



Procedure Information - Hemiarthroplasty for Hip Fracture

Visit No.: Dept.:
Name: Sex/Age:
Doc. No.: Adm. Date:
Attn. Dr.:
Patient No.: PN

Page No:

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*Please fill in /
affix patient's label*

Introduction

Femoral neck fracture is a common injury of the elderly. It can occur even by minor trauma. The displaced femoral neck fracture needs surgical intervention. Metallic hemiarthroplasty is a common operation for replacement of the femoral head.

The possible complications of non-treated displaced femoral neck fracture include non-union, mal-union and avascular necrosis of femoral neck. The injured patient may need prolonged bed rest with subsequent complications.

Indications

1. Osteonecrosis
2. Degeneration arthritis, rheumatoid arthritis, or other arthritis fracture
3. Femoral head or neck
4. Others _____

The Procedure

1. This operation is performed under spinal or general anesthesia.
2. Incision usually on outer side or back side of hip.
3. Femoral head replaced by a metal implant.
4. Sometimes drain is inserted, drain will be removed after few days.

Risk and Complication

1. There are always certain side effects and risks of complications of the procedure. Medical staff will take every preventive measure to reduce their likelihood.
2. Surgical instruments or implant may be broken off and retained at the surgical site during operation.

A. Risk of Anesthesia

Please consult your anesthetist.

B. In General

Heart attack, chest disease, deep vein thrombosis, pulmonary embolism etc. It can be fatal if severe.

C. Specific complications

1. Fracture, nerve damage, blood vessels damage leading to paralysis or loss of limb
2. Sciatic nerve injury
3. Wound infection
4. Joint dislocation
5. Leg length difference, leading to limping.
6. Revision of surgery
7. Wear and loosening of prosthesis.
8. Others

Before the Procedure

1. You will need to sign a consent form and your doctor will explain to you the reason, procedure and possible complications.
2. Blood tests, X-ray, correct and optimizing existing illness e.g. diabetes, asthma.
3. Treat and optimize existing disease conditions, e.g. ischemic heart disease, hypertension, diabetes mellitus, anemia, lung disease.
4. Fast for 6-8 hours before the operation.
5. Inform your doctor of any medical condition and any medications you are taking. The medications may need to be adjusted as appropriate.
6. Change to operation attires and remove loose objects (e.g. dentures, jewelry, contact lens etc.).



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After the Procedure

A. Hospital care

1. Resume diet after condition stable.
2. Deep breathing exercise to prevent lung complication.
3. Oral or intramuscular analgesics given as doctor's order.
4. Bed rest after operation, follow medical professionals' instruction to prevent dislocation.
5. Exercises of toe and ankles of both lower limbs to prevent venous thrombosis.
6. Start sit out and walking exercise after drain removal and X-ray checking under physiotherapist instruction.

B. Home care after discharge

1. Avoid excessive hip flexion and crossing the leg to prevent dislocation.
2. 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°C or 100°F) occurs.
3. Follow up on schedule as instructed by your doctor.

Alternative Treatment

Conservative treatment including analgesics, modify daily activities, using walking aid for pain relief.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor.

Reference

Hospital Authority – Smart Patient Website

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.

Patient / Relative Name

Signature

Relationship (if any)

Date