NHS
Lancashire Teaching Hospitals
NHS Foundation Trust

Information for patients and carers

Femur fractures

Excellent care with compassion

Surgery Division – Trauma Orthopaedics

@LancsHospitals

Introduction

This information has been designed to give you a basic understanding of the different types of femur fractures and the management and treatment of these fractures.

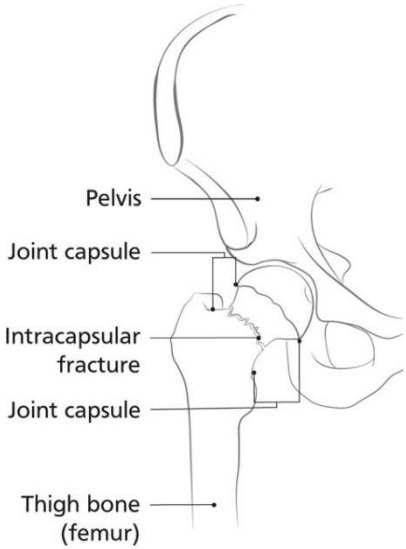
What is a fractured femur?

Fractures of the femur are common. Your thighbone (femur) is the longest and strongest bone in your body.

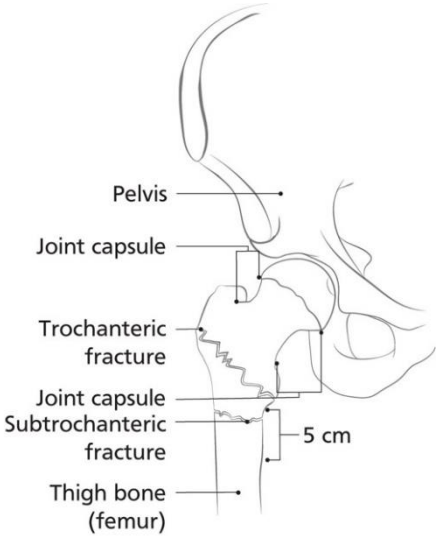
A neck of femur fracture is another term for a broken hip.

There are 2 main types of neck of femur fracture:

1. Intra-capsular - The ball on the top of the femur has broken off the upper thigh bone
2. Extra-capsular - This is outside of the hip joint further down the femur



Intracapsular



Extracapsular

A fracture can occur following a simple fall, these fractures occur more in older people and particularly in women who have thinning or weakening of the bones. This is a natural part of ageing.

You will be assessed for the risk of osteoporosis while you are in hospital and you may be started on treatment for this.

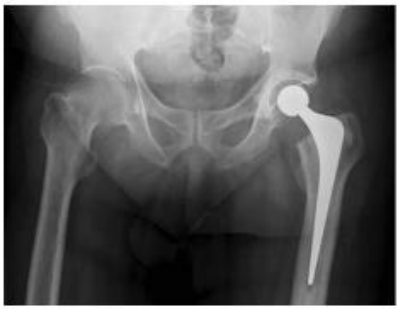
National Hip Fracture Database

This hospital takes part in the National Hip Fracture Database (NHFD). This database has been set up to improve the care of patients who have a broken femur. Information gathered about your care in hospital and about recovery afterwards enables us to measure the quality of that care and help us to improve the service that we provide. All information collected is confidential. If you do not wish to take part please let us know.

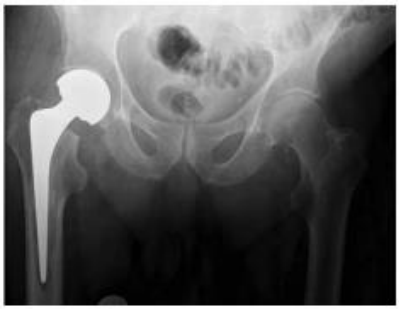
Management (types of fracture/kind of operation)

Treatment is almost always by operation. Having the surgery helps to relieve your pain and allows you to regain as much independence as possible.

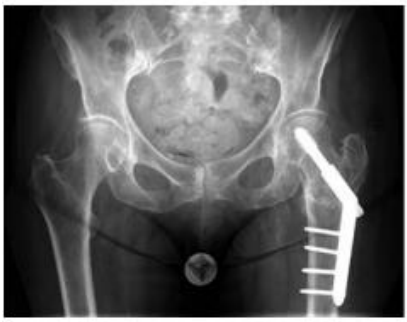
The type of operation you need will depend on where on the femur is broken.



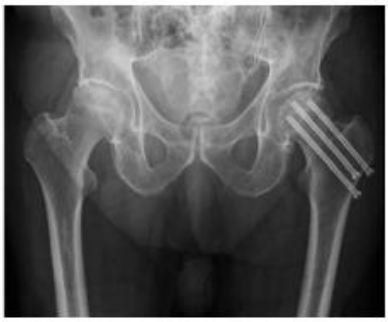
Total Hip Replacement ☐



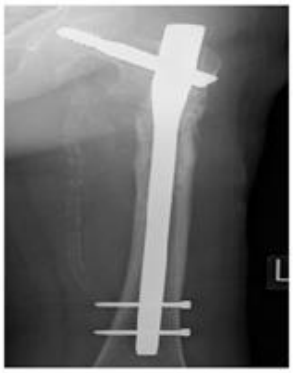
Hemiarthroplasty ☐



Dynamic Hip Screws (DHS) ☐



Cannulated Hip Screws (CHS) ☐



Gamma Nail ☐

Consent risk/benefits

Consent needs to be obtained prior to surgery. The risks and benefits of the surgery will be explained to you before you sign your consent form. A copy of the consent should be given to you after it has been completed.

Staff involved in your care

You will be under joint care of the Orthopaedic team (who perform your operation) and the Ortho-geriatric team (who look after all of your medical needs during your stay.

On admission

You will be examined by the Doctor or Advanced Clinical Practitioner and admitted to an orthopaedic ward. Bloods and a heart trace will be taken and you will also be placed on a drip. You will be assessed for the risk of blood clots and started on medication if necessary.

Surgery is performed as soon as possible after admission to hospital. Delay sometimes occurs due to the number of trauma cases waiting for surgery or you may need medically optimising for surgery.

You will be seen by anaesthetist prior to surgery to discuss the type of anaesthetic you will need.

Day of Surgery

You will not be able to have food for six hours before surgery and water only up until 2 hours before surgery. You will be assisted into a gown and the nurses will complete a theatre checklist to ensure you are safely transferred to theatre. A theatre porter and a nurse will escort you down to theatre, where the theatre staff will take over your care.

Pain relief

You may have had a nerve block in the emergency department which numbs an area of the body for a limited time. Pain should gradually decrease following surgery. You will be given regular analgesia to help with this. You can also ask for pain relief when you feel you need it. Please let the team know if you feel your pain is not adequately controlled and we will alter this medication.

Post operatively

You will be transferred back to the orthopaedic ward where the nursing staff will monitor you. You will be reviewed daily Monday to Friday by the Ortho-geriatric team and by the orthopaedic team at the weekends. You may be sent for an x-ray to check the positioning of the metalwork or this may have already been done during surgery.

Therapy

You will be seen the day after your surgery by the integrated therapy team consisting of a Physiotherapist and an Occupational therapist who will assess and assist you to get in and out of bed and if appropriate take a few steps. It is important for you to get out of bed promptly after your operation as this will help with bone healing, reduces the risk of blood clots, chest infections and pressure sores.

Exercises

It is important to complete the following exercises on a regular basis to improve your circulation and strengthen the muscles surrounding your hip. We recommend completing the exercises around 3 times daily.

It is advisable to do the following exercises immediately post-op if you are able to:

Seated calf raises.

Go up onto your toes, hold for a few seconds before lowering your heels back onto the floor.

Repeat 10 times.

Seated leg extensions.

Pull your toes up, tighten your thigh muscle and straighten your leg.

Hold for 5 seconds and slowly relax leg back down.

Repeat 10 times.

Seated hip flexion.

Lift your leg up off the seat keeping your knee bent.

Return to seating position.

Repeat 10 times.

Static glutes.

Lie on your back with your legs straight.

Squeeze your bottom muscles and hold for 5 seconds.

Repeat 10 times.

Static Quadriceps.

Lie on your back with your affected leg straight.

Push the back of your affected knee down onto the bed.

Hold for 5 seconds then relax.

Hip Flexion.

Hold on to something for support.

Bring your foot off the floor bending at your hip and knee.

Repeat 10 times.

Hip extension.

Hold onto something in front for support.

Bring your leg backwards ensuring it is kept straight.

Do not lean forwards.

Repeat 10 times.

Hip abduction.

Hold onto something for support.

Bring your leg out to the side and bring it back.

Ensure you keep your trunk straight.

Repeat 10 times.

Chair squat.

Stand with feet shoulder width apart and weight equally distributed.

With the chair behind you, bend your knees and hips and sit back lightly onto the chair.

Push back up into standing position.

Repeat 10 times.

Straight Leg Raise.

In lying, tighten your front thigh muscle and lift one.

Hold for 5 seconds.

Lower the leg back down slowly and in a controlled manner.

Repeat 10 times.

Bridge.

Lie on your back with knees bent and feet shoulder width apart.

Tighten your buttocks, tilt your pelvis backwards and lift your bottom up.

Lift only as high as you can and then lower back down in a controlled manner.

Repeat 10 times.

Walking

You will be taught how to walk with an appropriate walking device such as a wheeled Zimmer frame. It is normal for you to experience some pain and it is important to take analgesia to allow you to keep moving. Members of the team will monitor your progress and allow you to use crutches or walking sticks if appropriate.

For most patients things will continue to improve over several months. However, not everybody who breaks their hip will make a full recovery in terms of their mobility despite therapy input.

When walking with your Zimmer frame, the correct sequence is to push the frame forward first, then step with your operated leg followed by your non operated leg.

Dressing

It may be easier to dress your lower half from a seated position. Dress the affected leg first and undress the affected leg last.

The Occupational therapist will discuss any support and any additional equipment which may help you.

Driving and getting in and out of a car

Driving is not normally advised before 6-8 weeks. However, it is each individual's responsibility to ensure they are fit to drive; you must be able to complete an emergency stop safely. It is always recommended to contact your insurance company before you return to driving to ensure you are covered in the event of an accident. When you are able to drive please make sure the seat is slightly reclined.

Travel in the front passenger seat of a car where able.

1. Move the seat as far back as it will go and recline it back
2. With your back to the car and your feet on the road, slowly lower yourself down onto the seat, slide your bottom back until it is near the driver's side
3. Bring your legs round into the car, avoid twisting at your hips

To get out of the car reverse the above procedure.

Discharge Process

The multi-disciplinary team will work closely with you to support safe and supportive discharge from hospital. Depending on circumstances people you may need increased care at home. Where appropriate, the therapy team may recommend a short period of rehabilitation.

Sometimes your progress may be slower, or you may need more assistance during the day and overnight, so being at home would not be practical at this point. If this is the case, alternative options will be explored with yourself and your family on how to plan your discharge from hospital.

When looking at a discharge plan for home the Occupational Therapist will discuss with you whether any assistive equipment; for example, a raised toilet frame or commode may be beneficial.

Rehabilitation will be discussed on discharge from the hospital and when appropriate a referral to community or outpatient Physiotherapy will be completed.

Follow up/dressings

You will receive a telephone follow up 4 months following surgery to check on your progress, occasionally we may ask to see you in clinic. The nursing staff will advise you on dressings and removal of clips from your wound on discharge.

Contact details

Should you require further advice or information please contact:

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Nurse Consultant
Trauma and orthopaedics
01772 528395 or 01772 716565 (bleep 2226)
dawn.parkinson@lthtr.nhs.uk

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Sources of further information

www.lancsteachinghospitals.nhs.uk
www.nhs.uk
www.accessable.co.uk
www.patient.co.uk

All our patient information leaflets are available on our website for patients to access and download:

www.lancsteachinghospitals.nhs.uk/patient-information-leaflets

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Lancashire Teaching Hospitals is a smoke-free site. Smoking is not permitted anywhere on any of our premises, either inside or outside the buildings. Our staff will ask you about your smoking status when you come to hospital and will offer you support and advice about stopping smoking this will include Nicotine Replacement Therapy to help manage your symptoms of withdrawal and the opportunity to speak to a nurse or advisor from the specialist Tobacco and Alcohol Care Team.

If you want to stop smoking, you can also contact the Quit Squad Freephone 0800 328 6297.

Please ask if you would like help in understanding this information. This information can be made available in large print and in other languages.

Gujarati:
આ માહિતીને સમજવામાં સહાયતા જોઇતી હોય તો કૃપા|કરીને પૂછો. આ માહિતી મોટા છપાણ માં અને અન્ય ભાષામાં ઉપલબ્ધ કરી શકાય છે.

Romanian:
Vă rugăm să întrebați dacă aveți nevoie de ajutor pentru înțelegerea acestor informații. Aceste informații pot fi puse la dispoziție în format mare și în alte limbi."

Polish:
Poinformuj nas, jeśli potrzebna jest ci pomoc w zrozumieniu tych informacji. Informacje te można również udostępnić dużym drukiem oraz w innych językach

Punjabi:
ਜੇ ਤੁਸੀਂ ਇਹ ਜਾਣਕਾਰੀ ਸਮਝਣ ਵੱਚਿ ਮਦਦ ਲੈਣੀ ਚਾਹੋਗੇ ਤਾਂ ਕਰਿਪਾ ਕਰਕੇ ਇਸ ਬਾਰੇ ਪੁੱਛੋ। ਇਹ ਜਾਣਕਾਰੀ ਵੱਡੇ ਪ੍ਰਰੰਟਿ ਅਤੇ ਹੋਰਨਾਂ ਭਾਸ਼ਾਵਾਂ ਵੱਚਿ ਮੁਹੱਈਆ ਕੀਤੀ ਜਾ ਸਕਦੀ ਹੈ।

Urdu:
دو سر ی زبـانوں او ر بـڑ ی اگـر آپ کـو ہی معلومـات سـمجھنے کـے یـئے ل مدد یک ضـرورت ہے تـو یئچچپا یہں یہـھ ابیدست ہو یسـکت ہے بـرا ئے مہر یبـان یـو ےیچھہی۔ معلومـات

Arabic:
مطبـو عة بـأ حر ف كبـيـر ة و بلغـات إذا كنتَ تـر يـد مسا عدةً فـي فهـم هذه لمعلـو مات يُر جى أن .تطلـب أخرى يمـكن تـو فـير هذه المعلـو مات

Department Division: Trauma Orthopaedics
Division: Surgery
Production date Feb 2022
Review date: Feb 2025
JR 804 v1