

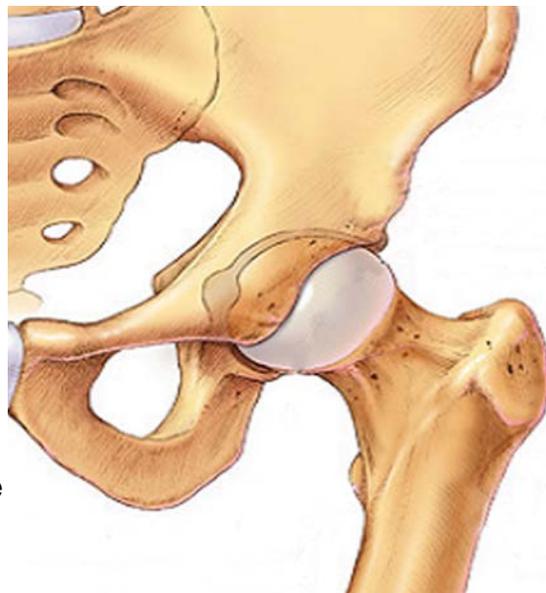
Fractured Neck of Femur Cannulated Screw Fixation

Information for patients undergoing surgery (page 1 of 4)

This leaflet is intended as a guide for you and your relatives during your stay in hospital. We hope this booklet answers your queries, but please ask a member of staff if anything concerns you or remains unclear.

What is the problem?

You have been admitted to hospital after breaking (fracturing), the upper part of your thighbone (femur), close to your hip joint. This is called a 'fractured neck of femur'.



Due to the position of the break, your age and previous level of fitness, the bone has a good chance of healing following a relatively minor operation to insert two or three screws across the fracture site.

Do I need an operation?

Your bone may heal if you remain in bed for up to 12 weeks after breaking your hip. However there is a high risk that serious complications may develop as a result of such a long period of bed rest.

The operation will enable you to be out of bed within 24 hours and hopefully discharged from hospital within a week depending on your previous level of independence, and your home situation.

The story so far

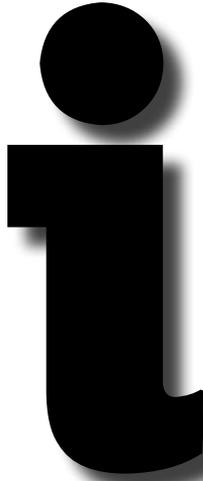
You may have broken your hip after a fall.

In the emergency department, you will have had an examination and x-rays confirming the break.

You will also have had pain relief offered – usually in the form of an injection. You may also have been advised not to eat and drink (nil by mouth), as you may be going for an operation within a few hours.

Chilmark Ward

Tel: 01722 336262 ext. 3140/3147


If you need your information in another language or medium (audio, large print, etc) please contact Customer Care on 0800 374 208 or send an email to: customer care@salisbury.nhs.uk

You are entitled to a copy of any letter we write about you. Please ask if you want one when you come to the hospital.

If you are unhappy with the advice you have been given by your GP, consultant, or another healthcare professional, you may ask for a second (or further) opinion.

The evidence used in the preparation of this leaflet is available on request. Please email: patient.information@salisbury.nhs.uk if you would like a reference list.

What happens next?

You will be admitted to the ward where you will be welcomed by a nurse and settled onto a bed.

Your pain will be assessed and you will be offered further pain relief if necessary.

The nurse will then complete some basic tests, such as pulse, blood pressure, temperature and a sample of your urine will be taken.

The nurse will also need to take some details from you relating to your general health, level of fitness and home situation.

This is so that planning for your discharge can be started immediately.

Please tell the nursing staff if you have any allergies, and if possible inform them of any medication you take at home.

If you are taking medication at home, it will be useful if there is someone that can bring your tablets in to hospital as soon as possible.

Who else will I meet before my operation?

You will be seen by the orthopaedic Surgeon, who may order more x-rays and blood tests.

He / she will be responsible for explaining the operation to you in detail before asking you to sign a consent form. If you have any questions at this stage, it is important that you ask the doctors or nurses.

An arrow will be drawn on the leg that requires the operation.

The anaesthetist will examine you and explain your anaesthetic and pain control.

You may also be seen by a medical doctor who will look at your general health and may give you advice about bone health and look into the reasons why you fractured your hip.

Before the operation

It is important that your hip is fixed and your operation will be done on the next available emergency-operating list. If there is any delay in your surgery, the doctor or nurse will explain the reasons why. We aim for you to have your operation within 36 hours of your injury.

Your next of kin will also be informed, if you wish.

Pre – Operative Care

To reduce the risk of being sick during your anaesthetic, you will not be allowed to eat anything for 6 hours before your operation. However you will be allowed to drink clear fluids (water, squash) up to 2 hours beforehand. The nurses will let you know when you should stop eating and drinking.

We will provide you with a loose fitting gown to wear to theatre.

The nurse will ask you to remove all jewellery, (except wedding rings, which we cover with tape).

We strongly suggest your valuables be sent home with your family for safekeeping. If this is not possible, we will offer to put your valuables in the ward safe, and you will be given a receipt. If you do not wish to part with your valuables, you will be asked to sign an indemnity form.

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You will also be asked to remove any make up, contact lenses and false teeth.

Transfer to theatre

A porter will arrive to take you to theatre on your bed. A theatre nurse will welcome you there and check your details again.

You will then be taken through to the anaesthetic room, where a small needle will be placed in the back of your hand and you will be given drugs to send you off to sleep.

The operation

The operation involves making two or three small incisions, (cuts), over your hip joint.

Using an x-ray image taken during the operation, the surgeon will guide the screws into place to hold the broken bone ends together.

Your wounds will have one or two stitches or metal clips to keep the edges together until they heal. A light dressing will cover these. A nurse will remove the stitches 10 – 12 days after your operation.

You may have a tube, (drip), into your hand or arm replacing any lost fluid.

It may be necessary for you to have an oxygen mask on for some time after your operation to help you come round from the anaesthetic.

While you were asleep a catheter tube may have been put into your bladder to drain urine. This is often left in place until you are back on your feet and able to use a commode or toilet.

Your pain will be assessed regularly and drugs given to keep you comfortable. Please let us know if you are in pain or discomfort.

What happens next?

After a short time in the recovery room, a nurse from your ward will come to collect you and take you back to the ward.

You will continue to have your pain, blood pressure, pulse, breathing and temperature monitored at regular intervals for some hours after the operation.

You will be prescribed a small daily injection of a drug called 'Dalteparin'. This thins your blood slightly and reduces the risk of blood clots, (thrombosis) in the legs and chest.

You may have some water soon after returning to the ward.

Tea and a light diet will be offered once you are a little less sleepy and any nausea, (sick feeling), has subsided.

If you do not have a catheter tube, you will be asked to pass urine in a bottle or on a bedpan. If you are unable to pass urine a catheter may have to be inserted into your bladder to assist you.

It may take a day or two before your bowels open. This is not unusual. The nurses will offer mild aperients, (laxatives), to assist your bowel actions after this period.

The day after surgery

You should be able to eat and drink as usual. If you are drinking plenty of water, your 'drip' will be

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removed.

The nurse will inspect the wound, and if necessary the dressing will be changed.

Physiotherapists ('Physio')

If you are recovering well the ward physiotherapist will assist you to get out of bed for the first time 24 hours after your operation,

Until the bones become stronger and begin to heal, you may be required to put a little less weight through the leg that has been operated on. You will be given a walking frame, ('Zimmer'), to assist you with walking for the first few days.

After the first visit, the physiotherapist will see you regularly to monitor your progress and teach you the best way to manoeuvre on and off the bed and to walk safely.

The physiotherapist may not see you at the weekend, but you will be expected to practice walking and exercise at this time.

After a few days, depending on your progress, the physiotherapist will exchange your frame for crutches and encourage you to take longer walks.

If necessary, nearer your discharge day, he/she will also teach you how to manage to walk up and down stairs.

Occupational Therapists ('OT')

The OT will visit you around the second or third day after your operation.

They are responsible for enabling your safe move between hospital and home, and will ask you or your family for details about your house and who helps you at home.

For example the OT may need to know whether you have steps or stairs, how high your chairs or toilets are or whether you have anyone to help you with household chores or shopping.

Depending on your needs, they will be able to give advice and practical help, such as providing bed and chair raises, high toilet seats, or installing handrails for you at home.

If it is felt that you need extra help at home this will be discussed with you and you may be referred to a social worker or the Access to Care team (ATC). They will be able to offer support for your discharge such as someone to assist you with personal care, shopping or meals.

General recovery

This surgery is relatively minor, but some of our more elderly patients are unable to go home within the expected 2 - 7 days.

These patients may be referred for additional rehabilitation. This may be in a community hospital near your home or a rehabilitation bed in a local nursing or residential home.

It is hoped that with this extra physiotherapy and rehabilitation, you will make a full recovery.

If you have any questions or do not understand any aspect of your care, or any information contained in this booklet please ask to speak to a nurse.