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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.

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Fractured Neck of Femur

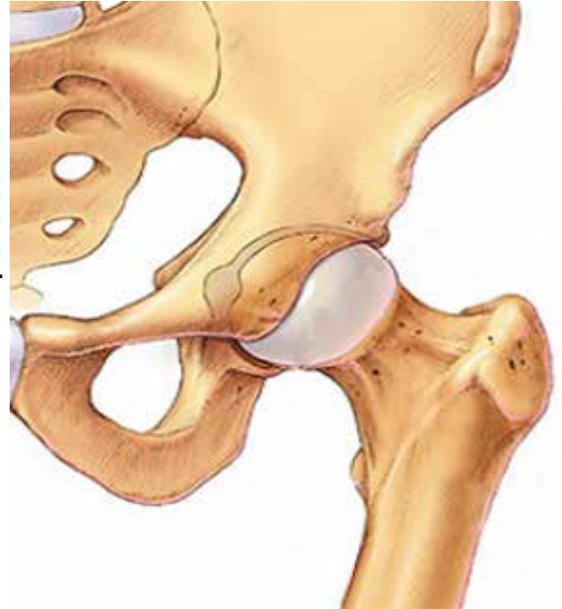
The Hemiarthroplasty Operation

Information for patients undergoing surgery (1 of 5)

This leaflet is intended as a guide for you and your relatives during your stay in hospital. We hope this leaflet answers all 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'.



The 'ball' at the top of your femur has broken off and cannot be put back as it is unlikely that the bone will heal due to the poor blood supply.

We therefore need to perform an operation to replace this ball with a metal one. It is like having half a hip replacement. The operation is called a 'hemiarthroplasty'.



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.

After the operation you should be out of bed within 24 hours and usually discharged from hospital between 5 – 10 days after your operation, depending on your previous level of independence, and your home situation.

The story so far.....

You may have broken your hip after a fall.

The bones can become weaker and more fragile with age and if you have underlying conditions such as osteoporosis.

Chilmark Ward

 **01722 336262 ext. 3140 or 3510**

In the Emergency Department, you will have had an examination and X-rays confirming the break.

You will also have had pain relief if required.

You may have also been advised not to eat and drink (nil by mouth), as you may be going for an operation within a few hours.

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 a ward doctor who may order more X-rays and blood tests.

The orthopaedic doctors 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.

You will meet an anaesthetist, who will examine you and explain your anaesthetic and pain control to you.

You may see a specialist team called the orthogeriatricians; they will look at any underlying medical problems and care for your general health during your stay. They will investigate any underlying causes of your fall and assess your bone health.

Before the operation

The operation treated as a relative emergency and we will perform your operation as soon as possible and in most cases within 36 hours of admission. If there is any delay in your surgery, the doctor or nurse will explain the reasons why. Your next of kin will also be informed.

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 (such as water and squash) up to 2 hours beforehand. The nurses will let you know when you should stop eating and drinking.

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We will provide you with a 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.

You will also be asked to remove any make up and contact lenses. False teeth may remain with you if you prefer.

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 a cut over your hip joint of about 8 - 12 inches in length.

The broken ball joint will be removed from your hip and replaced by a new metal one. A metal 'stem' placed into your thighbone will keep the ball in place.

Your wound will have stitches or metal clips to keep the edges together until it heals. A District or Practice nurse will remove these 10 – 12 days after your operation.

You may have a small drainage tube in your leg to reduce the amount of bruising. This will be removed on the ward 24 hours after surgery.

You will have a tube (drip), into your hand or arm replacing any lost fluid with a blood transfusion or salt solution.

If you have any concerns about blood transfusions, please discuss them with the doctor or nurse.

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

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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 within 6 – 12 hours of returning to the ward. If you are unable to pass urine after this time 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 removed.

A phlebotomist (a person who takes blood samples), will visit you and take some blood from your arm. This is to ensure that you are not suffering from anaemia as a result of blood loss during the operation.

It is not always necessary to give patients a blood transfusion; you may be able to have iron tablets instead.

You will also have the drainage tube removed from your leg and the nurse will redress the wound.

You may have an X-ray performed at this stage to check the new joint. If the X-ray is delayed it will not affect your rehabilitation.

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 help 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 soon after your admission.

They are responsible for enabling your safe transition 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 permission obtained to refer you to a social worker or the Access to Care Team (ATC) so that someone can assist you with personal care, shopping or meals.

Your permission, or that of your nominated next of kin, is required before a referral to social services takes place.

General recovery

This surgery is major, and some patients are unable to go home within the expected 5 – 10 days.

If you are required to remain on hospital for a little extra rehabilitation you may be referred to an community rehabilitation bed to continue your recovery. This may be either in a community hospital, residential or nursing home - these beds are called intermediate care beds.

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

Please ask the ward sister or nursing staff if you require any further information.

Some useful telephone numbers

Main Hospital number 01722 336262 followed by:

Chilmark Ward	Ext 3140 or 3510	Fracture Clinic	Ext 4176
Physiotherapist	Ext 3111	Occupational Therapist	Ext 3111
Social Worker	Ext 2404	Pharmacy Help Line	Ext 4270
Customer Care	Ext 2960 or freephone 0800 374 208		