

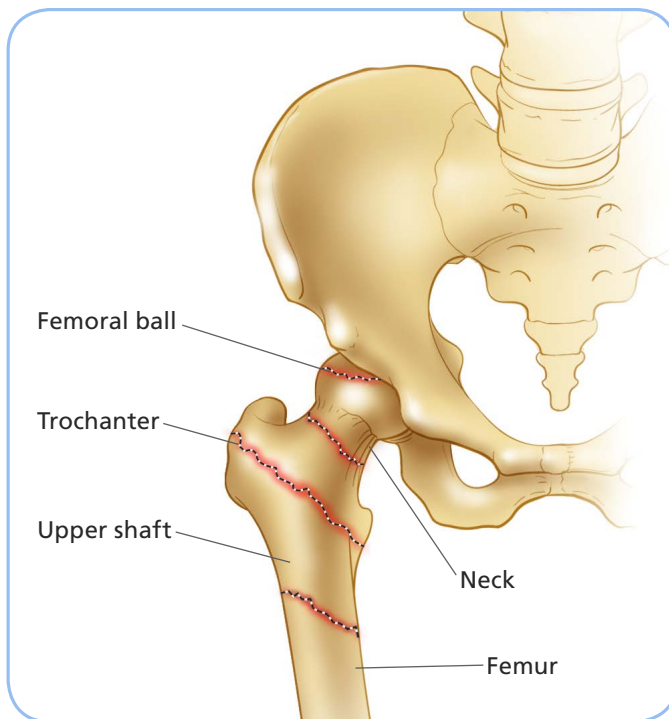
# Surgery for Hip Fracture (Geriatric)

## What is a hip fracture?

A hip fracture is a break in the top of the **femur** or thighbone — the large bone between the hip and knee. Fractures can occur at the ball, neck, **trochanter** [troh-kan-ter] (most common), or upper shaft of the femur.

## How will surgery help?

Surgery aligns and stabilizes the bones to help them heal correctly. The type of surgery you need depends on the type of fracture you have, the condition of the bone, your overall health, and your level of pain. The main types of surgery are listed on the next page. Ask your doctor to check the recommended surgery.

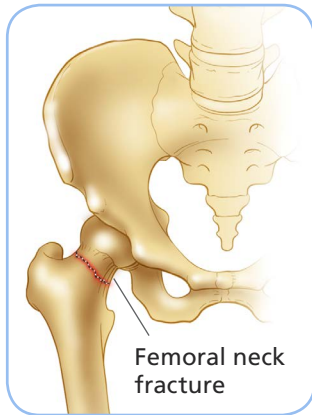


Potential benefits	Risks and potential complications	Alternatives
<p>Hip surgery may:</p> <ul style="list-style-type: none"> <li>• Decrease pain and help your hip heal correctly</li> <li>• Restore the bone to its normal function</li> <li>• Prevent further injury</li> <li>• Enable you to return to most of your prefracture activities</li> </ul>	<ul style="list-style-type: none"> <li>• Risks associated with any surgery: bleeding that may require a blood transfusion, infection, allergic reaction to anesthesia or other medications</li> <li>• Nerve damage that reduces feeling and movement in the leg</li> <li>• Hardware in the hip moving out of place</li> <li>• Pain or swelling in the leg or hip, trouble moving the leg</li> <li>• Incomplete healing of the bone</li> <li>• Increased pressure in the hip (compartment syndrome), which can damage muscles and tissue</li> <li>• Blood clot, possibly traveling to the lungs (pulmonary embolism)</li> <li>• Muscle spasms</li> </ul>	<ul style="list-style-type: none"> <li>• Rest and medicine (palliative care)</li> <li>• Hospice care</li> </ul>

## What type of surgery will I have?

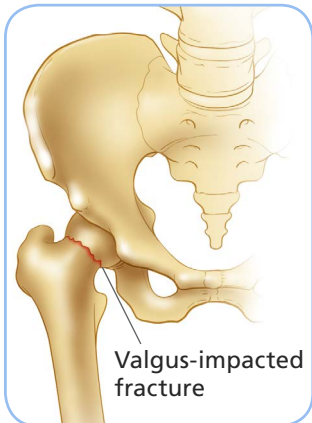
- **Percutaneous pinning.**

The surgeon places individual screws through the trochanter and into the femoral neck and ball to join the bone fragments together. This type of procedure is most commonly used for **nondisplaced femoral neck fractures**.



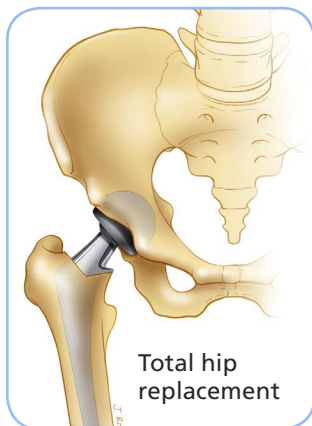
- **Dynamic hip screw (DHS).** A DHS is a larger, single screw that slides inside a barrel. The barrel is attached to a plate that is screwed to the outside of the femur.

The DHS keeps the bone fragments lined up while allowing them to move toward each other naturally. A DHS is used for **nondisplaced femoral neck fractures** and **valgus-impacted fractures** (when the neck is pushed into the ball but otherwise stable).

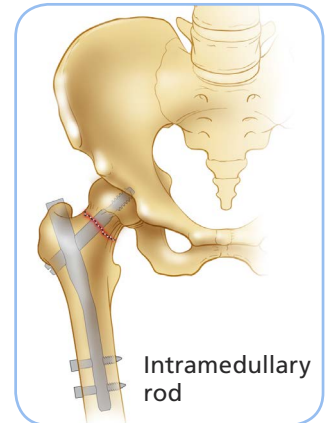


- **Hip replacement.**

**Total hip replacement** is when both the head of the femur and the **acetabulum** [as-eh-TAB-yuh-luhm] (hip socket) need to be replaced. A partial hip replacement (**hemiarthroplasty** [hem-ee-ARE-throh-plast-ee]) is when just the head and neck of the femur are replaced with an implant.

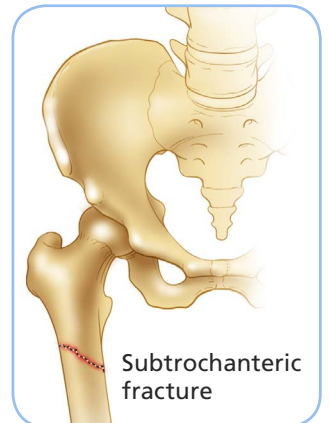


- **Intramedullary** [in-trah-MED-dyou-lahry] **rod.** A rod is placed in the center of the bone and the fragments are joined with a screw. Additional screws may be used to hold the rod in place. This is most often used for **intertrochanteric fractures**. This is when the large bony projection (greater trochanter) between the neck and shaft of the femur breaks. The fragments are often unstable.



An intramedullary rod is also used to repair a **sub-/peritrochanteric fracture**. This is when a break occurs in the area 2 to 2.5 inches below the trochanter where it joins the shaft of the femur.

The fragments are usually unstable and will need to be repaired with surgery. In some cases, there may be many fragments to join together. Additional screws or plates may be needed to join all of the fragments.



Replacement is recommended when the blood vessels that feed the bone are damaged. Without blood, the bone can become deformed, causing painful arthritis in the joint. This happens most often with **displaced femoral neck fractures**.

## What happens when I leave the hospital?

You can leave the hospital when your doctor determines that you are medically stable. 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 to arrange for someone to stay with you 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 medicine and physical therapy.

## How do I care for myself at home?

### Medicine

- **Take all medicines as directed by your doctor.** For pain, your doctor will recommend a prescription medicine, an over-the-counter pain medicine, or both. Be sure to buy your medicine before you go home and take it exactly as ordered by your doctor.
  - **Write down every dose.** This will help you and your caregivers know how much pain medicine you have taken.
  - **Never take more pain medicine than your doctor orders, even if you have pain.** If your medicine isn't controlling your pain, call your doctor.
  - **Consider taking a stool softener or laxative.** Pain medicines can cause constipation.
- **Tell all your healthcare providers, even your dentist, that you have metal hardware in your hip.** You may need to take antibiotics to prevent infection before you can have another procedure.

### Activity

- **Follow your doctor's instructions on when you can get back to your activities and 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 several weeks before your hip will be strong enough for you to get back to your everyday activities.
- **Do the exercises that your doctor or physical therapist recommends,** and continue to go to your physical therapy appointments if prescribed. **Exercise is the most important thing you can do to ensure the best recovery possible.**

### Wound care

**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.

### Diet

- **Drink plenty of water.** This will help keep you hydrated and help ease constipation.
- **Eat 5 to 7 servings of fresh vegetables and fruits every day.** Vegetables and fruits are packed with the nutrients your body needs to heal plus fiber to help ease constipation.
- **Avoid alcohol.** It can slow the healing process. **Never drink alcohol when taking opioid pain medicine.**



### *When should I call my doctor?*

Call your doctor right away if you have:

- A change in vision
- Fever over 101°F (38°C)
- Chills, a cough, or weakness
- Pain that is not controlled by your pain medicine
- Nausea or vomiting that does not stop

