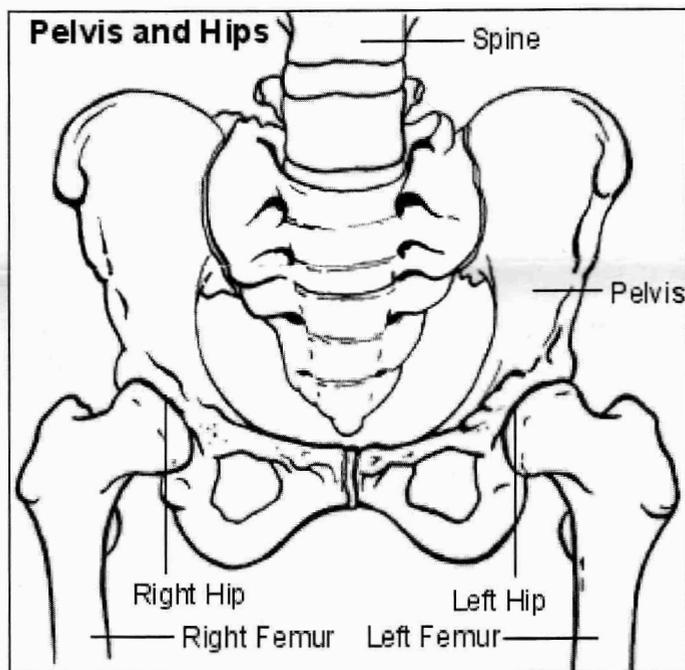


FRACTURE NECK OF FEMUR (BROKEN HIP)

Patient Information Leaflet



Having broken your hip and come into hospital, we will look after you in the best possible way. This patient information booklet outlines the various stages of the pathway of care, right from coming to the Emergency department to discharge from this hospital. Ours is a team involving various disciplines, who come together to ensure a smooth journey through this period.

In the Emergency department

You will have been brought to the Emergency department because you have hurt your hip. In order for us to decide what is wrong with your hip, and how best to treat it, we need to organize some tests. These include:-

- X-ray of the hip (to see the type of fracture and the best way of treating it).
- X-ray of your chest (to check for any heart or lung problem).
- ECG (Heart tracing).
- Blood tests.

These tests help us decide if you need an operation, and if so, which type of operation. During this period, we will keep you as comfortable as possible with pain killers and other medication. We also need to start you on a drip to maintain your fluids.

We will arrange for you to be transferred to one of our specialist trauma wards (12, 19 and 24), as soon as a bed is available (usually less than 4 hours of coming to the emergency department).

On the ward/Care before your operation

You will have a full medical assessment of your condition to determine your general health and your fitness for an operation. We may, at times, have to run some more tests, seek advice from other specialties and give you some treatment, to help you get strong enough to have the operation. We would like to help you get safely back to your home as soon as possible. We may therefore need to enquire about your home situation, to see if you need any additional support (involvement of the intermediate care team).

While on the ward the doctor will talk to you about the operation, the reason why we recommend it and the potential complications and risks of not doing or agreeing to the operation. If you agree with what is told, you would be asked to sign a consent form (giving us permission to go ahead with the operation).

We will also be carrying out assessments of your pressure areas (to prevent development of pressure sores) and nutritional status (to maintain nutrition at optimum levels).

You will also receive a welcome card that informs you of the next steps of your treatment and a planned date and time of discharge. If you are fit before this date we will allow you to be discharged earlier. You will also be kept informed of any reasons for delay.

Although our wards may care for both male and female patients we endeavour to segregate male and female areas in order to promote privacy and dignity. The nursing and medical team will try and maintain your privacy and dignity at all times. If you have any concerns, please do not hesitate to speak to the nurse in charge.

Your Operation

If you need an operation to repair your broken hip, we would like you to have it within two days of being admitted, unless you have a medical reason for delay.

You will then be taken to the operation theatre, to have your hip repaired and will receive an anaesthetic. Details of the operation and anaesthetic (spinal, general or combined) will be explained to you by the Orthopaedic doctor on duty and the anaesthetist respectively, prior to your operation.

The benefits of the operation are to repair the broken parts which will help to reduce the pain and allow you to walk again on your leg. As with all surgery there are some risks and complications which you will need to know about. Pain - this happens with every operation and you will be given tablets to help with the pain.

Bleeding - this can happen with surgery and you may require a blood transfusion.

Infection in the wound - this usually settles with antibiotics, but may require a further operation.

Blood clots - these can form in your legs initially and may move in the blood stream to your lungs. You will be given medication to help prevent clots.

Chest infection - this can occasionally happen after surgery and you may require antibiotics and physiotherapy.

Heart attack or a stroke - these can be complications of hip surgery. Both of these can occasionally cause death.

Damage to the hip nerves - pain, weakness, and numbness may happen, but normally settles down.

Loosening or dislocation - the metalwork might come loose or your hip dislocate at a later stage after the surgery. If this happens you may require a further operation.

You will need to be fasted for 8 hours before the operation so as to be able to safely receive an anaesthetic. Depending on where and how complex the break is in your hip, there will be different operations to deal with the fracture.

If the neck of the ball part of your hip is broken we would most commonly recommend half a hip replacement (Figure 1).

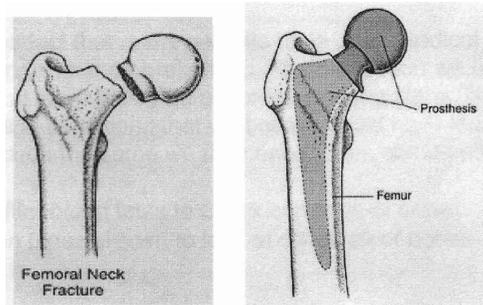


Figure 1 - Thompson's prosthesis

If the break has left a good blood supply to the ball part of the joint we can fix this with metal screws and a plate (Figure 2).

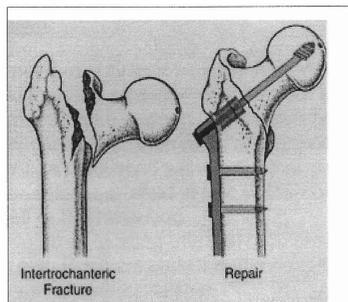


Figure 2 - Dynamic Hip Screw

After the operation

Following surgery, you will wake up in the recovery ward and then be transferred to your actual ward, once your blood pressure and temperature have stabilized, and your pain is under control. The doctors and nursing staff will look after your individual care on a daily basis to help your recovery. To reduce the risk of developing clots in your leg veins or lungs we use a once daily injection called Dalteparin, unless there is a contraindication in your case.

The initial part of your stay in the ward, after the operation, is to make you comfortable with the pain. The physiotherapy and nursing team will help you get back on your feet as soon as possible starting from the first day after your operation. They will use a frame initially then as you get better you may be able to use crutches and be able to walk around on your own. It is important that the physiotherapy team thinks that you are safe on your feet before we consider getting you home. If you need to practice on the steps or stairs the Physiotherapists will do this with you.

We recognize the fact that many patients have other medical problems, which need attending to, along with their broken hip. For this reason we receive input from a dedicated medical team led by an experienced consultant. This team hopes to look into associated medical conditions that we believe could have led to or compounded your broken hip. For this reason we may need to run some special tests, which will be -

- Bone profile (blood tests to check condition of bone)
- DEXA scan (special scan to look at condition of bones - generally done at a later date)

You may be started on some tablets to strengthen your bones (like Calcium tablets, Vitamin D tablets etc), if we decide it is needed.

Rest is a very important part of recovery and we have specific times when visitors cannot come on a ward. We have dedicated times for meals to help your recovery and nutritional balance. Please check with the staff on the ward for open visiting times.

Planning your discharge

We hope you will only need to stay with us for a short period of time and the ward team will be working with you to make arrangements for your safe discharge back to your home. Some patients may require support in their own home from the Intermediate care team (a team of nurses, carers and therapists who provide skilled care in the community setting) and if so this will be discussed with you. Other patients may require to be considered for an Intermediate care bed in one of the community hospitals eg Longton, Leek, Cheadle, Bradwell or the Haywood.

Some patients who have other existing medical problems will require a rehabilitation bed and these are also at Leek, Bucknall and Cheadle hospitals.

You will also have visits from the Occupational therapists, who will help you become independent again and discuss / arrange what equipment you might need to help you manage.

At any point during your stay in this hospital if you have any questions or concerns please do not hesitate to discuss these with the nurse or doctor in charge.

Ward Information

	Visiting Times	Contact Number
WARD 12	2 - 4 pm & 6 - 8 pm	01782 554175
WARD 19	2 - 4 pm & 6 - 8 pm	01782 554172
WARD 24	2 - 4 pm & 6 - 8 pm	01782 554467
HOSPITAL SWITCHBOARD		01782 715444
A & E RECEPTION		01782 554455
SENIOR CLINICAL NURSE (MATRON)		01782 554829

Contact numbers for any ward other than trauma wards, are available through the hospital switchboard number given above. The staff on these wards are more than happy to answer any queries you may have.