聖保祿醫院
St. Paul's Hospital

Procedure Information Sheet - Hip Fracture Fixation

Introduction

- Common hip fractures are mainly divided into Intracapsular femoral neck and intertrochanteric fractures.
- Common in elderly because of osteoporosis and they tend to fall more often.
- Most patients are treated by operative management, which allows early mobilization. This is especially important for geriatric patients because prolonged bed rest will increase the chance of other morbidities like:
  1. Chest infection.
  2. Urinary tract infection.
  3. Pressure sore.
  4. Deep vein thrombosis complicated by pulmonary embolism which can be life-threatening.
- Non-operative management is appropriate in only a small group of elderly patients who are:
  1. Non-ambulators prior to fracture and the fracture caused minimal discomfort.
  2. Those who are medically unfit for surgery.

Intended benefit

The primary goal is to reduce pain and resume mobility.

Procedure

The internal fixations of hip fractures are mainly divided into 2 kinds:

1. Femoral neck fractures
   - Patient is put under anesthesia (general / spinal).
   - Patient is put on a traction table for fracture reduction under X – ray.
   - Incision is made over lateral side of upper thigh.
   - Reduction is made and screws are usually inserted.

2. Interotrochanteric fractures
   - Patient is put under anaesthesia (spinal/general).
   - Patient is put on a traction table for fracture reduction under image intensifier.
   - Incision is made over lateral side of upper thigh.
   - A sliding hip screw or intramedullary nail is usually used for fixation.

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Pre-operative preparation

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma etc.
3. Keep fast for 6-8 hours before operation.

Possible risks and complications

A. In general

- Wound infection.
- Deep vein thrombosis, pulmonary embolism, MI, CVA.
- Blood loss.

B. Specific complications

- Fixation failure, implant cut out from osteoporotic bone.
- Delay union, malunion, nonunion.
- Avascular necrosis of femoral head in intracapsular fractures, secondary osteoarthritis.
- Fracture, nerve and blood vessels injury leading to paralysis or loss of limb (extremely rare).
- Leg length difference.
- Persistent limping and the use of walking aids.
- Deterioration of pre-existing disease leading to worsening of symptoms.
- Additional procedures: extra-procedures or treatment may be required if complication arise.

Post-operative information

A. Hospital care

1. A drain may be inserted; it will be removed within few days after the operation.
2. Catheterization of bladder may be performed.
3. Patient is allowed to walk with walking aids supervised by physiotherapist.
4. The weight allowed to put on the injured limb depends on fracture stability.
5. Off stitches at about 2 weeks after operation.

B. Home care after discharge

1. You should keep your wound clean and dry.
2. Follow the instruction on taking medication as prescribed by your doctor.
3. Please contact your doctor or go back to hospital if excessive bleeding, collapse, severe pain or signs of infection at your wound site such as redness, swelling or fever (body temperature above 38℃ or 100°F) occurs.
4. Follow up on schedule as instructed by your doctor.

Alternative treatment

For debilitating patients, patients who are medically unfit for surgery or have very poor soft tissue condition, they can be treated conservatively by:

- Adequate analgesics.
- And/ or Traction.

However, complications like pneumonia, urinary tract infection, bed sores or deep vein thrombosis are more likely in prolonged bed-bound patients.

Remark

The above mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

Reference: http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html

I acknowledge that the above information concerning my operation/procedure has been explained to me by Dr. _____. I have also been given the opportunity to ask questions and receive adequate explanations concerning my condition and the doctor's treatment plan.

Name:

Pt No.: Case No.:

Sex/Age: Unit Bed No:

Case Reg Date & Time:

Attn Dr:

Patient / Relative Signature: _____

Patient / Relative Name: _____

Relationship (if any): _____

Date: _____