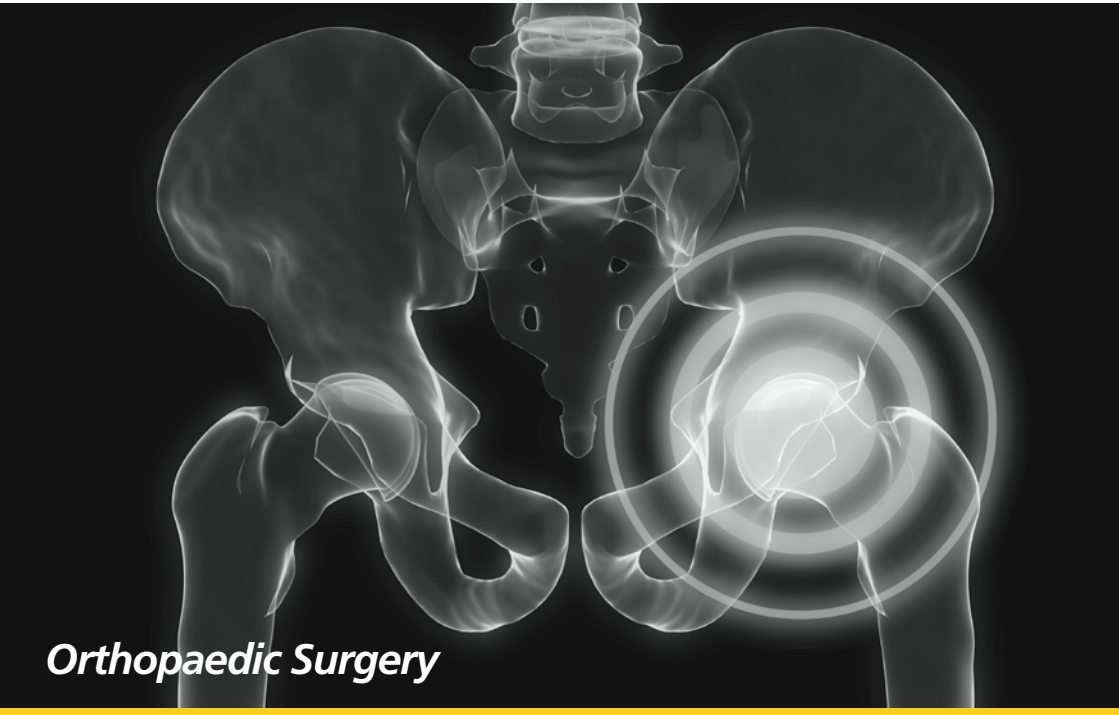
Fractured neck of femur



Orthopaedic Surgery

patient**information**

Your health, your life, your choice, our passion

NHS

Hearing about your experience of our services is very important as it means we can pass compliments to our staff and make improvements where necessary. Tell us what you think at *feedback@rothgen.nhs.uk*

Slovak **Slovensky**

Ak vy alebo niekto koho poznáte potrebuje pomoc pri pochopení alebo čítaní tohto dokumentu, prosím kontaktujte nás na vyššie uvedenom čísle alebo nám pošlite e-mail.

Kurdish Sorani **کوردی سۆرانی**

ئەگەر تۆ یان کەسێک کە تۆ دەیناسی پێویستی بەیارمەتی هەبێت بۆ ئەوەی لەم بەڵگەنامە یە تێبگات یان بیخوێنێتەوە، تکایە پەیوەندیمان پێوە بکە لەسەر ئەو ژمارەیەی سەرەوەدا یان بەو ئیمەیڵە.

Arabic **عربي**

إذا كنت انت أواي شخص تعرفه بحاجة إلى مساعدة لفهم أوقراءة هذه الوثيقة، الرجاء الاتصال على الرقم اعلاه، أو مراسلتنا عبر البريد الإلكتروني

Urdu **اُردو**

اگر آپ یا آپ کے جاننے والے کسی شخص کو اس دستاویز کو سمجھنے یا پڑھنے کیلئے مدد کی ضرورت ہے تو برائے مہربانی مندرجہ بالا نمبر پرھم سے رابطہ کریں یا ھمیں ای میل کریں۔

Farsi **فارسی**

اگر جناب عالی یا شخص دیگری که شما اورا می شناسید برای خواندن یا فهمیدن این مدارک نیاز به کمک دارد لطفا با ما بوسیله شماره بالا یا ایمیل تماس حاصل فرمایید.

If you require this document in another language, large print, braille or audio version, please contact Patient Information on 01709 424281 or email patientinformation@rothgen.nhs.uk

Introduction

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

This booklet 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.

The staff are here to help and answer any questions. Please do not hesitate to ask at any time.

Rotherham 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 B3
01709 424316 or 01709 424373

Ward B2
01709 424317 or 01709 424372

Visiting Times

Ward B2 & Ward B3
3.30pm until 4.30pm & 6.30pm until 8.00pm

However, 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
This is the senior surgeon who is in overall charge of your care.

Medical Consultant
You will be reviewed regularly by one of the medical Doctors 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. They can be contacted via the hospital switchboard telephone 01709 820000

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

Occupational Therapist (OT)
People who assess your needs with your daily living activities.

Discharge Liaison Nurse
The nurse specialist who 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 needs when you are discharged.

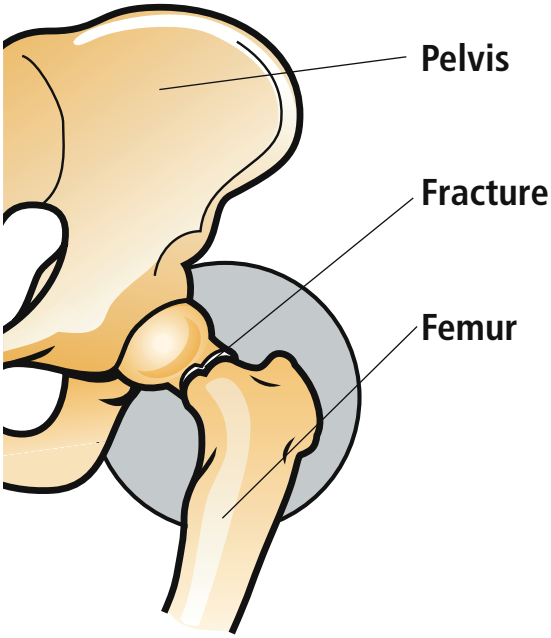
Matron
The person who manages the Orthopaedic Unit.

Dietician
The person 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 up out of bed)

What is a Hip Fracture
A fractured hip 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) – which 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, i.e. replace both the ball and socket.

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 for this fracture. This is a metal rod and screw that sits inside the thigh bone.

Risks associated with these operations

Any operation has it's risks but we try to minimise them. It is important to remember that you may be frail and elderly with other medical problems. Therefore the risk from major surgery is increased and sadly, in some cases, you may be too ill to recover from this injury.

UK based research has shown death rates of 18% at 3 months following a hip fracture. In total approximately 14,000 people die each year following a hip fracture in the UK.

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.

12 months after a hip fracture 60% of patients are limited in at least one class of activity (eg., feeding, dressing, toileting) and 80% are unable to do more complex activities, (eg. shopping, gardening, climbing stairs).

Source of information: National Osteoporosis Society (2006).

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

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

Infection – to help prevent infection you are given antibiotic therapy through your drip. In a small number of cases the metalwork may become 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 off and travels to the lungs. This could be fatal.

Your risk will be assessed on admission and appropriate treatment given. You may also be given special stockings to wear. for 6 weeks post surgery. The physiotherapist will also give advice upon 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 (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 physiotherapist and nurses will give advice about deep breathing exercises. They will monitor and go through these exercises throughout your stay.

If you do get a chest infection the appropriate treatment (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 pressure sores by assessing you and by using an appropriate mattress.

You will be encouraged to move in bed and also whilst 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 – of the legs often occurs and this can take several months to subside, but should your leg become hot and painful, you need to contact your GP as soon as possible.

Dislocation – this is an occasional complication with hemiarthroplasty or total hip replacement. Your physiotherapist / Occupational therapist, will give you advice upon 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.

All of these complications may concern you, please speak to the nurse to discuss any concerns. However, please take note that the complications described can occur if you do not have this surgery due to you being on prolonged bed rest.)

Benefits associated with these operations

The main benefits of having the operation are mainly, pain relief from the fracture and the avoidance of long periods of bed rest and the complications which this causes e.g. chest infection, muscle loss, pressure sores.

Alternatives to the operation

The alternatives to not having surgery are taking regular pain relief, prolonged, (if not 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, ECG (tracing of your heart), x-ray, IVI (drip) and possibly oxygen given via a mask.

You will be "nil by mouth". This means nothing to eat or drink. Once on the ward the doctor will see you and a further examination will take place and he will 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 will need to be fasted 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 (e.g., Heart scan)
- If you are unwell, you may need further treatment prior to proceeding with surgery
- Lack of theatre time
- If you are admitted late at night, your surgery may be delayed until the next day.
- If there are other people waiting for emergency surgery in other areas of the hospital with more serious injuries
- If you are 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 period of starvation you may have an IVI (drip).

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

Swabs will be taken to rule out any infections (eg., MRSA) this is for both you and other patients benefit. Results of these swabs can be obtained the same day in some circumstances.

You will be dressed in a theatre gown waiting for your operation.

Immediately before your surgery a porter and a theatre nurse will come and collect you and take you down to theatre reception on your bed. Once there you will be transferred on to a trolley and taken to the anaesthetic room where the anaesthetic is given.

If relatives wish to visit prior to 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
- IVI (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.
- Catheter (tube in to the bladder)
- A large triangular pillow may be between your ankles if you have had a hemiarthroplasty or Total Hip Replacement. This stops you crossing your legs to avoid 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 try a cup of tea or coffee and something light to eat such as sandwich, if you feel like it. If you feel sick, tell the nurse who can give you something to help.

First few days

You may need to have more bloods taken and you may require an x-ray of your leg.

You will still be monitored regularly. Regular pain relief will be given, however, if you are in pain please inform the nursing staff.

The nurses will help you wash and assist you to drink and eat, but you will be encouraged to do things for yourself. If you are drinking and eating as normal, the drip may be removed. It is important to eat well during this recovery time to aid healing. Family are welcome to come and help to encourage you to eat. If you or your family 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 mobilising.

Pressure area care is encouraged and performed during this time.

Wound drains will be removed in the first few days and dressings will be changed as needed in another nearby department called the Central Treatment Room.

Nursing staff will start planning for your discharge and the O.T, and maybe the 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, you may progress to using crutches or sticks.

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

Your goal is to attain 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 with every day 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 soon after 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.

Some patients may be transferred to a medical ward, intermediate care for further rehabilitation or medical care before being discharged to your own address. You should 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 (like staples) 14 days after your operation.

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

Medication to take home will be provided.

Going home by car may be possible, the O.T. 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 and frail.

Help, care and support is here to guide you and your family through this time.

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

Osteoporosis

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 and medical reasons. There are also several reasons why your hip fractured, however the most likely cause is osteoporosis and this becomes more prevalent as you age.

One in two women and one in five men will suffer a fracture after 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 whilst in hospital.

What increases the risk of developing osteoporosis?

In men and women alike, bone mass peaks by the time we are in our mid 20's and bone loss decreases slowly but steadily from the age of 40. This means that the activity of ostoclasts (bone breaking down cells) exceeds the production of osteoblasts (bone building cells). This is why you are more at risk of osteoporosis in later life. There are other associated risk factors that raise you likelihood of developing osteoporosis, these include:

- A family history, particularly 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 other medical problems)
- Dieting or exercising to extremes ie., anorexia
- Smoking heavily
- Drinking alcohol excessively
- Low testosterone levels in men
- Long term immobility or disability
- Malabsorption disorders
- Having low body weight.

There are few symptoms of osteoporosis so until you have a fracture you may not have had any idea that you had the condition, although you may have had it for may years by then. For this reason it has been termed the 'silent epidemic'.

During your stay you will be assessed for appropriate osteoporosis treatment. This may be medication or 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 off 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 they 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 using 100 watt bulbs (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

National Osteoporosis Society
NOS Helpline, Camerton, Bath, BA2 0PJ
Telephone 0845 130 3076
www.nos.org.uk

Benefits Advice
Department of Social Security
Portland House, Mansfield Road
Telephone 01709 722222 or telephone free on the Disability Benefits enquiry line on 0800 882200

Social Services Department
Rotherham Metropolitan Borough Council
Crinoline House, Effingham Street
Telephone 01709 382121 and ask to speak to the Duty Officer

Age Concern
Hospital Discharge Service
Telephone 01709 786958

If you are a carer, you may wish to know where to get information and support, or how to contact a support group. For details, contact either:

The **Carers Forum Co-ordinators on 01709 821880** or Rotherham Borough Council's Development Officer for **Care Givers on 01709 382121** extension 3936.

How to contact us

Ward B3
Telephone 01709 424316
or 01709 424373

Ward B2
Telephone 01709 424317
or 01709 424372

Switchboard
Telephone 01709 820000

Useful contact numbers

NHS Direct
Telephone 0845 4647
Health Info
Telephone 01709 427190
Stop Smoking Service
Telephone 01709 422444
Patient Services
Telephone 01709 424461
A&E
Telephone 01709 424455
For GP out of hours, contact your surgery

Useful websites

www.nhs.uk
www.direct.gov.uk
www.therotherhamft.nhs.uk
www.aclprevent.com

We value your comments

If you have any comments or concerns about the care we have provided please let us know, or alternatively you can write to:

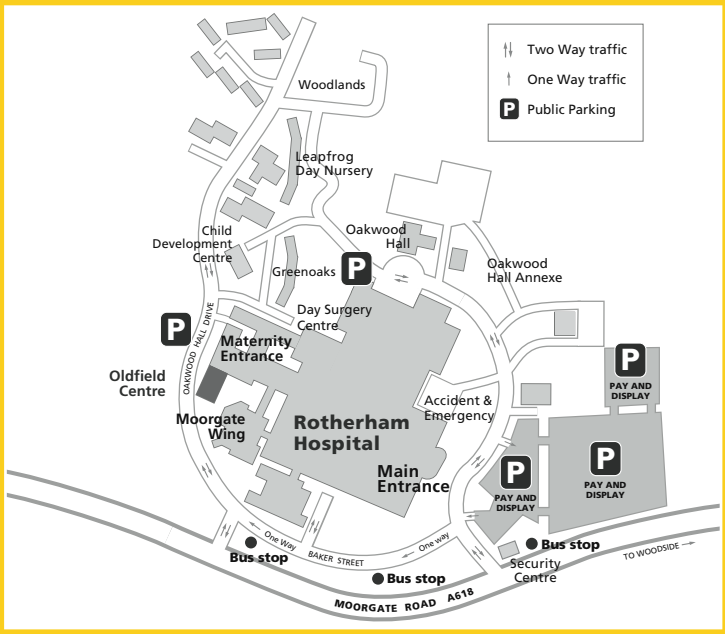
Patient Services
The Rotherham NHS Foundation Trust
Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 424461
Email *complaints@rothgen.nhs.uk*

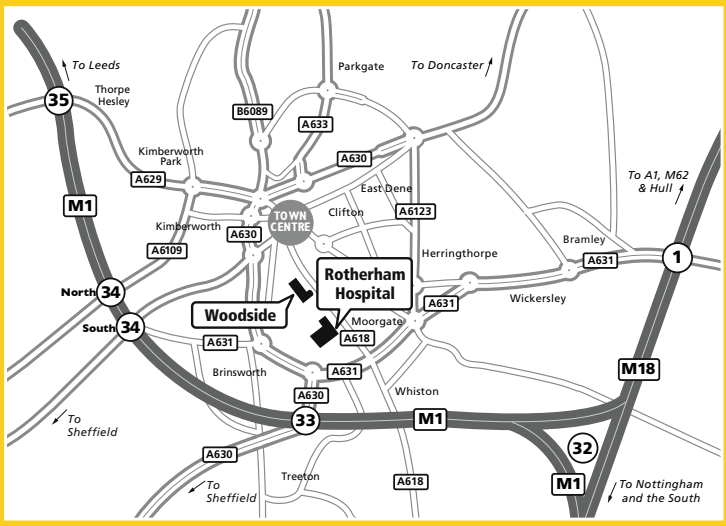
Produced by D Ramsden, J Simmonite & B Banks, June 2007, Revised July 2011, April 2013.
Revision due April 2015. Version:3.0

How to find us

Hospital *site plan*



Rotherham *main routes*



Sustainable Forests / Low chlorine

LS 442 04/13 V3 WFO

The Rotherham NHS
NHS Foundation Trust

Rotherham Hospital
Moorgate Road
Oakwood
Rotherham
S60 2UD

Telephone 01709 820000
www.therotherhamft.nhs.uk