Fractured Neck of Femur
Patient information leaflet

This leaflet has been designed to help you, the patient, and your relatives have a better understanding of the type of injury you have sustained and the operation you require. During your stay in hospital if you or your next of kin have any questions please do not hesitate to ask the ward sister and their nursing team.

What is a fractured neck of femur?

The femur is one of the largest and strongest bones in the body. A fractured neck of femur is when the top part of the hip bone becomes broken. This type of fracture will require an operation to repair the break and there are three types of operation available, namely:

- Hemiarthroplasty
- Dynamic Hip Screw
- Intramedullary Nail.

The operation you have will depend on the area of hip that you have broken.

People involved in your care

Orthopaedic surgeon – will review you throughout your stay in hospital, and will perform your operation.
Medical doctor – will review you on admission and regularly throughout your stay.
Nursing staff and health care assistants – will look after all of your patient care needs.
Physiotherapist – will help you to mobilise.
Occupational therapist – will assess your home and organise any equipment you may need to help make things safer.
Pharmacists – will organise your medication for your discharge.
Dietician – will review your nutritional intake and give you supplements if needed.
Social worker (if needed) – will discuss your social circumstances with you.

Feel free to speak to any of these people if you have any questions.

Why do I need an operation?

Once you have broken your hip you are unable to get up and walk without an operation.
If you do not have an operation you will need a period of prolonged bed rest which is not good as it will mean you are more likely to get an infection in your chest, damage to your skin or put you at higher risk for blood clots in the legs or lungs.

**When will I get my operation?**

We aim to do your operation within 36 hours as long as you are fit enough for the anaesthetic and the operation. You should only wait longer than this if you need to have a blood transfusion or be treated for infection, if you need a scan of your heart, antibiotics, further x-rays or other scans of your hip. If your operation is being delayed you will be informed and every effort will be made to get your operation done as soon as it is safe to do so.

**If I don’t have an operation**

In the unlikely event, that the Orthopaedic/Anaesthetic team feels that performing an operation is too risky then you will not have an operation, but we will manage your pain and offer Physiotherapy as you are able.

**Possible risks and complications**

Any injury or operation has risks and it is important that you fully understand the following information. Please remember that everyone is different and recovery from your operation will vary depending on your general health and age prior to admission. If you have any questions, or do not understand, please ask any member of staff.

**Acute Confusion** - some patients may experience a period of confusion after their operation. This can be caused by a number of factors such as being away from home, medication, blood imbalance or low oxygen levels. Whilst this can be distressing, it is usually short term and will be monitored, investigated and treated as necessary.

**DVT** (Deep Vein Thrombosis) – is a blood clot in a vein. It may present as a red, painful and swollen leg. A DVT can pass through the blood stream and go to the lungs (a pulmonary embolism – PE). This is a serious condition that affects your breathing and affects 1 in 100 patients. In order to reduce the risk of a DVT, you will be given exercises and will be prescribed medication to thin the blood. You will also wear special stockings for six weeks which will help to prevent a clot forming. However, one of the best ways to prevent this condition is to get up and start moving and walking.

**Bleeding** – this is usually a small amount and can be stopped during the operation. However larger amounts of bleeding may mean you require a blood transfusion or iron tablets after your operation. Rarely, the bleeding may form a blood clot or large bruise around the wound.
**Infection** – this is a risk of surgery and is taken very seriously. You will be given antibiotics in theatre, just before your operation and the operations will be performed in sterile conditions and with sterile equipment.

Despite these precautions however, a small number of patients develop a wound infection (about 4 in 100). If this happens, your wound may become red, hot and painful. There may also be a discharge of fluid or pus. Infections are usually treated with antibiotics, but an operation to wash the joint out may be necessary. In rare cases the implant inserted to fix your hip may be removed and replaced at a later date. Rarely infection can lead to a blood infection and antibiotics may be required for a longer time.

**Chest infection** – There is a risk of getting a chest infection or other respiratory complications. However, one of the best ways to prevent this condition is to get up and start moving and walking.

**Pressure Sores** – Your skin can become sore when your mobility is reduced. The areas most at risk are your sacrum (bottom), elbows and heels. Please tell a member of staff if you have any discomfort. The best way of reducing the risk to your skin is to get up and start moving and walking as soon as possible after your operation.

**Swelling of the legs** – This often occurs and can take several months to go down. If your legs become hot and painful, you need to inform the staff.

**Dislocation** – If your operation consisted of the ball of the joint being replaced, there is a small risk of dislocation – this means that the ball joint has come out of the socket. This will require a further operation.

**AVN (Avascular Necrosis)** – This is a rare complication that can occur in patients who have screws and/or plates inserted. This is a loss of the blood supply to the top of the thigh bone. If this happens, the head of the thigh bone becomes weak. It may need a further operation to replace the bone.

**Consent**

Before you have your operation one of the surgeons will explain the operation to you and the possible complications and risks. You will get the opportunity to ask any questions at this point. You will also see an anaesthetist to discuss the anaesthetic you will be having. If your relative lacks the capacity to make their own decision about surgery, a decision will be made in their best interest by the surgeon responsible for their care and this will be discussed with you.
Food and drink

Before your operation you will be allowed to eat up until six hours prior to your operation and you will be allowed clear fluids until two hours before. You will be prescribed extra supplements to help maintain your strength and to help your wound heal. When you are admitted you will be given a needle into your vein known as a drip. Your drip which will provide you with fluids until you are eating and drinking again properly after the operation.

Pain relief

You will have pain in your hip before the operation and this will continue after the operation but should improve. You will be given regular pain relief throughout the period you are in hospital and if you need any extra don’t suffer in silence just ask. You may also be given an injection into your hip before your surgery to help with the pain.

Toileting

Before your operation you will be confined to bed. When you need the toilet, just ask for a bedpan or urinal and you will be given assistance with this. Occasionally people find it difficult to pass urine, therefore, may need a catheter. A catheter is a tube that is placed into the bladder to help drain urine. This will then be left in until you are up and about after the surgery and your bowels are functioning. Due to the immobility and pain relief many people suffer from constipation. To help this you will be prescribed laxatives to help keep your bowels working.

Post surgery

After the operation is over and you have recovered from your anaesthetic you will return to the ward. You may have an oxygen mask in place to aid your breathing after the anaesthetic. A plastic piece of tubing on your finger will measure your oxygen requirements; you will have your temperature, pulse, blood pressure and breathing checked regularly. Your pain will be assessed and you will be offered pain relief regularly. You will be allowed to eat and drink as soon as the anaesthetic has worn off.

Depending on the time of operation you may get out of bed the same day or the day after. You may require an x-ray. You will initially be helped into a chair and may take a few steps with a walking frame. As time progresses you will be encouraged to walk further. You may progress to elbow crutches or walking sticks. Through this period you will be encouraged to eat and drink as much as possible and you will continue to get nutritional supplements. If you are not eating much then you may be referred to the dietician. Your wound dressings will be changed if needed and your clips will remain in for 10 -14 days.
You will also be assessed regularly during this period by the orthopaedic doctors who did your operation and by the medical specialist to ensure that your recovery is smooth. You may have blood tests and other tests if needed.

**Falls and Osteoporosis**

During your stay you will be asked about your fall and any previous falls you may have had. If needed you will undergo tests to help assess why you are falling and you may be referred to the falls clinic. Your medications will also be reviewed. If you are over 55 years of age and had a fall from standing height it is possible you have thinning of the bones (or osteoporosis) which makes you more likely to break bones. While you are in hospital the medical doctor will assess you for this and may order a special scan called a DEXA if this is needed. Once you have been assessed you may be started on treatment to help improve your bones and this will be discussed with you.

**Discharge**

Planning for your discharge from hospital will begin very soon after you are admitted. We aim to discharge as many people as possible back to their own home. Prior to discharge you will be assessed by the physiotherapist and also by an occupational therapist. They will talk to you about your home environment and will arrange to visit your home to see if you need any extra equipment. They will then arrange to visit you on discharge and will continue to rehabilitate you at home.

On discharge you will be given a supply of medication with any new ones that may have been started. You will be informed of any tablets that have been stopped. Your GP will also be informed of any changes to your medications.

**Where should I seek advice or help?**

For 24hr advice ring Ward 14 on 0191 445 2014 or Ward 21 on 0191 445 2021

The Patient Advice and Liaison Service (PALS) can provide help, advice and support to patients, relatives or carers who have any questions or concerns regarding their health care. PALS are unable to give medical advice. You can contact PALS on free phone 0800 953 0667. Monday - Friday, 9.00am 5.00pm. An answer phone is available outside of these hours and calls will be returned the next working day.

**Data Protection**

Any personal information is kept confidential. There may be occasions where your information needs to be shared with other care professionals to ensure you receive the best care possible.

In order to assist us improve the services available your information may be used for clinical audit, research, teaching and anonymised for National NHS Reviews.
Further information is available in the leaflet Disclosure of Confidential Information IL137, via Gateshead Health NHS Foundation Trust website or the PALS Service.

Information Leaflet: 384
Version: 1
Title: Fractured Neck of Femur
First Published: March 2012
Review Date: March 2014
Author: Jane Edmondson and Natalie Thompson

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