

Trauma & Orthopaedic Directorate Information for Patients

What is a fractured neck of femur?

A fractured neck of femur is the same as a broken hip. It is a very common injury, especially with the elderly. Over half of all the patients admitted to trauma wards will have broken their hips.

How does this injury happen?

Unfortunately, it can take very little force to break the hip. Sometimes it can happen just by rolling over in bed, or by twisting or turning around suddenly. More often, this type of injury happens as the result of a slip or fall.

How will this injury affect me?

If you have broken your hip, you will not be able to walk or move around as you would normally be able to do. Before your operation and for a few days afterwards, you will not be able to get out of bed. This means that you will not be able to manage your personal hygiene and toileting needs without help. Try not to get too embarrassed about this. The nurses on the ward are used to dealing with these sorts of problems. If you have any particular concerns, talk to the nurse who is looking after you.

After you have broken your hip you will probably experience some pain or discomfort, both before and after your operation. The amount of pain experienced varies from person to person, but if you are in pain,

Do not suffer in silence!

Tell the nurse who is looking after you so that she can give you pain killers to help.

What sort of operation will I have?

The type of operation you will have depends upon where your hip has been broken and how severe the break is. Your doctor will examine you very carefully and look at your x-rays closely before he decides which operation you need.

Before you go to theatre, you will be seen by an anaesthetist, have some blood taken, have a tracing of your heart recorded and you may have a chest x-ray taken as well as an x-ray of your hip. This is all normal and nothing to worry about.

Your doctor may decide upon several choices:

- **No operation at all** – even though you may have fractured your hip, the doctor might decide to do nothing and wait for natural healing to take place. You may have to learn how to walk without putting any weight through your hip, by using a walking frame or crutches. The physio will help you to do this.
- **Dynamic hip screw** – a 'DHS' is a special metal screw that holds the broken bones in your hip together. In most cases you will be able to start getting out of bed and walking on your hip within a couple of days after your operation.

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- The physiotherapist will see you regularly until you are safe.
- **Thompson's prosthesis** – Your hip is a 'ball and socket' joint. In some cases, a broken hip will not heal properly if it is just held together with metal. If this is the case with you, your doctor might decide to remove the 'ball' part of your hip and replace it with an artificial one. Although this is a bigger operation than a DHS, in most cases you will begin to be able to start walking within a few days of your operation.

Note: occasionally your doctor may decide that you should not put any weight through your new hip. This does not mean that anything is wrong. It may mean that your hip just needs a little longer to heal. There are some precautions that you need to take whilst your hip is weak following your operation.

Precautions following hip surgery

ALWAYS

- Listen to your physio or nurse
- Keep your legs slightly apart when lying in bed (a special wedge or pillow may help)
- Ask your nurse for a raised toilet seat or frame
- Use the chair that has been given to you by your nurse or physio. If you sit on a chair that is too low you may cause damage to your hip joint

NEVER

- Cross your legs, this may cause your hip to dislocate
- Bend down, either sitting down or standing
- Twist or roll your hip when turning

How will I feel after my operation?

After your operation, you will probably feel quite sore and a little drowsy for a day or so. Some people feel quite sick or even vomit. This is very common after an anaesthetic and nothing to be worried about.

The doctor will prescribe you something for the pain and sickness. If you feel that the medication is not working, speak to the nurse who is looking after you so that she / he can get the doctor to change it.

When you return from theatre, you may have a drain in your wound. This is to help prevent too much bruising and swelling and to help to reduce the chance of infection from developing. The nurses will take this drain out after a couple of days. The drain is not stitched in and so having it removed is not painful.

You will probably come back from theatre with a drip in place. This is perfectly normal and will be taken down as soon as you are able to eat and drink properly again.

Occasionally people need a blood transfusion after their operation. This is just to replace the blood you have lost from your broken bone and during the operation. It DOES NOT mean that anything is wrong. If you are anaemic (if you do not have enough red blood cells) it may delay your recovery.

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Having a blood transfusion can help to make you feel stronger and therefore able to recover more quickly. If you have any worries at all regarding having a blood transfusion, speak to your nurse or doctor.

What can I do to help myself after my operation?

The nurses, doctors, physios and occupational therapists will all be working very hard to try and help you get better after your operation, but there are lots of things you can do to help yourself:

- 1 Eat well – it is SO important that you eat a good balanced diet to provide your body with all the nutrients it needs to heal itself. This is sometimes difficult because you may have lost your appetite and may not feel like eating. If you need extra help, a dietician will show you what you need to be eating each day. Try and eat little and often and get your family to help by bringing you any snacks that you enjoy (no cooked food).
- 2 Drink plenty – it really is important that you take in enough fluid each day. Sometimes it seems that the amount you are asked to drink is a lot. Try sipping at drinks throughout the day instead of trying to drink them all at once. If you do not drink enough you may become unwell and may even need to have a drip put up. If this happens it may take you longer to get home. Your doctor will take regular blood tests from you to ensure that you are not becoming too dehydrated. This is routine and is nothing to be worried about.
- 3 Move around! – Even before you can start to get out and walk, you can begin with gentle exercises in bed. Moving your feet up and down, taking big deep breaths and gently moving from one side to another will all help to prevent blood clots from developing in your lungs and legs. The physios will help you learn these exercises. When you are able to sit out of bed, try to avoid sitting for too long. Stand up or go for little walks regularly to relieve pressure on your bottom and to encourage good circulation. If you cannot do this by yourself don't worry, a nurse or physio will help you. It is tiring after you have had an operation, but if you make the effort, it WILL help to speed up your recovery.
- 4 Get plenty of rest – you will feel tired for a while, so get as much rest as you can. There are a few hours each day when we ask for no visitors so that you can do this. Tell your family and friends that you need this time to recover. If there are problems with this, speak to the nurse in charge.

How soon will I be able to go home?

This varies from person to person, depending upon where they live, who they live with, how fit and active they were before their accident and what level of support they need now. Some people can go home quickly, about 7-10 days after their accident. Others may take much longer. If you are taking a long time to get better, try not to worry, it does not necessarily mean that you are not making progress. You may be referred to the Occupational therapist who will decide whether you will need any help when you go home. You may be assessed carrying out simple tasks such as making a hot drink.

You may also be taken on a home visit so that the Occupational therapist can see any potential problems that need to be dealt with. If you need any specialist equipment to go home with, such as grab rails or walking aids, these can be ordered for you. If you need more

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support, such as Home Care, you will be referred to a social worker who will assess your needs. Sometimes people need a little more support before they are ready to go home and may be referred for rehabilitation. If this is the case, then you will be transferred to one of the orthopaedic rehabilitation wards.

This will allow you to receive more input from the physios and occupational therapists. This may be all you need to get you ready to go home. Other people require a longer period of rehabilitation and they can receive this in their homes from the Community Rehabilitation Team.

Your doctors and nurses will discuss this with you if you are suitable for this service. You will receive information about these options and you can speak to the Trauma Nurse if you have any questions.

DO NOT WORRY - no decisions will be made about your care without consulting with you and your family.

Please try not to feel too upset if you cannot go home without support. Your nurses and doctors want you to be able to go home and stay safe. If you try to go home before you are ready, you risk the chance of hurting yourself again. Everyone needs a helping hand at one time or another, so try to stay positive and work with the people looking after you to plan for a safe and happy discharge from hospital.

Contact us:

Beech Ward 0121 424 3503
Rowan Ward 0121 424 3540

Our commitment to confidentiality

We keep personal and clinical information about you to ensure you receive appropriate care and treatment. Everyone working in the NHS has a legal duty to keep information about you confidential.

We will share information with other parts of the NHS to support your healthcare needs, and we will inform your GP of your progress unless you ask us not to. If we need to share information that identifies you with other organisations we will ask for your consent. You can help us by pointing out any information in your records which is wrong or needs updating.

Additional Sources of Information:

Go online and view NHS Choices website for more information about a wide range of health topics <http://www.nhs.uk/Pages/HomePage.aspx>

You may want to visit one of our Health Information Centres located in:

- Main Entrance at Birmingham Heartlands Hospital Tel: 0121 424 2280
 - Treatment Centre at Good Hope Hospital Tel: 0121 424 9946
 - Clinic Entrance Solihull Hospital Tel: 0121 424 5616
- or contact us by email: healthinfo.centre@heartofengland.nhs.uk.

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Dear Patient

We welcome your views on what you thought of this patient information leaflet, also any suggestions on how you feel we can improve through our feedback link below:

- Patient Information Feedback email:
patientinformationleafletfeedback@heartofengland.nhs.uk

If you wish to make any other comments this can be done through the links listed below:

- Patient Opinion: www.patientopinion.org.uk
- I want great care: www.iwantgreatcare.org (Here you can leave feedback about your doctor)

Be helpful and respectful: think about what people might want to know about our patient information and this hospital and how your experiences might benefit others. Remember your words must be polite and respectful, and you cannot name individuals on the sites.

If you have any questions you may want to ask about your condition or your treatment or if there is anything you do not understand and you wish to know more about please write them down and your doctor will be more than happy to try and answer them for you.

