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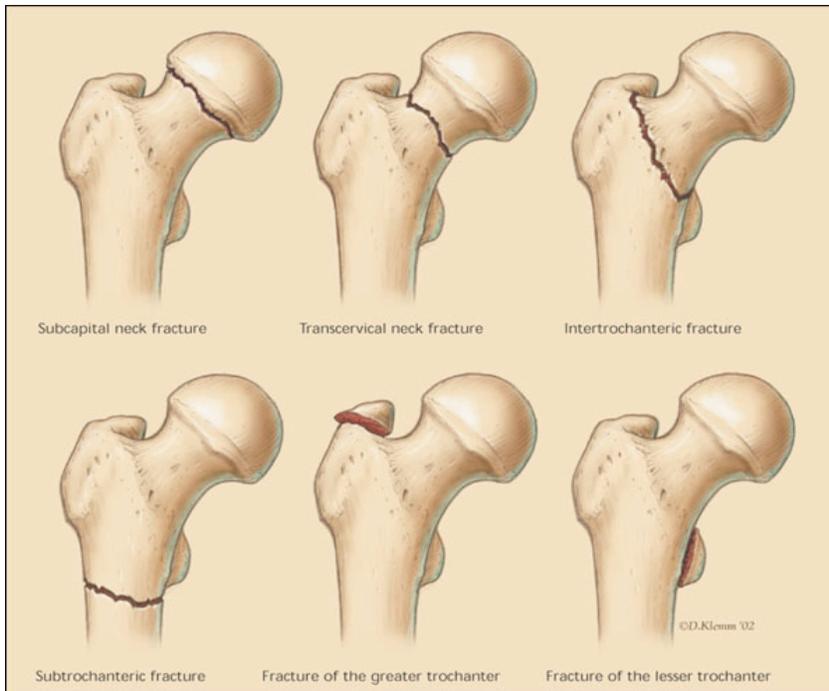
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PATIENT INFORMATION ON HIP FRACTURES

You, or a loved one, were recently admitted to the hospital with a hip fracture. Following the diagnosis it is normal to have questions and concerns. This handout was developed to help you better understand hip fractures- the different types, treatment options, risks, recovery and future fracture prevention.

Types of Hip Fractures

Review of your recent x-ray or CAT scan confirmed that you have a fracture of your hip. There



are three common broad categories of hip fractures based on the location of the fracture: Femoral neck fractures (sub capital, transcervical), intertrochanteric fractures, and subtrochanteric fractures. Less common are the subtrochanteric fractures, greater trochanter fracture, and less trochanter fracture. Pictures of each of these fractures are illustrated above. The location of the fracture, and whether or not the fracture is displaced, or separated, can effect the recommended treatment.

Treatment Options and Risks

Surgery may be suggested as a treatment option. Surgical repair or replacement is sometimes suggested for femoral neck and intertrochanteric fractures. While surgery has risks, there are also risks associated with laying immobilized for long periods including: blood clots, atelectasis (lung scarring), pneumonia, bed sores, urinary tract infections, and muscle wasting. While the surgical risks include those of immobilization, you are able to get up and start moving after surgery, thereby reducing some of the risk associated with prolonged bed rest. We will attempt to reduce these risks before, during and following surgery. You will be given antibiotics to help reduce the risk of infection at the time of surgery. You will be wearing compression stockings to reduce the risk of blood clots in your legs. Following surgery we will also begin an injectable medication to reduce your risk of blood clots. The type of procedure the doctor recommends for you is based upon your fracture type, age, activity level, prognosis for recovery, and other illness you have. These treatment options are summarized below.

Femoral Neck Fractures

Cannulated Screw Fixation: If the fracture leaves the bone well aligned, and the surgery can be performed in a timely manner, screws may be placed across the fracture site to hold the bone in place while it heals. This is done through a small incision where a guide wire is passed. Over this guide wire, screws are placed hence the term cannulated screw fixation.

Hemiarthroplasty: Literally, this means partial hip replacement. If the fracture is displaced (or separated) it will sever the blood supply to the head portion of your femur. In this case a partial hip replacement may be recommended. The head and neck of the femur are removed and replaced with a brand new ball placed into the middle of your thighbone.

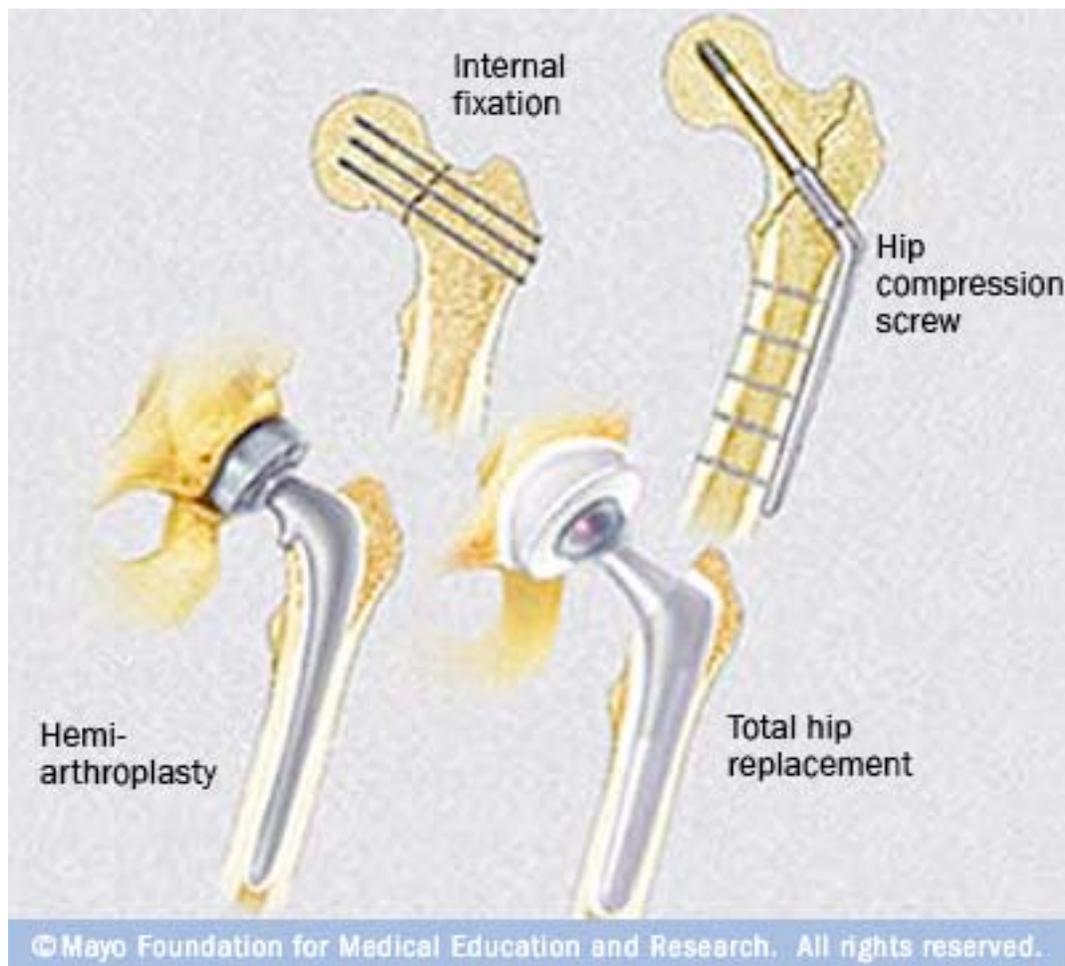
Total Hip Replacement: If you are a candidate for a partial hip replacement, but in addition you have known arthritis of your hip, a complete hip replacement may be recommended. The cup, or socket, of your pelvis is replaced with new ball and socket replacement.

Intertrochanteric and Subtrochanteric Fractures

Open Reduction Internal Fixation: A compression screw is inserted up the femoral neck and into the femoral head. This is either cross linked through a large nail that extends down the inside of the femur or to a plate that runs down the side of the femur and is attached using screws.

Greater or Lesser Trochanter Fractures

Surgical treatment is typically not necessary. If you have a fracture of the greater trochanter the doctor may ask you to be non-weight bearing for a period of time, followed by a progression of gradual weight bearing. With stress, these fractures can extend to become an intertrochanteric fracture.



Recovery

Hospital stay following a hip surgery is generally 3 days. Occasionally this will extend slightly longer. The nurse and therapist will review precautions that you may have. If your hip was partially or totally replaced you will be warned of hip precautions. These will extend 6 weeks postoperatively. During the first postoperative day, you will begin therapy and take a few steps to sit up in a chair next to your bed. You will be receiving antibiotics and IV pain medication as needed. We will begin your daily injections to prevent blood clots. On the second postoperative day, you will continue therapy and walk a bit further. You will likely switch to oral pain medication. We will continue your daily injections to prevent blood clots. On the third day you will continue therapy, typically walking a few steps prior to discharge. We will continue your daily injections to prevent blood clots.

Following discharge from the hospital it will be important that you have someone to help you until you are independent. We estimate a minimum of a 3-week period. Many patients prefer to go to rehab during this time. This is recommended for safety reasons and allows patients to have daily therapy in a gym type setting. If you plan to go home with a family member or friend, you need 24-hour care for this 3-week period. You will be required to give yourself an injection to prevent blood clots once daily for at least the first 5 days after discharge. Home care (therapy) can be arranged to come into the house approximately 2-3 times per week.

Prevention

You can take steps to prevent a future fracture by treating the underlying cause of your fracture.

- ❑ **Get Tested for Osteoporosis:** If you have not been tested for osteoporosis with a DEXA test, within the past 24 months, please discuss this with your doctor. We can schedule this test to be performed in the next 6-8 weeks at our office. (Due to positioning, it is typically not recommended sooner following hip surgery.) Knowing what your bone density is can allow steps to be taken to reduce a future fracture.
- ❑ **Stop Smoking and Do Not Drink excessively**
- ❑ **Fall Proof Your Home:** Keep home well lit and free of hazards that may cause you trip/slip and fall.

Process for Treatment of Your Hip Fracture

You or your loved one has just been admitted for treatment of a hip fracture. Our common goal is to provide the safest and best available treatment option in a timely manner. In order to accomplish this goal, we will follow these simple steps:

- 1.) You or your loved one will be admitted under the physician and his/her group specializing in hospital care. These specialists will review all of your medical and surgical history. This is important to properly optimize you or your loved one for the best option of care. Normally, this will happen shortly after you have been admitted to the hospital floor.
- 2.) The nurse in charge of your care will try to make you feel as comfortable as possible. The nurse will act as the major point of communication between you, the hospital specialists and the surgeon. If you have questions about the timing of pre-surgical testing, surgery or pain control, please direct them to your assigned nurse.
- 3.) The orthopedic specialists will be contacted and consulted after you have been admitted to the hospital room. This specialist is trained in the evaluation and treatment of your hip fracture. They will review your x-rays, CAT scans or MRIs as well as your medical history soon after your arrival. They will also consult with the hospital specialists. Normally, they will speak with you within 24 hrs after your admission to discuss the most appropriate treatment of your fracture. Sometimes, this consultation can take place face to face or it may require a phone call.
- 4.) To properly evaluate your medical condition prior to any surgical consideration, it is sometimes necessary to consult a specialist on specific medical conditions such as your heart, lungs or kidneys. If this is required, these specialists will also discuss their role and their opinion on the optimal timing of surgery.
- 5.) The anesthesiologist (doctor specializing in making you comfortable during your surgery) will meet with you just prior to your proposed surgical treatment to discuss the best anesthetic option for your surgery. The anesthesiologist may also consult with your other specialists prior to making any suggestions.

If surgery is recommended and you agree to this procedure, we will board your surgery at the **next available** time slot when both the surgeon and surgical team is available. Sometimes, this is within the next 24 hours, but other times it may be 48 to 72 hrs depending upon surgical schedules and any testing necessary for your surgery. However, our goal is to provide you and your loved one with the best available treatment in the most timely and safest method possible.

If at anytime during this process you have questions or concerns, please contact your nurse and we will be more than happy to assist you.