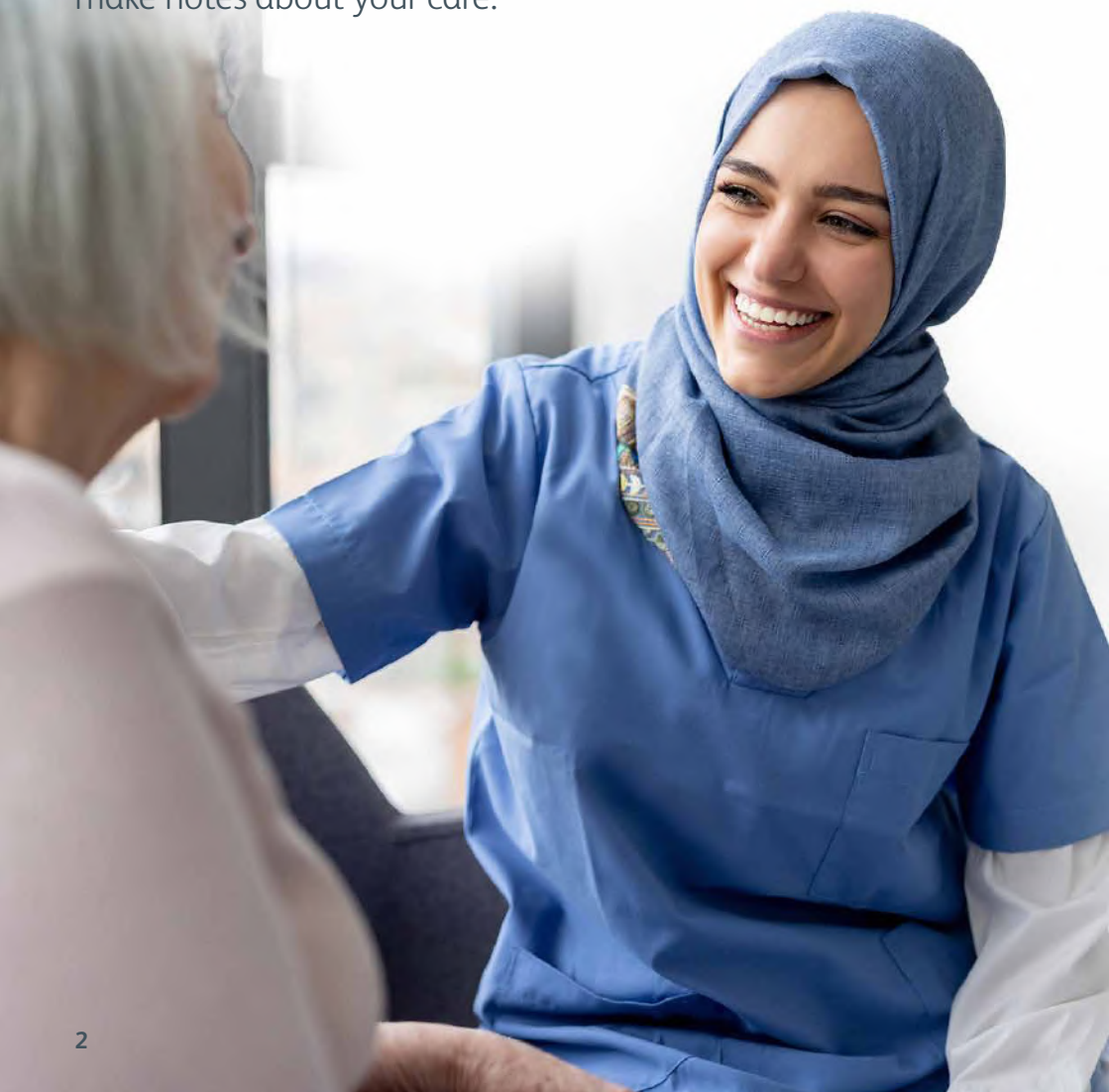
Royal
Osteoporosis
Society
Better bone health for everybody



HQIP
Healthcare Quality
Improvement Partnership

About this guide

This guide is for patients who have fractured their hip, as well as their families and carers. It explains what a hip fracture is and provides key information about how you will be cared for, both before and after your operation. There's also space for you to make notes about your care.



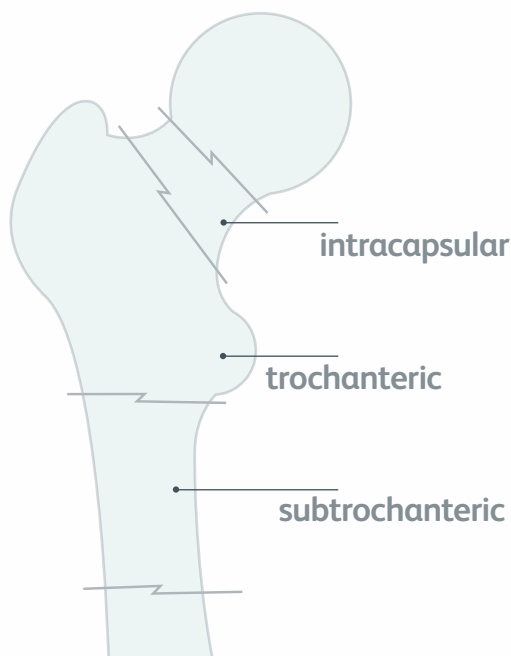
This advice leaflet was co-produced by patients, their relatives and their carers, who work alongside doctors and others in our team as members of the Falls and Fragility Fracture Audit Programme* (FFFAP)'s Patient and Carer Panel† at the Royal College of Physicians‡ (RCP).

Introduction

What is a hip fracture?

Your hip is a ball and socket joint at the top of your thigh bone where it meets your pelvis. A hip fracture is a break in this joint and is sometimes described as a 'fractured neck of femur' or 'fracture of the proximal femur'.

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



* www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap

† www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap/the-patient-and-carer-panel

‡ www.rcp.ac.uk

What causes a hip fracture?

You may have had a fall.

Falls are common in older people, and one in three people over 65 will fall each year.*

Your bones may not be as strong as they used to be.

Bone is strong and doesn't usually break with a simple fall. As we get older, however, our bones become weaker. Osteoporosis and other bone diseases can also make your bones weaker. This means that a fall even from standing height can cause a fracture.

Pain relief

A fractured hip can be painful, so you'll be offered painkillers to keep you as comfortable as possible. For some people, regular pain relief such as paracetamol is enough to keep their pain under control, but most people find they need stronger painkillers.

Stronger painkillers may help to relieve your pain, but they can also cause side effects such as constipation and still may not allow you to move around comfortably in bed. Another option is an injection in the groin called a 'nerve block' which can be very effective in reducing pain and has fewer side effects.

Important: It's normal to feel some pain and discomfort **after** hip fracture surgery as well as **before**, but with good pain relief, you should be able to get up and start moving straight away. Speak to one of the nurses if you feel your pain is stopping you from moving.

* www.nhs.uk/conditions/Falls

Treating your hip fracture

Like most people who break their hip, you'll probably need to have an operation so that you can move again in comfort and begin your journey to recovery. Only a few patients have a type of fracture that will heal without surgery.

Important: Occasionally, some patients aren't well enough for surgery. Some will improve with treatment, and can have surgery a day or two later, but perhaps one in a hundred need to be looked after without an operation.

Your operation

The type of operation you have will depend on where your hip is broken and will be one of the following:

- > Surgery to replace all or part of your hip
- > Surgery to fix your fracture with a plate
- > Surgery to fix your fracture with screws
- > Surgery to fix your fracture with a rod inside your thigh bone.

If you have any questions about your treatment, please don't hesitate to speak to one of the staff.



Recovering from a hip fracture

Frequently asked questions



1 What can be done if I have memory problems?

If you had a problem with your memory before you broke your hip, you may find that it gets worse for a while after your operation, so please let staff know as soon as possible.

Surgery and medication can also cause some people to experience a condition known as delirium, which is a state of mental confusion. Delirium often starts suddenly and can be frightening, but usually improves when the condition causing it gets better.

You may find the [NHS Scotland Think Delirium](#) leaflet helpful. If you're unable to access this leaflet online please ask a member of staff if they can print a copy for you.

Notes

2 Apart from my surgeon, who else will be caring for me?

While you're in hospital, you'll be cared for by a whole team of people including surgeons, anaesthetists, geriatricians, nurses and physiotherapists.

The person leading the ward team will normally be a ‘geriatrician’ – a doctor who specialises in the care of frail and older people. They will make sure you are as fit as possible before your operation, and will coordinate the work of the team who will help you recover afterwards.

Some geriatricians are specialists in the care of older people who have broken their hip and are called 'orthogeriatricians'.

Notes

3 When will I have surgery?

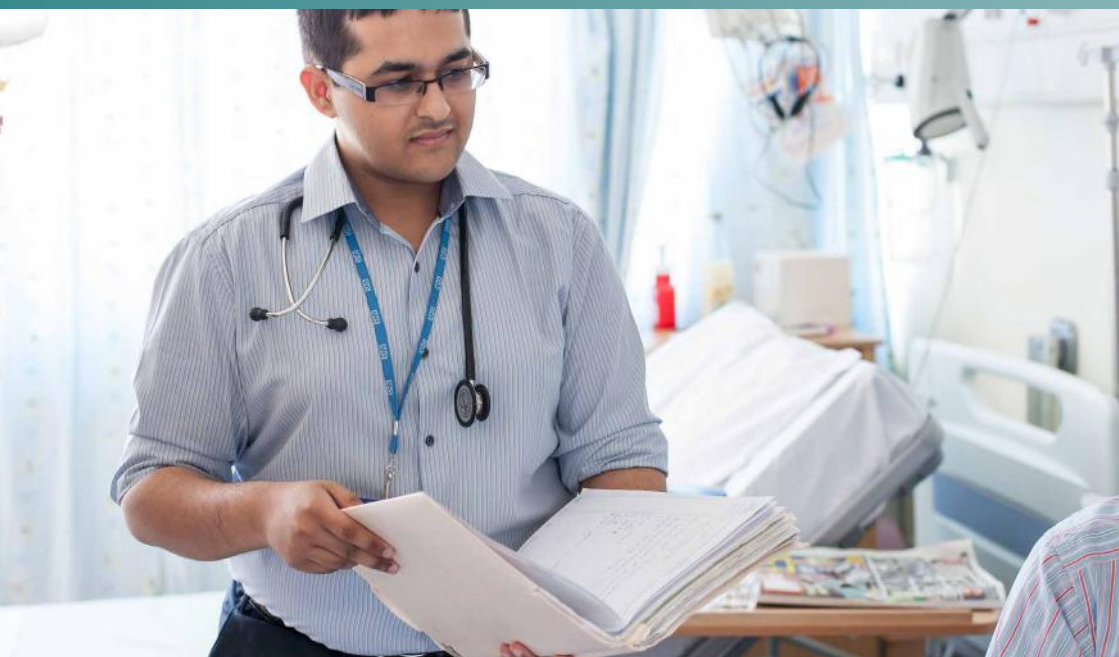
It is unpleasant and uncomfortable to be confined to bed with a hip fracture, so the sooner you have surgery, the sooner you'll be able to start moving and walking again. Providing you're well enough for surgery, the operation to repair your hip should take place on the day of your admission to hospital, or on the following day.

Notes

4 When will I be able to eat and drink normally again?

You won't be able to have any food or drink (known as 'nil by mouth') for a few hours before your surgery. Once you've had your operation, however, it's very important that you eat well and drink lots of fluids, as food and drink are key to making a good recovery from your hip fracture and surgery.

Notes



5 What if I find it difficult to eat or drink?

If you're unable to move around in bed and get into a comfortable sitting position at mealtimes, staff will be happy to assist you. Do let staff know if you find eating and drinking difficult at any time. Your family and friends may also be able to help you at mealtimes, so speak to staff to see if this is possible.

Notes

6 How soon after surgery will I get out of bed and start physiotherapy?

The aim of your operation is to allow you to get up and put weight on your hip straight away, usually the day after your surgery. You may have some pain and discomfort to start with, and may also feel weaker than usual. This is perfectly normal and should improve as you continue to recover. Pain relief will also make getting up and moving around easier.

Getting back on your feet again, regular moving in bed and pressure-relieving mattresses and cushions will also help you avoid developing pressure sores while you're less mobile than usual.

Notes

7 What can I do if I am having problems with my bladder?

Problems with bladder control can occur when you're in hospital recovering from hip fracture surgery. For example, you may find:

- you need to get to a toilet quickly
- it's difficult for you to pass urine
- you feel the need to pass urine very often
- you experience leakage of urine.

If you have any of these symptoms, or any other problems with your bladder, be sure to let the staff on the ward know.

If you already had problems with your bladder before breaking your hip, even if your symptoms haven't got any worse while you've been in hospital, it's still worth mentioning this to staff to see if anything can be done to improve or solve them. If you still have problems with your bladder at the point you are discharged from hospital, staff can arrange for you to have a follow-up appointment at home.

Notes

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The team looking after you will keep you updated with information on your progress and on the plans for your discharge. With your permission, they'll also be happy to discuss this with your family or friends, especially anyone who plans to assist you once you're back at home.

Important: It's essential for ward staff to understand your home circumstances. This will help in planning your rehabilitation and avoid delays when you're ready to leave hospital.

Notes



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Most hip fractures happen after a fall so it's important that you avoid having a fall in future. With this in mind, staff should assess your risk of falling when planning your rehabilitation and discharge. This will normally include:

- a review of your medication
- physiotherapy to improve your strength and balance
- an assessment by an occupational therapist of your home environment to make sure that you can manage day-to-day activities safely.

Notes



10 Can anything be done to strengthen my bones?

As people get older their bones become weaker. In older people hip fractures are often the result of weaker bones, and many people have 'osteoporosis' – a health condition that weakens bones, making them fragile and more likely to break. As a result, one in five is at risk of having another hip fracture in the future.

Treatment is available for osteoporosis in the form of vitamin D tablets, followed by drips or injections that strengthen your bones and reduce the risk of you having more fractures.

Important: If you have received bone-strengthening treatment, you need to take vitamin D (or calcium and vitamin D) in the long term to avoid further fractures.

There are many different types of drug treatments and more information about these can be found on the Royal Osteoporosis Society website theros.org.uk

A bone density (DXA) scan can help doctors to decide if you need this treatment.

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11 When will I be discharged?

Every person who fractures their hip is different and so it's not easy to predict when you'll be well enough for discharge. A lot depends on how well you cope with the stresses of hip fracture, surgery and the challenges of rehabilitation.

Other factors that can affect your recovery include how mobile you were before you broke your hip, your overall health and how much help you'll have after you've left hospital.

While the average stay in hospital after hip fracture is about 20 days, some patients are well enough to be discharged after only 5–7 days, while others will need to stay in hospital for quite a lot longer.

Notes

12 Will I need to attend an outpatient appointment after I leave hospital?

In the past, people who had a hip fracture needed to attend a follow-up appointment at an orthopaedic clinic. Today, surgical repair of hip fractures is so successful that, for most patients, this is no longer necessary.

However, your hospital may contact you by phone or letter after 4 weeks and again after 4 months, to check on your progress after surgery and rehabilitation. They will also want to make sure that you're continuing to take any bone-strengthening treatment you started in hospital. Making time for this telephone call is really important to ensure your recovery is progressing as it should and to help local services deliver good standards of care.

Notes



What is the National Hip Fracture Database?

In 2007 orthopaedic surgeons, geriatricians and nurses worked together to set up the National Hip Fracture Database (NHFD) to collect information about hip fracture care in England, Wales and Northern Ireland. It is now part of the Falls and Fragility Fracture Audit Programme (FFFAP) at the Royal College of Physicians (RCP).

The NHFD team monitors the management of hip fracture care and aims to help services improve the care provided.

Online reports are provided so that hospital staff can monitor their own progress with meeting standards for good care throughout the year.

The NHFD releases an annual report describing each hospital's performance. To find out more, visit: **www.nhfd.co.uk**.

If you have any questions or feedback on this leaflet please contact us at: **nhfd@rcp.ac.uk**.

How is information about you collected and used?

Doctors and nurses collect information about you as part of your hospital care, and then use this to update your medical records.

To help hospitals improve the care they provide, they submit data to the National Hip Fracture Database (NHFD) via an online database, so that the NHFD can look at this information to help improve the care of people who have a hip fracture.

To do this accurately we need to check personal details (NHS number, name, date of birth, sex and postcode) alongside information about how you were looked after in hospital.

For detailed information on how we use your data you can read our [fair processing statement](#).

Normally personal information of this kind cannot be collected without consent, but learning how to improve hospital care of patients with hip fractures depends on having as complete a picture as possible and that requires data from as many patients as possible.

The NHFD therefore has Section 251 support from the secretary of state for health and social care on advice from the Confidential Advisory Group (CAG) to allow us to collect these data without specifically seeking patient permission.

Although personal data are collected as part of the NHFD, they will never be used in ways that would enable you to be identified individually, and there are safeguards in place to ensure that data are kept confidential.

Some people are reluctant for their information to be used and the [National Data Opt-out \(NDO\)](#) allows patients to opt out. But the CAG recognises how important it is for NHFD to have a complete and balanced understanding of hip fracture care so they have agreed we can still include these people.

If you do not want your information to be included in the audit, please speak to a member of your clinical team, or contact us at fffap@rcp.ac.uk, 020 3075 2395, or the postal address at the end of this leaflet.

What are the national guidelines for hip fracture?

The NHFD seeks to promote the standards of care which the National Institute for Health and Care Excellence (NICE) published in its guideline: *Hip fracture: management* in 2011 and updated in 2023.

Find out more at:
www.nice.org.uk



Useful organisations

Royal Osteoporosis Society

A UK-wide charity dedicated to improving the prevention, diagnosis and treatment of osteoporosis.

Visit: <https://theros.org.uk>

Age UK

A charity for older people, giving help, information and advice.

Visit: www.ageuk.org.uk

Carers Trust

Working to improve support, services and recognition for carers.

Visit: <https://carers.org>

Carers UK

Expert advice, information and support for carers.

Visit: www.carersuk.org

Falls and Fragility Fracture Audit Programme (FFFAP)

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@RCP_FFFAP

The Falls and Fragility Fracture Audit Programme (FFFAP) includes a suite of linked national clinical audits to drive improvements in care.

It is managed by the Royal College of Physicians.

- National Hip Fracture Database (NHFD)
- Fracture Liaison Service Database (FLS-DB)
- National Audit of Inpatient Falls (NAIF)

www.rcp.ac.uk/improving-care/national-clinical-audits/falls-and-fragility-fracture-audit-programme-fffap



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