



Fractured Neck of Femur

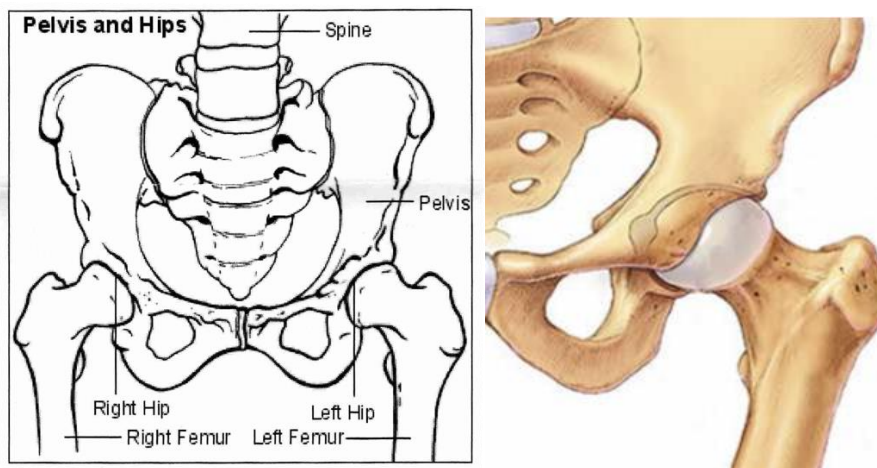
Patient information Leaflet

May 2020

This leaflet has been designed to help you and your relatives have a better understanding of your injury, the operation you require and what to expect from your stay in hospital.

What is a fractured Neck of Femur?

The femur (thigh bone) is one of the largest and strongest bones in the body. A fractured neck of femur is when the top part of this bone is broken. This type of fracture will normally require surgery. The type of surgery will depend on where the fracture is.



Hip fractures – why do we operate?

A fractured neck of femur (NOF) is a condition when the top part of the hip bone is broken. The break (Fracture) is in the top part of the thigh bone (femur) which part of the hip joint. Most patients with hip fractures benefit from early surgery for pain relief and to allow mobilisation. Without surgery patients must be nursed flat in bed for 3-6 months. This often leads to problems such as chest infections and bed sores. Painful hip also makes nursing care very painful because every time the patient needs to be given a bed pan or when the bed linen needs to be changed, patient can get pain at the fracture site.

Aim of the Surgery is to control pain and get the patient out of bed as soon as possible to reduce complications described in the paragraph above. Surgery allows patients to get out of the bed and sit in a chair in the first instance followed by walking based on their pre injury mobility status.

There are 5 main types of operation:-

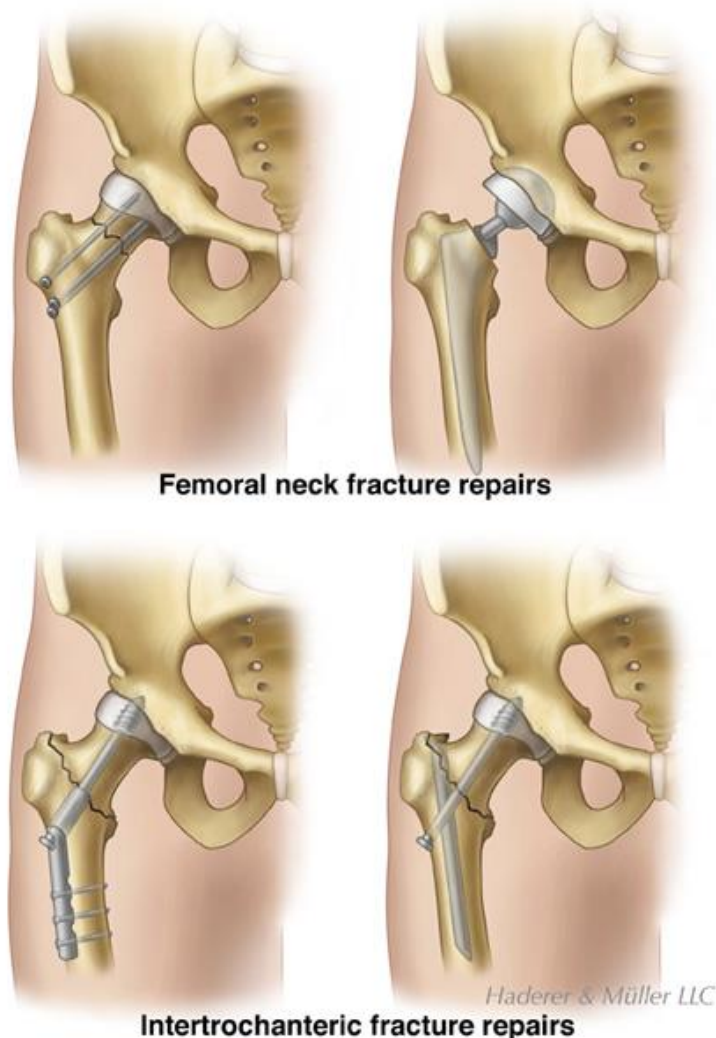
- ● Cannulated Screw
- ● Dynamic Hip Screw
- ● Intramedullary Nail
- ● Hemi-arthroplasty
- ● Total Hip Replacement

Each person with a fractured hip will be offered the operation that is best suited to them.

When will you get an operation?

We aim to do your operation within 36 hours of admission unless you are not medically fit enough for surgery.

This will be decided by a member of the anaesthetic team along with the ortho-geriatric physicians. In case the anaesthetic team feels that the patient needs to be optimised for a safer anaesthetic, the surgery will be delayed till medical condition is optimised. You will be informed of this and every effort will be made to get your operation done as soon as it is safe to do so.



When will you not 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.

People involved in your care

Orthopaedic surgeon – will review you throughout your stay in hospital, and will perform your operation.

Orthogeriatric doctor-Is a trained senior care of the elderly doctor who will review you from admission and regularly throughout your stay to ensure if any medical problems develop they are treated promptly to ensure you have timely operation. After the operation your health is optimised so that you can have timely rehabilitation and onward planning for discharge. The assessment will also help to reduce your future risk of falls as well as discuss with you if you require any osteoporosis medications.

- 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.

On admission

In the Emergency Department, you will have had an examination and X-rays confirming the break. You will also have had pain relief if required. You may have also been advised not to eat and drink (nil by mouth), as you may be going for an operation within a few hours.

If you are taking medication at home, it will be useful if there is someone that can bring your tablets in to hospital as soon as possible.

What happens next?

You will be admitted to the ward where you will be welcomed by a nurse and settled onto a bed. Your pain will be assessed and you will be offered further pain relief if necessary. To reduce the risk of developing a deep vein thrombosis (DVT), which is a clot in your legs, you will be given an injection each evening; however this injection does not eliminate the risk of you developing a clot.

The nurse will then complete some basic tests, such as pulse, blood pressure, temperature and a sample of your urine will be taken. The nurse will also need to take some details from you relating to your

general health, level of fitness and home situation.

An arrow will be drawn on the leg that requires the operation.

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.

Resuscitation

Many patients who fracture their hip are frail and dependent. We encourage patients and their relatives to discuss what their wishes would be, should cardiac arrest occur at this difficult time.



Before the operation

To reduce the risk of being sick during your anaesthetic, you will not be allowed to eat anything for 6 hours before your operation. However you will be allowed to drink clear fluids (such as water) up to 2 hours beforehand. The nurses will let you know when you should stop eating and drinking.

On the day of surgery

A porter will arrive to take you to theatre on your bed. A theatre nurse will welcome you there and check your details again. You will meet the anaesthetist administering your anaesthesia. You will meet the surgeon doing the operation. She/he may not be your own consultant, but will have training or supervision to perform the surgery. You will have an arrow drawn on your injured leg, unless this has been done already.

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. The physiotherapist, occupational therapist and nursing staff on the ward will all be working together to help you get as strong as possible. It is very important that you start to walk as soon as possible. If appropriate, you will be seen by a physiotherapist who can advise you on exercises to help you build up strength in your leg. It is important to continue these exercises when you return home as they help to strengthen specific muscle groups and aid your recovery. The team will make a plan with you and your family to get the best possible outcome.

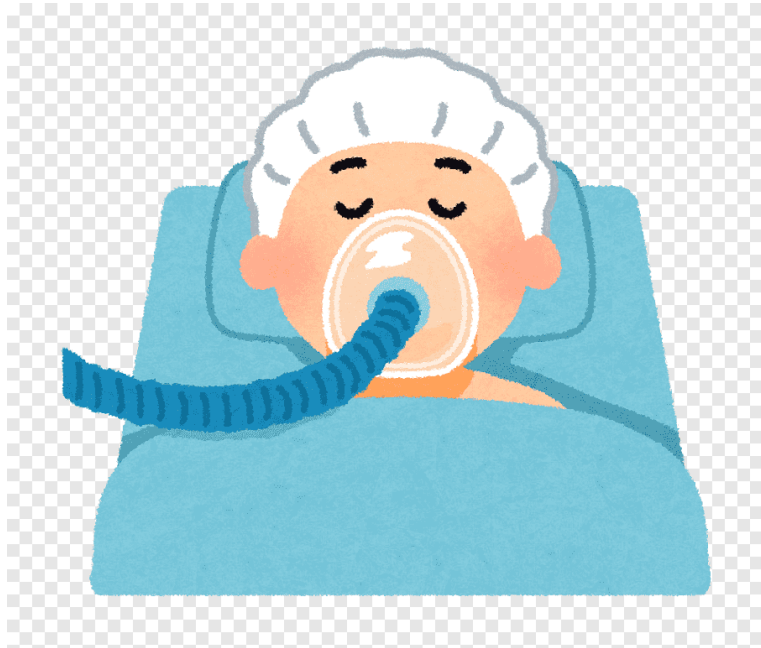
Through this period you will be encouraged to eat and drink as much as possible and you will continue to get nutritional supplements. Your wound dressings will be changed if needed and your clips will remain in for 10 -14 days.

You will also be assessed regularly during this period by the orthopaedic doctors who did your operation and by the orthogeriatric medical doctors to ensure that your recovery is smooth. You may have blood tests and other tests if needed.

Planning your discharge

We hope you will only need to stay with us for a short period of time and the ward team will be working with you to make arrangements for your safe discharge back to your home. Some patients may require support in their own home from the Intermediate care team (a team of nurses, carers and therapists who provide skilled care in the community setting) and if so this will be discussed with you. Other patients may require to be considered for an Intermediate care bed in one of the community hospitals.

Your anaesthetic for a broken hip



Anaesthetists are doctors with specialist training, who will visit you on the ward. They will agree a plan with you for your anaesthetic and pain control afterwards. The anaesthetist will also have to decide whether you can have your operation straight away. Occasionally, they discover medical problems that need to be treated before you can safely be anaesthetised. This might be having a very fast heart rate, or needing blood thinning medicines to be reversed.

Hip fracture needs to be treated as soon as possible. Anaesthetists work in shifts and you may be seen on the ward by a different anaesthetist to the one who gives you the anaesthetic. The information that you give will be passed on and noted carefully.

A spinal anaesthetic

- The injection in your back makes you numb below the waist. You will not be able to move your legs. It will wear off after about two or three hours.
- When the anaesthetist does the spinal injection, you will be lying on your side. Turning onto your side will be painful, but the anaesthetist will tell you beforehand how the pain will be kept to a minimum.
- During the operation, you can have medicines to make you sleepy and relaxed (sedation). The anaesthetist stays right beside you during the operation.
- The blood pressure can fall during a spinal anaesthetic. The anaesthetist will treat low blood pressure with drugs and fluids.

- The advantage of a spinal anaesthetic is that it has less effect on your breathing and on your brain. Recovery can be quicker, especially if you have long-standing chest problems such as asthma and bronchitis.
- The risk of damage to nerves in the back from a spinal injection is very low – it happens in about 1 in 12,000 spinal injections.

A general anaesthetic

- Drugs and anaesthetic gases are used to make you completely unconscious.
- The blood pressure can fall during a general anaesthetic. The anaesthetist will treat low blood pressure with drugs and fluids.
- Some people are sick or feel sick after a general anaesthetic. You will be given medicines to prevent this.
- When you wake up from a general anaesthetic, you may be disorientated and confused for a while. Behaviour and memory can be affected and there may be some deterioration in more complex mental functions such as the ability to get dressed or do the crossword.

Types of confusion

There are two types of confusion that can happen after surgery and an anaesthetic.

- Delirium (postoperative delirium) happens very soon after an operation. It has a number of causes that are usually treatable.
- Cognitive dysfunction (or postoperative cognitive dysfunction or POCD) can develop later. The cause of this is not well understood and there is evidence that in a few people its effects may be permanent. (More information available)

What pain relief can I have?

Hip fracture can be very painful, especially when the hip is moved. Pain relief medicines will be given as tablets, liquid medicines or injections. The nurses and doctors in the Emergency Department and on the ward will explain what is available. They will want to know if you still have severe pain, as they may be able to increase the pain relief.

A nerve block

In most hospitals, you will be offered a nerve block injection, usually in the groin area. This is an injection of local anaesthetic which blocks the pain signals in some or all of the nerves leading to the hip.

These injections may be done in the Emergency Department, or on the

ward or in the anaesthetic room or operating theatre. Each injection lasts for around four to six hours. Some hospitals have provision for a pain relief catheter (very thin tube) to be inserted under the skin in the groin area. This allows local anaesthetic to be given continuously over 24 or 48 hours. This may reduce pain further.

An early operation

Having the operation as soon as possible is the best thing for reducing the pain. In NHS hospitals, if you are well enough, your fracture should be fixed within 36 hours of arriving in the hospital. However, this will depend on the emergency workload and sometimes longer delays can happen. If this happens to you, then you or your carers should ask the staff looking after you if there is anyway your operation can be brought forward.

What will happen to me next?

You will be taken to the operating theatre department on your bed. Every effort will be made to move you as little as possible.

Theatre staff will check your identification bracelet, with your name and date of birth. They will look at the mark on your leg indicating which hip is broken and they will check any allergies that you have. These are final checks that you are receiving the correct care.

Most hospitals have an anaesthetic room next to the operating theatre. You will meet your anaesthetist and a trained anaesthetic assistant or nurse.

The anaesthetist will attach machines that measure your heart rate, blood pressure and oxygen levels.

Your anaesthetic will be started in the anaesthetic room, or sometimes in the operating theatre itself.

You will be taken into the operating theatre when the anaesthetic is started. The anaesthetist and his/her team stays right by your side for the whole operation. If you are having a spinal anaesthetic, and are planning to be awake or lightly sedated, the anaesthetist will be ready to help you if needed.

All patients lose some blood during a hip fracture operation. Depending on your blood tests beforehand and the amount of blood that is lost, you may need a blood transfusion. You can ask for more information about this from staff on your ward. In general, blood transfusions are avoided

unless really necessary.

After the operation

You will be taken to the Recovery room, which is near to the operating theatre.

- Nurses will look after you here and will continue to monitor your blood pressure, oxygen levels and pulse rate.
- They will treat any pain or sickness that you have, with medicines or injections.
- Oxygen is often necessary for a while and is given through a lightweight face mask or through little tubes that sit below your nostrils.
- When you are more alert, your glasses, hearing aids and false teeth will be returned to you.
- The Recovery room staff will talk to you and ask you how you are feeling. When they are satisfied with your condition, you will be taken back to the ward to continue your recovery.

Questions you may like to ask your anaesthetist

- Who will give my anaesthetic?
- What type of anaesthetic do you recommend?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

If you have any questions you want to ask, you can use this space below to remind you

If you have a visual impairment this leaflet can be made available in bigger print or on audiotape. If you require either of these options please contact the Patient Information Centre on 0161 922 5332

If you require an interpreter, please ask an appropriate person to contact our central booking office between Monday to Friday 8am to 5pm on 0161 922 6991 to arrange this for you.

語言 翻譯及病者支持服務 (LIPS):

如果閣下需要翻譯員在您的預約當日幫助您的話 請找一名合適的家庭成員 0161 922 6991 聯絡本中央預約辦事處來您您安排 我們的辦公時間是星期一至星期五 上午 8 時至下午 5 時

Językowo Tłumaczeniowa Usługa Pomocy dla Pacjenta (Language, Interpretation and Patient Support Service LIPS):

Jeśli potrzebujesz pomocy tłumacza w trakcie swojej wizyty, proszę poprosić odpowiedniego członka rodziny o skontaktowanie się z Centralnym Biurem Zamówień (Central Booking Office), w celu zorganizowania tłumacza pomiędzy poniedziałkiem a piątkiem w godzinach od 08:00 - 17:00 pod numerem 0161 922 6991.

لینگوئج، انٹرپرائٹیشن اینڈ پیسٹنٹ سپورٹ سروس (لپس Lips)

اگر آپ کو اپنی اپائنٹمنٹ کے لئے مترجم کی مدد کی ضرورت ہو تو براہ مہربانی اپنے خاندان کے کسی موزوں فرد سے کہیں کہ وہ ہمارے سنٹرل بکنگ آفس سے پیر سے جمعہ 8.00 بجے صبح سے 5.00 بجے شام کے دوران 0161 922 6991 پر فون کر کے اس کا بندوبست کریں۔

Document control information

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