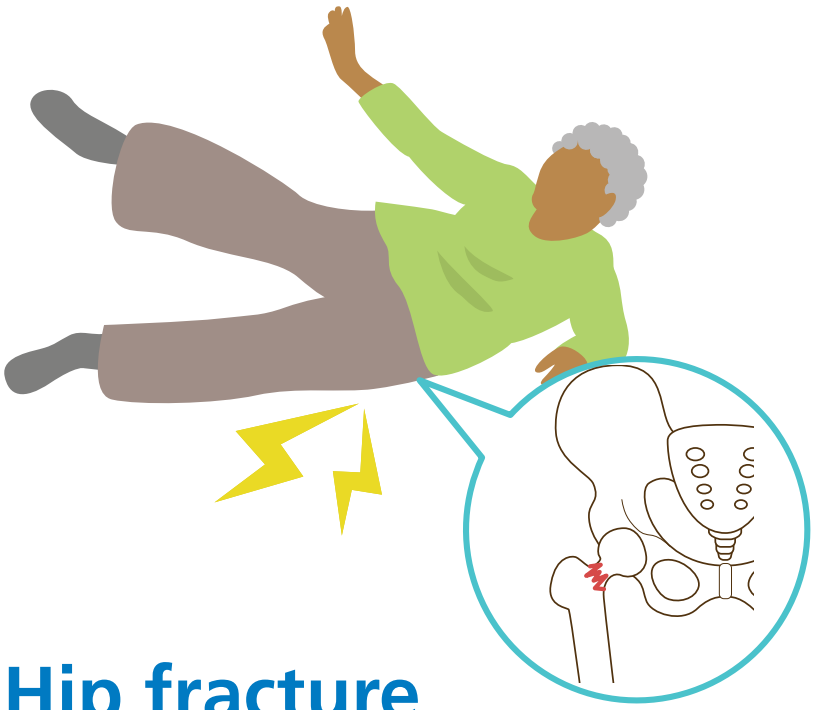


King's College Hospital
NHS Foundation Trust

Hip fracture

Information for patients and relatives

This leaflet explains what a hip fracture injury is and how it is treated. If you have any queries or concerns, please do not hesitate to speak to the team caring for you.

What is a hip fracture?

The thigh bone (femur) is the longest bone in the human body. Towards the top of this bone, the femoral neck sits below the ball-shaped femoral head. Hip fractures usually result from a fall, which causes a break in the femoral neck.

What is the treatment?

1) Nursing care and pain relief

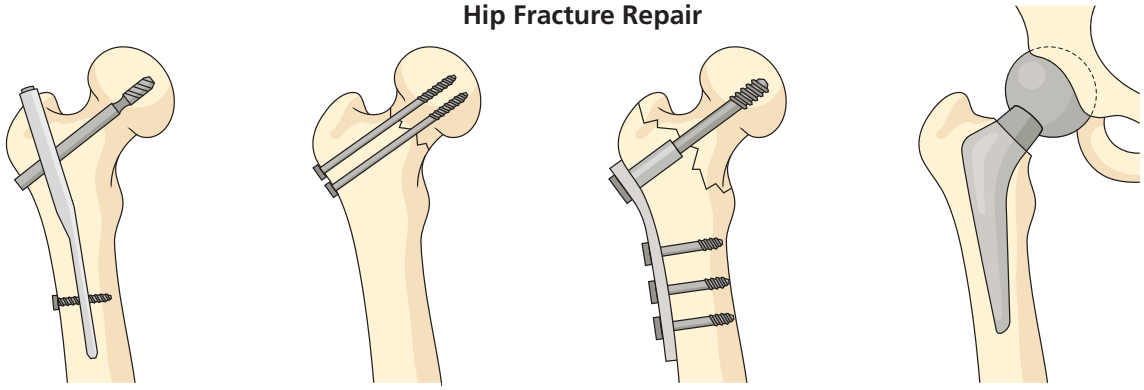
You will be taken to a ward where nurses will provide specialist care for you. You will be given sufficient painkillers to control your pain. These may include:

- Paracetamol
- Opioids (stronger painkillers that work in a different way to paracetamol)
- Nerve block (an injection that numbs the area around the painful hip for up to 12 hours).

2) Surgery

The majority of people with a hip fracture will be offered an operation to either fix or replace the broken bone. A surgeon will see you before the operation to explain the procedure and the associated risks. Prior to the operation, you will be given an anaesthetic to prevent you feeling any pain during the surgery.

Hip Fracture Repair



Intramedullary nail | Cannulated screws | Hip compression screw | Hemiarthroplasty (Hip replacement)

What are the complications of a hip fracture?

Whilst surgery and anaesthesia have risks, evidence proves that the benefits of surgery for hip fractures outweighs these risks. Prompt, effective surgery decreases the risk of dying from this injury and decreases the overall risk of other serious complications.

The risks of managing without surgery

There are risks introduced by simply having a hip fracture. These include the risk of blood clots in the leg (deep vein thrombosis), blood clots in the lungs (pulmonary embolism), pneumonia, blood loss (may require a blood transfusion), confusion (delirium) and death (70% without treatment at one year and at least 7% within 30 days of injury). There is a risk of disruption of the blood supply to the femoral head causing bone death (osteonecrosis) and chronic pain. Other risks include failure of the fracture to unite (non-union), the fracture uniting in an abnormal position (mal-union) and leg length change.

The new risks introduced by the recommended surgery

Risks of surgery include infection, dislocation of the head of the prosthesis (if the ball of the hip joint has been replaced), higher blood loss, fracture around the new prosthesis (peri-prosthetic fracture), heart attack, stroke, death associated with insertion of cement into the bone canal and anaesthetic complications.

Why surgery is the preferred option

Surgery offers a potentially lower risk of blood clots, a halved death rate (30% at 1 year vs. 70% if no surgery is performed), a reduced risk of osteonecrosis and late hip failure. There is a lower risk of non-union and mal-union, and reduced leg length discrepancy with surgery.

Evidence shows that rapid surgery, early mobilisation and treatment of coexisting medical conditions can reduce the risk of death associated with this injury. We will be working together to provide the best possible care for you.

3) Early mobilisation

Early mobilisation after a femoral neck fracture is associated with improved outcomes.

A physiotherapist will help you mobilise from the first day after your operation, unless there is medical reason not to.

4) Orthogeriatric assessment

Orthogeriatricians are doctors who specialise in the medical care of elderly patients with bone fractures. Due to the complex medical aspects of your care, your management will eventually be succeeded by the orthogeriatricians who will also address fractures and falls prevention.

After your stay, your GP can continue any treatments given in hospital.

Consent

We must by law obtain your written consent to any operation and some other procedures beforehand. Staff will explain the risks, benefits and alternatives before they ask you to sign the consent form. If you are unsure about any aspect of the procedure or treatment proposed, please do not hesitate to speak with a senior member of staff again.

MyChart

Our MyChart app and website lets you securely access parts of your health record with us, giving you more control over your care. To sign up or for help, call us on 020 3299 4618 or email kings.mychart@nhs.net. Visit www.kch.nhs.uk/mychart to find out more.

PALS

The Patient Advice and Liaison Service (PALS) is a service that offers support, information and assistance to patients, relatives and visitors. They can also provide help and advice if you have a concern or complaint that staff have not been able to resolve for you. They can also pass on praise or thanks to our teams.
Tel: **020 3299 4618**
Email: **kings.pals@nhs.net**

If you would like the information in this leaflet in a different language or format, please contact our Interpreting and Accessible Communication Support on 020 3299 4618 or email kings.access@nhs.net

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