聖保祿醫院
St. Paul's Hospital

ZNAG_PIS97_P	(V1) Mar 2023

Procedure Information – Hip Fracture Fixation

Visit No.:	Dept.:
Name:	Sex/Age:
Doc. No.:	Adm. Date:
Attn. Dr.:	
Patient No.: PN	*Please fill in / affix patient's label*

Introduction

1. Common hip fractures are mainly divided into Intracapsular femoral neck and intertrochanteric fractures.
2. Common in elderly because of osteoporosis and they tend to fall more often.
3. 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
4. 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. Discomfort

Intended benefit

The primary goal is to reduce pain and resume mobility.

The Procedure

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

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

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

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 Anaesthesia

Please ask the anaesthetist for details of anaesthetic complications.

B. In General

1. Wound infection
2. Blood loss
3. Deep vein thrombosis, pulmonary embolism, MI, CVA

C. Specific complications

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

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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. Optimization of pre-existing medical conditions, e.g. heart disease, hypertension, diabetes mellitus, anaemia, asthma, etc.
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.

After the Procedure

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 up on schedule as instructed 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℉) occurs.

Alternative Treatment

A. For debilitating patients, patients who are medically unfit for surgery or have very poor soft tissue condition, they can be treated conservatively by:
   1. Adequate analgesics
   2. And/ or Traction

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

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