

Fractured pubic rami



Information for patients

Orthopaedic Surgery - Huntsman 6 & 7



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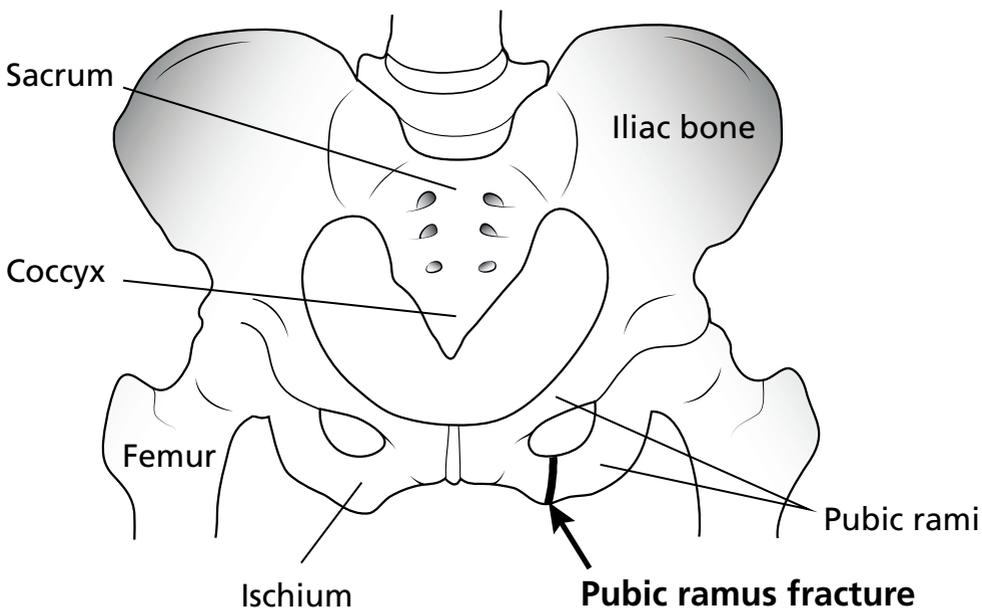
Introduction

We want you and your family to understand as much as possible about your condition and your care. This leaflet is intended to provide you with general information, however each patient is individual and you may have questions which are not answered in this leaflet. Please do ask a member of staff if you have any questions or if there is anything you would like to discuss.

Where are the pubic rami?

The pubic rami are a group of bones that make up a portion of the pelvis.

A pubic ramus fracture is a break in one of these bones.



Please note that there is no difference between a fracture and a break.

How is a pubic ramus fracture diagnosed?

A suspected pubic ramus fracture is usually confirmed using x-rays.

How is a pubic ramus fracture treated?

Pubic rami fractures do not require surgery and will heal on their own. The fracture will normally take 6 to 8 weeks to heal, but may take longer depending on the severity.

You may experience groin and leg pain. We will monitor your pain and give you pain killing tablets to alleviate this.

You can usually walk straight away with a pubic ramus fracture and your physiotherapist will encourage you to do so if you are generally well enough. This is because walking is the best thing for improving your circulation and speeding up healing. The physiotherapist will also show you some simple exercises to begin doing to help with circulation and to keep joints mobile.

You will not normally require outpatient follow up, but this will be discussed with you by the medical team caring for you.

Rehabilitation

You will be able to walk and may be given a walking aid, such as a walking frame or crutches.

You will be seen by a physiotherapist who will show you how to weight bear and how to use your walking aid safely. The physiotherapist may practise stairs and steps with you if appropriate before you are discharged from hospital.

The physiotherapist will also discuss with you the need for ongoing rehabilitation after you leave hospital, and will agree with you a referral for further rehabilitation as needed.

The ongoing rehabilitation will be designed to help you to improve strength and balance and to get back to walking normally and carrying out normal activities without walking aids.

Will I be able to do the activities I used to do?

Whilst in hospital you may be seen by an occupational therapist (OT), if this is felt to be appropriate. The OT will carry out assessments to see how well you can manage various activities when you get home. These may include assessing:

- your independence with personal care and offering advice on techniques or providing aids to help you get dressed/undressed if needed.
- your ability to manage making meals and drinks independently.
- your ability to get in and out of bed, off and on a chair, in and out of the shower etc.

The OT will then arrange for any necessary equipment to be provided to help you to manage at home.

How long will I need to use a walking aid for?

The walking aid is to help protect the healing fracture. You will be advised by your doctor or physiotherapist how long you will need to keep using this for.

What will happen in regard to preparing for my discharge?

When you are well enough to go home your mobility will still be very limited. It is therefore very important that you start to think as early as possible about things you can put into place to make it easier when you go home. For example you may be able to arrange a bed downstairs, help with shopping and meals, help with getting dressed and washed. Beginning to sort this out early can help you to get home sooner. The staff on the ward will discuss this with you.

Once your assessments are complete the therapy team will discuss any care needs with you. They will also liaise with appropriate staff and your relatives and carers about the options available to you to ensure a safe discharge from hospital.

If you require further therapy after your discharge from hospital, this will be organised for you. This could be outpatient physiotherapy, hydrotherapy, physiotherapy and / or occupational therapy in your own home or a period in a rehabilitation unit.

When will I be able to drive?

Once the fracture is healed and you are able to walk, taking full weight through the injured leg, you should be safe to drive. This usually takes 6 to 8 weeks. If you do not feel safe to perform an emergency stop, or feel unsafe in any other way, you should not drive. You should also speak with your insurance provider.

What will happen on the day I go home?

Once we are happy that you are well enough to go home we will arrange for your discharge from hospital. Generally, we try to make sure that you can go home before 10.30am. However, please do not worry if you cannot get transport until the afternoon, as you will be able to wait in either our discharge lounge or the day room until you are collected.

We will also give you the following to take home with you:

- A 14 day supply of your tablets and painkillers if you need them. Before these tablets run out you should ask your GP for some more.
- A letter to take to your GP to tell him or her about any tablets you have been given to take home.

Who should I contact if I have any concerns?

A contact telephone number for the ward will be given to you before you go home, so that if you have any worries or problems you will be able to talk to a member of staff.



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