Sheffield Teaching Hospitals NHS
NHS Foundation Trust

Hip fracture

Information for patients
Orthopaedics - Trauma

Welcome to Sheffield Teaching Hospital NHS Foundation Trust. This leaflet will provide you and your relatives with information about your hip fracture and how it will be treated.

We want you and your family to understand as much as possible about your care. Please ask if you have any questions.

What causes a hip fracture?

A hip fracture is a common injury that usually affects people over the age of 65.

As you age, your bones age too and they can become weaker due to a condition called osteoporosis. This can make them prone to breaking, especially during a fall.

There is a separate leaflet on osteoporosis available, please ask a member of staff for a copy of this leaflet.

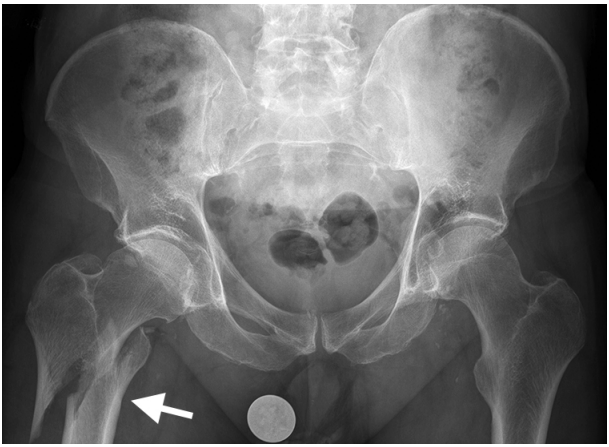
Falls can happen for a number of reasons. It may be a simple trip, however, there may be a medical reason (such as low blood pressure) which caused your fall.

If you fracture your hip, the doctors will usually look for the reason you have fallen and may also want to treat you for any underlying reasons relating to your fall.

A hip fracture can also occur in younger people. In these cases, it is more likely to be caused by accidents such as road traffic accidents or a fall from a significant height.

What is a hip fracture?

A broken hip is often referred to as a fractured neck of femur. The hip joint is a ball and socket joint, where the top of your thigh bone (femur) meets your pelvis. Your hip can break in different places and this can determine the treatment you will be given.



What about my own hip fracture?

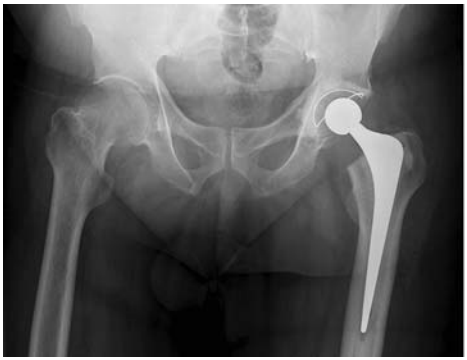
Everyone's needs are different and so the care you receive will be tailored to you, particularly if you have additional medical, social or psychological issues.

Despite the very best treatment, about 8% of patients overall will unfortunately die within the first month of having a hip fracture, and 30% of patients will have died by a year after their broken hip. This is because people who break their hip tend to be frail with many other medical conditions. It is difficult for them to overcome the demands of a major operation and the rehabilitation following this. Some patients will recover but will not return to their previous level of ability. They may have new difficulties with walking, caring for themselves, memory problems or confusion. This may lead to them requiring care in residential or nursing homes.

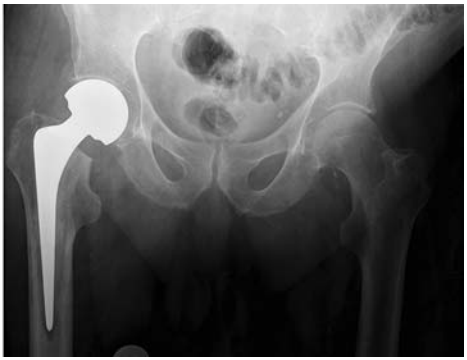
What is the usual treatment?

The vast majority of people need an operation to get back on their feet, or just to move about in bed with comfort and dignity. A small number are too unwell for surgery.

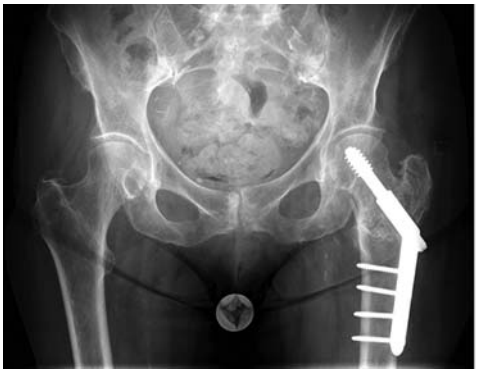
Having been discussed with you, your operation will be one of the following:



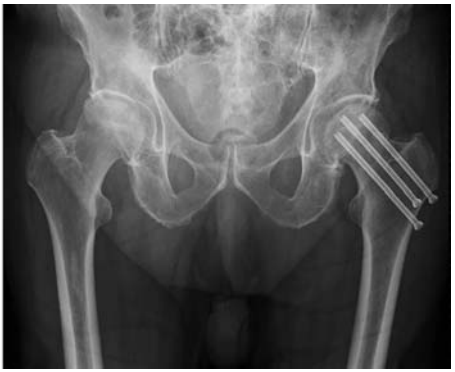
Total Hip Replacement



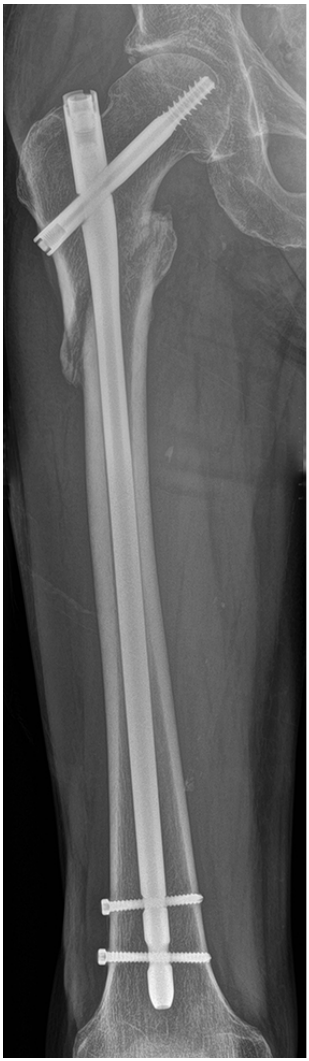
Hemiarthroplasty



Dynamic Hip Screws (DHS)



Cannulated Hip Screws (CHS)



Intramedullary Nail (IM Nail)

The purpose of surgery

The main purpose of having surgery is to allow earlier mobilisation.

The goal is to allow you to regain as much independence as possible, as quickly as possible, and to reduce the risk of complications associated with non-surgical treatment.

Surgery is the most common treatment and usually gives the best outcome for a hip fracture.

Alternatives to surgery

Some hip fractures can be left to heal by themselves but this would usually mean prolonged bed rest. With this treatment there is no guarantee that the bones will heal properly, allowing normal walking. There is a high risk of serious illness with this method including:

- blood clots in the legs (deep vein thrombosis) or lungs (pulmonary embolism)
- pneumonia
- urine infection
- skin damage (pressure sores) resulting from lying in bed.

All of these are extremely challenging to patients.

Preparation for surgery

The risks and benefits of surgery will be explained to you and an opportunity will be provided to answer any questions you may have.

You will then be asked to sign a consent (permission) form. It is important to note that you are able to change your mind at any time, or ask further questions.

If a patient is unable to give their own consent for surgery, then a decision is made at a Best Interest Meeting. This decision is reached after discussion with the family or Next of Kin, the Orthopaedic Team and the Anaesthetic Team. If you have Legal Medical Power of Attorney, please inform the medical team.

If needed, we will involve an Independent Mental Capacity Advocate to ensure we are acting in the patient's best interest.

An anaesthetist will assess you and decide if you are fit for surgery. The type of anaesthetic you will have will be dependent on your general health and medications you take.

You will be given instructions when to eat or drink before your surgery. You will need to be "nil by mouth" for a few hours before your operation, but food and drink are key to recovering from hip fracture and surgery.

You will leave the ward for 3 to 5 hours whilst the operation takes place.

Are there any side effects or complications after a hip fracture?

As with any operation, there is always a risk of complications. A broken hip is a serious injury and this, combined with medical problems associated with age, can increase the risk of complications occurring.

It is necessary to ensure that you are as fit as possible before your operation and this can sometimes delay surgery. On rare occasions surgery can be classed as very high risk and is not recommended. Complications may include:

- **Acute confusion/Delirium**: Many patients have increased confusion during hospital admission. The reasons for this include: unfamiliar environment, pain relieving medications, low oxygen levels, constipation, and anaesthetic. Acute confusion/delirium is monitored through the hospital admission and is usually short term. For further information, please ask nursing staff for the delirium patient information leaflet.
- **Pain**: A broken hip is painful and you will be given regular pain killers throughout your stay. It is important to tell staff when your pain is not under control. It is important to take these medications to ensure you are able to complete your physiotherapy. You should expect that the pain will improve after your operation. We expect that when you are sitting still in bed or in a chair you should be comfortable. When you start to stand with the physiotherapists, you will be aware of discomfort in your hip but it should not be so severe that it stops you from doing the physiotherapy. If you need more pain relief please ask.
- **Infection**: You will be given antibiotics in the operating theatre to reduce the risk of infection. To help prevent wound infection, it is important not to touch the wound site. In general the wound is covered in a sterile dressing for about 14 days until the wound has healed.

- **Chest infection** (Pneumonia): You may develop this following surgery and it is treated with antibiotics, deep breathing exercises and chest physiotherapy.
- **Urinary Retention** (unable to pee): Patients have a catheter (tube) inserted during their admission. This is usually removed the day after your operation. Following the removal of your catheter, some patients find it difficult to pass urine (pee). The nursing staff and doctors will monitor this during your stay, and at times an intermittent catheter may need to be inserted. Rarely a catheter needs to be reinserted long term, if it does then a referral to the urology doctors may be required.
- **Deep vein thrombosis** (DVT): This is a blood clot in leg veins and can be caused by immobility. As you will be less mobile after a hip fracture, you will usually be given a small daily injection into your abdomen (tummy) to thin the blood, and will be asked to wear elasticated stockings (Anti-Embolic stockings) which help the blood flow in your legs. Ankle exercises will also help reduce the blood pooling in your legs. All these measures reduce the risk of DVT. Following surgery, it is important that you mobilise and are encouraged to walk. For further information, please refer to the leaflet on DVT. Ask a member of staff for a copy of this leaflet.
- **Pulmonary embolism**: Occasionally clots from the legs, or fat from the broken bone, can break off and travel to the lungs in the circulation. Rarely, these can be fatal.
- **Blood loss**: You may require fluid or a blood transfusion via a drip, to replace blood loss either from the fracture itself, or during surgery. It is important that you drink plenty of fluids.
- **Leg length discrepancies**: Every attempt is made to ensure we restore your leg length to what is was prior to your injury. However, there is a small risk that they are slightly different. This is normally very minor and will not need any intervention. Very occasionally patients will need a shoe raise to correct any difference.

- **Pressure ulcers**: If you are not very mobile and are spending long periods in bed or in a chair, you are at increased risk of developing pressure ulcers. Pressure relieving mattresses and pads, and regular moving in bed will help to reduce the risk of pressure damage. All patients are nursed on a pressure relieving mattress and encouraged to change their position on a regular basis. Please see the "Time to Turn" leaflet.
- **Damage to nerves and vessels**: The hip and surrounding tissues have many important nerves and vessels in close proximity. Whilst every effort is made to avoid them, there remains a small risk that they can be damaged during the operation. Damage to a nerve may result in a temporary or permanent loss or change in sensation to an area of skin. It may also lead to a temporary or permanent change in the power of your muscles that supply your leg. If this was to happen, you may require a splint to support the limb to help you walk.
- **Dislocation**: If you have a Hemiarthroplasty or Total Hip Replacement there is a small risk of your hip dislocating. This means the ball joint has come out of the socket. If this occurs then a further operation will be required.

We take specific precautions to minimise complications and if they occur we treat them promptly. However, we cannot eliminate them.

Any of these complications in an older person is serious, particularly for a patient who has just had the trauma of a broken hip and the stress of major surgery.

We will make every effort to inform your nominated next-of-kin straight away if there is any sudden and unexpected deterioration.

How can I help myself?

It is important to:

- Ensure that you have a high fibre diet and plenty of fluids. Pain killers and reduced mobility sometimes cause constipation so laxatives are regularly prescribed.
- Take regular pain relief. If you are in any pain it is important to tell the nurse.
- Change position in bed to help prevent pressure ulcers.
- Start mobilising as soon as possible. This helps with healing and prevents complications. You will be seen by the physiotherapist on the first day following surgery and regularly after. You will be shown how to walk with a Zimmer frame as soon as you are able. You will hopefully progress to crutches as your confidence and mobility increases.
- Do deep breathing exercises and keep mobile to help prevent chest infections.
- Do ankle exercises which will help prevent deep vein thrombosis.
- Have well-fitting slippers and clothing brought in to allow you to dress daily and walk around the ward.
- Take your prescribed medications. You will be started on new medications for pain control, to prevent blood clots and osteoporosis treatment. There is further information on this at the end of this leaflet.

Poor physical health can increase the risks of infection. It is essential that you have a healthy diet, and drink plenty of fluids to aid bone healing. Patients are regularly prescribed build up drinks during their hospital stay.

What can my family do to help?

Families play a key role in your recovery. Keeping patients motivated and engaged in the rehab process is vital, as this often takes a long time.

We look to families and friends to ensure you have a good supply of clothes, nightwear and sensible footwear. If families want to bring food or snacks this will be encouraged, as ensuring you eat and drink well during your hospital stay is extremely important.

Everyone needs help with meals while immobile in bed. The assistance of family and friends is often helpful. You can discuss with nursing staff whether it will be useful for your family to visit at mealtimes, so that they can help you with eating and drinking.

We would be grateful if one member of your family could take responsibility for keeping other relatives informed of your progress. This helps to free up valuable nursing time, which can be spent with patients.

Will my relatives be able to visit?

Yes, but following your operation you will require a lot of rest, so we advise only having 1 or 2 visitors at a time.

How will I be kept informed of my progress, so that my family and carers can make arrangements for when I leave hospital?

We will discuss your progress with you and your family/carers and start to plan discharge. Senior nurses and medical staff are available to keep you and your family up to date.

When will I be able to go home?

It is never too soon to begin planning your recovery and for going home from hospital. Although our average length of stay for hip fracture patients is between 1 and 3 weeks, this varies for different people.

Some patients are well enough to go home 3 or 4 days after the operation, others who may have had a more complicated post-operative time, may take longer.

What will happen on the day I go home?

The ward staff will help you to prepare for leaving the ward. Outdoor clothes are required, so please ensure family/friends have already brought these in, along with your house keys.

If required, the nursing staff will make a referral to the District Nursing Service and advise you of this.

Items you will be given to take home with you are as follows:

- A 14-day supply of tablets and painkillers. Before these tablets run out you should ask your GP for some more.
- A contact telephone number for the ward, so that if you have any worries or problems at all, you will be able to talk to a member of staff.
- Some GP surgeries in Sheffield have signed up to an electronic discharge letter system informing them of your admission and medication changes. You may be asked to drop off a letter to your GP surgery depending on where you live.

How long until I feel back to normal?

There is no simple answer to this. When you leave hospital we know that you will not be back to your usual self, or your usual level of mobility and function. For most patients things will continue to improve for several months after the operation.

Unfortunately, not everybody who breaks their hip will make a full recovery in terms of their mobility, despite the best physiotherapy. Some people may need either increased care at home or to move to a residential or nursing home.

Who will be involved in my care while I am in hospital?

Orthopaedic Doctor: This doctor will admit you to hospital, request blood tests, heart tracing and look at any X-rays you have had taken. Depending upon your medical history, further tests may be required. The doctor will discuss the operation required, and complete a consent form with you, or if you are unable, complete one on your behalf after discussion with your next of kin.

Anaesthetist: Anaesthetists will agree a plan with you for your anaesthetic and pain control afterwards.

Orthogeriatrician: This is a doctor that specialises in the care of elderly patients, with a specialist interest in those who have fractured their hip. Orthogeriatricians work alongside the surgeons before your operation to make sure you are as fit as possible for it. We aim for you to move to the specialist hip fracture ward after your operation, when they will take over as your consultant.

They will look at the reasons that you had a fall and arrange any tests needed to investigate this. They will look after any medical post-operative complications that occur. We aim to regularly update relatives, but please contact the ward staff if you would like an update from the team, or have any questions.

Occupational Therapy: Whilst you are in hospital, the occupational therapist and therapy assistants may carry out assessments to ensure you will be able to be as independent as possible with your functional tasks required at home. They will discuss your current level of need and any appropriate referrals required to meet your care and therapy needs after hospital. They will ask you about your current home set up and discuss any new equipment needs.

Physiotherapy: In order to help you achieve the best possible level of mobility following your hip fracture, it is expected that you will get up out of bed on the first day after your operation. The physiotherapist will help you get up and will also give you exercises to do to help improve movement, strength and circulation in your operated leg.

We encourage family and friends to help you complete these exercises. A delay in mobilising can also have a detrimental effect on your overall muscle strength and can decrease the chance of you returning to your previous level of function.

Transfer of Care Team (Discharge team): Your needs and progress whilst in hospital will be discussed with nursing and therapy staff, and the Transfer of Care Nurse will help guide you through the referral process for the most suitable discharge pathway. This process starts as soon after admission as possible.

Examples of these pathways are:

- Straight home, with a referral for homecare and therapy if required.
- Referral to an NHS rehabilitation unit.
- Referral for a residential/nursing home assessment, with ongoing therapy input if required.

We know that the first time you get up it will be very uncomfortable but it is extremely important to do this. The nursing staff will be able to give you additional pain relief to help you get out of bed.

The physiotherapist and other members of staff will see you regularly and help you to improve your walking with walking aids. The nursing staff will help to continue your rehabilitation. We encourage you to get dressed on a daily basis as this plays an important part of your rehabilitation.

What do I do about my stiches?

Routinely patients have self-dissolving stitches. A wound check takes place at 14 days after your operation, when the nurse may need to clip the suture ends. If you do have non-dissolving stiches or staples, you will be informed after your operation, and these will be removed by a nurse at 14 days.

Will you check-up on me after I leave hospital?

If you notice any of the following, please contact the ward you were discharged from or the Hip Fracture Nurse Specialist:

- an increase in redness or inflammation at the wound site
- any new discharge or leaking from the wound
- an increase in any pain in your hip

If you have any concerns, please contact the Nurse in Charge of the ward where you were last a patient:

- Huntsman 6 **0114 271 4106**
- Huntsman 7 **0114 271 4108**
- Huntsman 2 **0114 271 5723**

If you have any wound concerns, please contact the Hip Fracture Clinical Nurse Specialist when you notice a problem:

- **0114 243 4343 Bleep 2054**
  Monday to Friday, 7:30am – 3:30pm.

We hope that this leaflet has been useful to you. We want you and your family to understand as much as possible about your care. Please ask if you have any questions.

For further information on hip fractures please visit the National Hip Fracture Database webpage on **www.nhfd.co.uk**

There are a number of Patient Information Leaflets on the wards that may be useful:

- Fractured Neck of Femur Post-operative Inpatient and Home Exercises
- How to avoid pressure ulcers – a patient's guide
- Reducing the risk of falls in hospital – information for patients
- Chaplaincy Services – information for patients
- Delirium – information for patients
- Memory loss, confusion and dementia – information for carers
- Deciding about cardiopulmonary resuscitation – information for patients, families and carers
- Total hip replacement – inpatient and home exercises – information for patients
- Drug treatments for osteoporosis
- Living with osteoporosis – daily living after fractures
- Drug treatments for osteoporosis

The National Hip Fracture Database has produced further information for carers. This can be accessed by scanning the QR code or going to:

www.nhfd.co.uk/20/hipfractureR.nsf/docs/CarersGuide2020

Medicines

This is additional information for patients about medicines commonly prescribed following a hip fracture:

Medicine	Usual Dose	What it is used for	Common side effects
Paracetamol	**Two** 500mg tablets **four** times a day. Maximum **eight** tablets in 24 hours	Pain relief If weight less than 50kg dose is reduced to **one** 500mg tablet **four** times a day.	Side effects are rare. Some patients may develop a rash.
Dihydrocodeine	**One** to **two** 30mg tablets **four** times a day. Maximum **6** tablets in 24 hours	Pain relief	Most common side effect is constipation, and some patients become drowsy and confused. A lower dose is prescribed if side effects become a problem. Laxatives are prescribed to prevent constipation.
Buprenorphine patches	**One** 5mcg/hr patch applied **once a week** (same day)	Pain relief (only used if dihydrocodeine not used)	Constipation, nausea, drowsiness and skin reactions.

Medicine	Usual Dose	What it is used for	Common side effects
Morphine Sulphate 10mg/5ml solution	5-10mg every **four** to **six** hours when required	Pain relief	Constipation, nausea and itching.
Dalteparin	5000 units each day (dose depends on patient's weight so may vary)	To reduce risk of developing blood clots in the body after surgery.	See additional information about Dalteparin in the booklet.
Adcal D3 caplets	**Two** caplets **twice** a day.	Treatment of osteoporosis	Mild gastrointestinal problems, such as constipation, flatulence (wind), nausea, gastric pain and diarrhoea.
Alendronic acid	**One** 70mg tablet **once weekly** (same day)	Treatment of osteoporosis	Please see additional National Osteoporosis Society leaflet.
Zoledronic Acid Infusion	**One** 5mg infusion given **once** only	Treatment of Osteoporosis (Alternative to alendronic acid given whilst in hospital)	Please see additional National Osteoporosis Society leaflet.

Medicine	Usual Dose	What it is used for	Common side effects
Colecalciferol	20,000 units **once a week** for **eight weeks**	Treatment of low Vitamin D levels	Itching or rash.
Senna, Lactulose, and Laxido	Various doses	Relieve constipation	Loose stools, bloating and flatulence (wind).

Additional information about Dalteparin

The doctors will usually prescribe daily Dalteparin injections after your operation for 35 days during your hospital stay and when you go home.

If you are unable to inject yourself with this medicine, then a district nurse referral will be made and they will be able to do this for you.

Dalteparin is a medication to reduce the risk of blood clots and belongs to a group of medicines called anticoagulants. You may be prescribed a different anticoagulant depending on your medical history.

Anti-Embolic stockings will also be prescribed. These will stay on for 35 days after your operation.

Even when taking these medicines, there is a chance you can form blood clots. Symptoms of a blood clot include:

- Throbbing or cramping pain, swelling, redness and warmth in a leg or arm
- Sudden breathlessness, sharp chest pain (may be worse when you breathe in) and a cough or coughing up blood

Call **999** if you are experiencing these symptoms.

Osteoporosis

Osteoporosis is a medical condition which can be described as a weakening of bones. Most people who fracture their hips have osteoporosis, although they may not have been aware of this.

There are several treatments options. Most often we use tablets which are taken once a week or an infusion. This is given whilst you are in hospital or at our specialist Metabolic Bone Centre at an appointment after discharge. Your doctors will choose the most suitable treatment. Weaker bones can fracture (break) more easily. The medicines that can be prescribed will improve the strength of your bones and reduce the risk of further fractures by 40%.

Alternative formats can be available on request.
Please email: **sth.alternativeformats@nhs.net**

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