

Surgery to Repair a Hip Fracture (Geriatric)

A hip fracture can be frightening. This handout may ease your concern by explaining what hip fractures are and what happens throughout treatment and recovery. This handout also provides tips for how you can prevent hip fractures in the future.

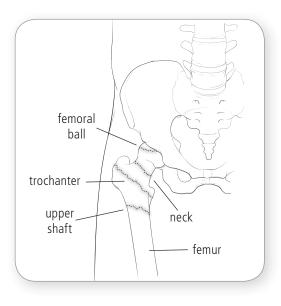
What is a hip fracture?

A hip fracture is a break in the top of the **femur** — the large bone between the hip and the knee. Hip fractures can occur at the ball, neck, trochanter (most common), or upper shaft of the femur (see picture at right).

The two types of hip fractures are **undisplaced** (bone is broken but still remains in place) and **displaced** (the bone has moved out of place).

Hip fractures can be very painful, and they can make everyday tasks like dressing, bathing, and walking difficult until they heal.

Potential benefits	Risks and potential complications
 Decrease pain and help your hip heal correctly Restore the bone to its normal function Prevent further injury Enable you to return to most of your pre-fracture activities 	 Risks associated with any surgery: bleeding that may require a blood transfusion, infection, allergic reaction to anesthesia or other medications Nerve damage that reduces feeling and movement in the leg Hardware in the hip moving out of place Pain or swelling in the leg or hip, trouble moving the leg Incomplete healing of the bone Increased pressure in the hip (compartment syndrome), which can damage muscles and tissue Blood clot, possibly traveling to the lungs (pulmonary embolism) Muscle spasms



What causes hip fractures?

Most hip fractures occur as a result of a **fall**. For people over 65, **osteoporosis** may be a factor. Osteoporosis is a common disease that weakens bones and makes them brittle. Osteoporosis greatly increases your risk of fracturing a bone if you fall.

What are the treatment options?

For hip fractures, doctors generally recommend one of two options:

- **Surgery.** This is the most common treatment. Surgery aligns and stabilizes the bones to help them heal correctly. The goal of surgery is to help patients do most of the things they did before the fracture with as little pain as possible.
- **Medication and rest**. Your doctor may recommend this treatment if you are at high risk for complications during or after surgery, or if you will not benefit significantly from surgery. This may be the best option for patients who were unable to walk before the hip fracture or who have minimal pain. The goal of this treatment is to manage your pain.

What type of surgery am I having?

The type of surgery you have depends on the location of the break, the position of the bone fragments, and your age.

Surgery is done as soon as possible after your hip fracture is diagnosed — often within 24 hours. Having surgery right away can help shorten your stay in the hospital and may decrease pain and complications. In some cases, surgery may be delayed for 1 to 2 days so the doctor can treat other medical problems — such as heart or lung conditions — to reduce the risk of complications.

Types of surgery for a hip fracture

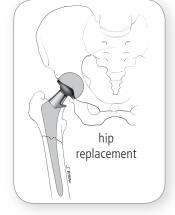
• Internal fixation involves stabilizing fractured bones with surgical screws, rods, or plates. This surgery aligns the bones so they can heal properly.



 Hip replacement surgery (arthroplasty)

involves replacing part or all of the joint with artificial (usually metal) parts. A partial or total hip replacement may be needed:

- To replace the broken upper part of the femur with artificial parts
- If the hip joint area was already damaged before the fracture by arthritis or an injury and the joint was not working correctly



- To repair femoral neck fractures when the blood supply to the top of the femur is damaged and there is a chance that the bone might die
- If the fractured bones cannot be properly aligned

What happens before surgery?

- An **orthopedic surgeon** will meet with you to talk about the surgery and explain its risks, potential benefits, and alternatives. Be sure to ask any questions you have.
- The healthcare team will work with you to manage your pain and keep you comfortable while you stay at the hospital.
- A care manager will meet with you and your family to discuss your discharge plan, living situation, and insurance.

What happens during surgery?

You will spend 1 to 3 hours in surgery, depending on the complexity of the fracture. During surgery, anesthesia will keep you from feeling any pain. You may have one of the following types of anesthesia:

- **General anesthesia** affects your entire body and puts you into a deep sleep. It's usually given by injection, by inhaling, or through an intravenous (IV) catheter inserted in a vein.
- Regional anesthesia prevents feeling in the lower part
 of your body. You will also be given a sedative to make
 you sleep. The most common types of regional
 anesthesia are spinal or epidural block anesthesia
 is injected into the space that surrounds the lower part
 of your spinal cord.

What happens after surgery?

You'll stay in the hospital for 2 to 3 days after your surgery. While you're in the hospital, your goal is to build your strength enough that you'll be able to continue your recovery outside the hospital. You'll do this by increasing your activity a little every day.

During your hospital stay, your care manager will continue to work with you and your family to plan your discharge and coordinate the equipment you may need after you leave the hospital.

Time out of bed

You will be asked to get out of bed soon after surgery. This can mean sitting in a chair, standing, walking, or a combination of these. In the days following surgery, you will be asked to spend more and more time out of bed. Moving around in this way will speed your recovery and reduce complications. Your healthcare providers will help you when you need it.

Eating and drinking

You can eat and drink soon after surgery. You may feel nauseated, so you'll start with bland or soft foods. You can eat more variety as soon as you're ready.

Pain management

Managing your pain well is an important part of your treatment. The goal of pain management is to reduce your pain enough so that you can work with physical therapy and be as active as possible. Exercises will help you heal and achieve as much independence as possible — within the limits set by your healthcare team.

You will receive pain pills or intravenous (IV) pain medication (through a needle in your arm). Talk to your doctor or nurse if your pain isn't controlled. Your healthcare team will continue to monitor your pain throughout your stay to see how your pain is changing over time and whether treatment is working.

What happens when I leave the hospital?

You can leave the hospital when your doctor determines that you are medically stable. If you live at home or in an assisted living facility, you may need to spend a short time in a rehabilitation facility before you go back to living at home. If you live at a nursing home, you'll probably return to that facility.

If you can move around well enough to return home safely, you may need someone to stay with you to help as you recover. You may also need someone to drive you to your doctor's appointments or therapy.

The next steps of your treatment plan depend on how well you can safely move around. Your plan may include medication and physical therapy.

How do I care for myself after I leave the hospital?

- Follow your doctor's orders. Depending on your surgery, your doctor will tell you how much weight you can put on your hip. If you were sent home with crutches or a wheelchair, be sure to use them. It may be a several weeks before you can use your hip for everyday activities.
- Manage your pain well. Your doctor will recommend prescription or over-the-counter pain medication, or both. Be sure to buy your medication before you go home and take it as recommended. If it doesn't manage your pain well, call your doctor.
- Continue your physical therapy. Do any exercises
 that your doctor or physical therapist recommends,
 and continue to go to physical therapy if prescribed.
 Exercise is the most important thing you can do to
 ensure the best recovery possible.
- Keep your incision clean and covered. Ask your doctor when it's okay for you to bathe or shower, and when the dressing should be changed.
- Before you ever have any other procedures, tell all your healthcare providers, even your dentist, that you have metal hardware in your hip (if applicable). They may ask you to take antibiotics to prevent infection.

Recovery

Hip fractures usually take 3 to 6 months to heal, and may take up to a year to fully recover. With proper care and rehabilitation, many patients are able to return to pre-injury levels of activity and independence.

Some people are not as independent as they were before the fracture. They may need to use a walker or cane, or they may need help with daily activities like dressing and bathing.

You can help your recovery by following all directions given by your providers. **Staying active** will help you strengthen your bones and become more independent.

How can I prevent fractures in the future?

Once you've had a fracture, the last thing you want is to have another one. The keys to prevention are strengthening your bones and working to avoid another fall. Follow these steps:

- Gradually increase your activity. Daily activities will become easier as you progress with your exercises. As your endurance increases and pain decreases, everything walking, house chores, bathing and dressing, shopping, and entertaining will become easier and more enjoyable. After you recover from surgery, a more active lifestyle can improve the strength of your hip and can help prevent fractures.
- Eat a healthy diet. A diet rich in vitamin D, calcium, and protein can help strengthen your bones. Talk to your doctor about how much of each you need to include in your diet. Along with increased activity, eating a healthy diet can also help prevent osteoporosis.
- **Step carefully.** Ask for help when you need it, and use a cane, walker, crutches, or hand rails when needed.
 - Make your home safe. Change any areas that increase your risk of falling. Remove clutter. Install grab bars near the bathtub and the toilet. Use night lights in hallways and bathrooms. Add adhesive backing or no-slip pads to rugs.
 - Be careful outside. Be especially cautious around stairs, ice, and other situations where you may fall.

When should I call the doctor?

Contact your doctor right away if you have:

- Change in vision
- Fever over 101° F
- Chills, a cough, or weakness
- Pain that is not controlled by pain medication
- Continued nausea or vomiting

Follow-up visit

Ask your healthcare providers when you should schedule a follow-up visit. Most patients visit their surgeons a week or two after surgery. You may also need to schedule an appointment with your primary care provider.

Your follow-up appointment with your surgeon is:

When
Where
Your follow-up appointment with your primary care provider is:
When
Where

Please discuss the diagnosis and treatment of osteoporosis with your primary care provider.