

## Operation Information

### Hip Fracture Fixation

#### 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:
  - Chest infection
  - Urinary tract infection
  - Pressure sore
  - 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:
  - Non-ambulators prior to fracture and the fracture caused minimal discomfort, or
  - Those who are medically unfit for surgery



Source:  
<http://www.everydayhealth.com/hip-pain/hip-anatomy.aspx>

#### Intended Benefit

The primary goal is reduce pain and resume mobility.

#### Procedure

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

1. Femoral neck fractures:
  - The operation is performed under general / spinal anaesthesia
  - Patient is put on a traction table for fracture reduction under X-rays
  - Incision is made over lateral side of upper thigh
  - Reduction is made and screws are usually inserted
2. Intertrochanteric fractures:
  - The operation is performed under general / spinal anaesthesia
  - 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

#### Possible Risks and Complications

1. General Risks and Complications
  - Wound infection
  - Deep vein thrombosis, pulmonary embolism, Myocardial Infarction, Cardiovascular Accident
  - Blood loss

## 2. Specific Risks and Complications

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

\*\* It is impossible to mention all the possible complications that may happen and the above is only a few important complications which may occur. Before agreeing for the operation, you must acknowledge and accept the fact that no matter how ideal the situation may be, these events may occur. Damage to peripheral organ, severe haemorrhage or leakage after operation, it may require another operation to deal with the complications.

### **Pre-operation Preparation**

1. Your doctor will explain to you the reason, the procedure and the possible complications. Patient will need to sign the consent form.
2. Laxative for bowel preparation may be required.
3. No food or drink is allowed six to eight hours before operation.
4. Nursing staff will assist you to clean the skin and perform shaving if necessary.
5. Change to operation attires and removal of loose objects (e.g. dentures, jewellery, contact lens etc).
6. Empty bladder before surgery.

### **Post-operation Instruction**

1. A drain may be inserted, it will be removed within few days after the operation.
2. As according to doctor's instruction, patient is allowed to walk with walking aids supervised by physiotherapist.
3. The weight allowed to put on the injured limb depends on fracture stability.
4. Off stitches at about 2 weeks after operation.

### **Advice on discharge**

1. Keep the wound clean and dry.
2. Take the medication as prescribed by your doctor.
3. Please contact your attending doctor or go back to hospital if you have any excessive bleeding, collapse, severe pain, fever (body temperature above 38°C or 100°F), signs of wound infection such as redness, swelling or stinking discharge etc.
4. Follow up: Please attend the follow-up as arranged.

### **Alternative Treatment**

For debilitated 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.

Remarks: Should you have any enquiries, please consult your doctor.

### **Reference**

Hospital Authority – Smart Patient (Website: [http://www21.ha.org.hk/smartpatient/tc/operationstests\\_procedures.html](http://www21.ha.org.hk/smartpatient/tc/operationstests_procedures.html))

Compiled by Union Hospital Consent Form Taskforce

The above information is for reference only, please enquire your physician for details  
Our Hospital reserves the RIGHT to amend any information in this leaflet without prior notification