Patient Information for Consent

GUILDFORD ORTHOPAEDICS

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Replacement Arthroplasty for a Hip Fracture

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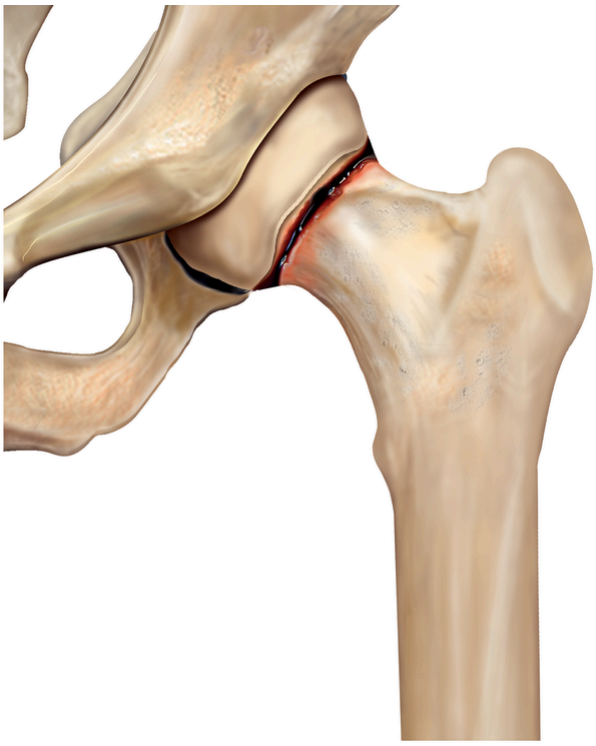
What is a hip fracture?

A hip fracture is a break of the top of the femur, just below your hip joint. It is also known as a fractured neck of femur.

Most hip fractures happen to older people caused by a simple fall or trip. The reason is usually osteoporosis (brittle bones). Hip fractures can also happen to younger people due to a severe injury, such as those caused by a road accident.

A subcapital hip fracture



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Shared decision making and informed consent

Your surgeon has suggested a procedure to replace the broken piece of bone with a partial hip replacement (hemiarthroplasty) or a total hip replacement. However, it is your decision to go ahead with the procedure or not. This document will give you information about the benefits and risks to help you make an informed decision.

Shared decision making happens when you decide on your treatment together with your healthcare team. Giving your 'informed consent' means choosing to go ahead with the procedure having understood the benefits, risks, alternatives and what will happen if you decide not to have it.

If you have any questions that this document does not answer, it is important to ask your healthcare team. Once they have answered all your questions and you feel ready to go ahead with the procedure, they will ask you to sign the informed consent form. This is the final step in the decision-making process. However, you can still change your mind at any point after signing the form.

What are the benefits of surgery?

Your pain should improve more quickly and you should be able to use your leg sooner.

You are more likely to be able to walk normally again.

Are there any alternatives to a replacement?

If your hip fracture is in a good position, it may heal without surgery. Some fractures can be fixed with screws. However, if the fracture moves out of position you may need a replacement operation.

What will happen if I decide not to have the operation?

You will be treated with painkillers and bed rest until you are able to get up comfortably.

You may need to stay in hospital for a long time. This can lead to complications such as blood clots, chest infection and pressure sores. You will need physiotherapy to learn to walk again because your muscles will have become weak after spending such a long time in bed. It is unlikely that you will be able to walk as well as you did before your injury.

What does the operation involve?

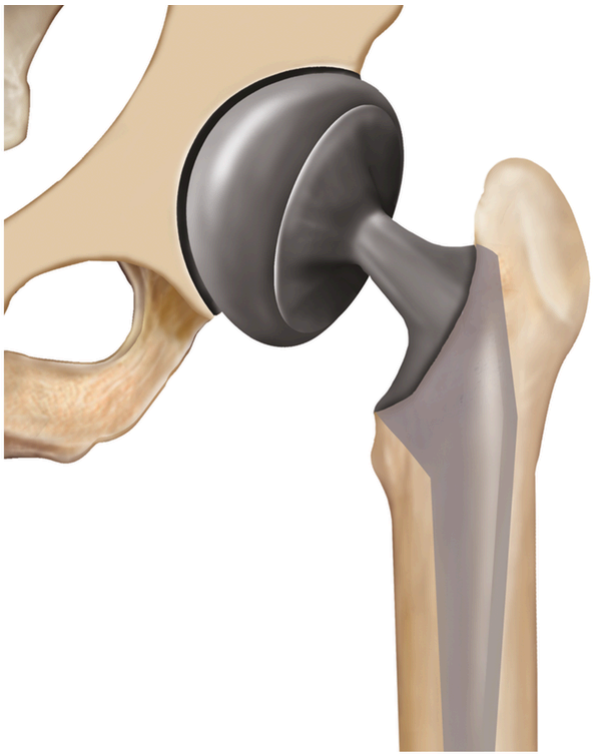
The healthcare team will carry out a number of checks to make sure you have the operation you came in for and on the correct side. You can help by confirming to your surgeon and the healthcare team your name and the operation you are having.

Various anaesthetic techniques are possible. Your anaesthetist will discuss the options with you. You may also have injections of local anaesthetic to help with the pain after the operation. You may be given antibiotics during the operation to reduce the risk of infection.

The operation usually takes 30 to 90 minutes.

Your surgeon will make a cut on the side of your hip and remove the piece of bone that has broken off (the head of the femur). They will insert an artificial joint made of metal, plastic or ceramic, or a combination of these materials. The implant is fixed into the bone using acrylic cement or special coatings that bond directly to the bone. Your surgeon will close your skin with stitches or clips.

A hemiarthroplasty



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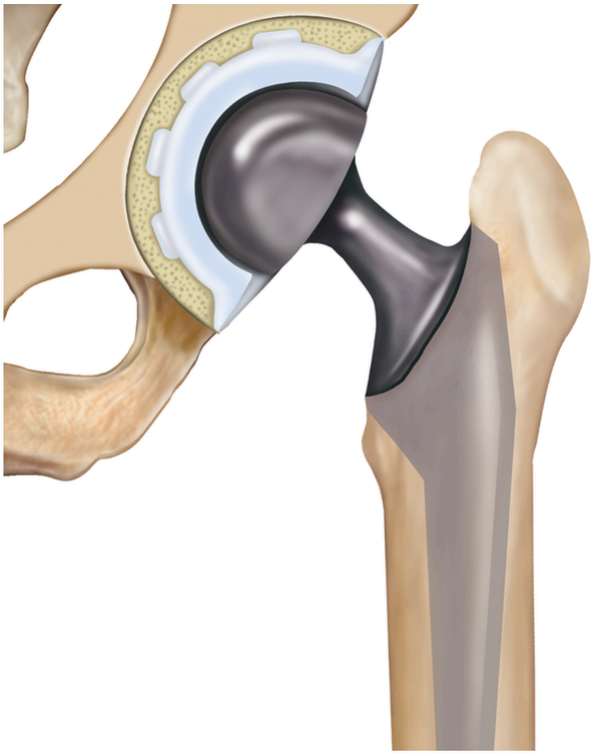
A total hip replacement



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What should I do about my medication?

Make sure your healthcare team know about all the medication you take and follow their advice. This includes all blood-thinning medication as well as herbal and complementary remedies, dietary supplements, and medication you can buy over the counter.

What can I do to help make the operation a success?

If you smoke, stopping smoking may reduce your risk of developing complications and will improve your long-term health.

Regular exercise should help you to recover and improve your long-term health. Before you start exercising, ask the healthcare team or your GP for advice.

You can reduce your risk of infection in a surgical wound by keeping warm around the time of the operation. Let the healthcare team know if you feel cold.

Speak to the healthcare team about any vaccinations you might need to reduce your risk of serious illness while you recover. When you come into hospital, practise hand washing and wear a face covering when asked.

What complications can happen?

The healthcare team will try to reduce the risk of complications.

Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you. Some risks are higher if you are older, obese, you are a smoker or have other health problems. These health problems include diabetes, heart disease or lung disease.

Some complications can be serious.

You should ask your doctor if there is anything you do not understand.

Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.

General complications of any operation

- Bleeding during or after the operation. You may need a blood transfusion.
- Infection of the surgical site (wound) (risk: 1 in 60). It is usually safe to shower after 2 days but you should check with the healthcare team. Keep your wound dry and covered. Let the healthcare team know if you get a high temperature, notice pus in your wound, or if your wound becomes red, sore or painful. An infection usually settles with antibiotics but you may need special dressings and your wound may take some time to heal. In some cases another operation might be needed. Do not take antibiotics unless you are told you need them.
- Allergic reaction to the equipment, materials or medication. The healthcare team are trained to detect and treat any reactions that might happen. Let your doctor know if you have any allergies or if you have reacted to any medication, tests or dressings in the past.
- Acute kidney injury. A large drop in your blood pressure during the operation can damage your kidneys. Other risk factors include kidney disease, diabetes, high blood pressure, obesity and some medications. The healthcare team will monitor your condition closely to reduce the chance of this happening. Any kidney damage is usually short lived although some people may need to spend longer in hospital. A small number can go on to develop chronic kidney disease that may require dialysis.
- Blood clot in your leg (deep-vein thrombosis – DVT) (risk: 1 in 150). This can cause pain, swelling or redness in your leg, or the veins near the surface of your leg to appear larger than normal. The healthcare team will assess your risk. They will encourage you to get out of bed soon after the operation and may give you injections, medication, or inflatable boots or special stockings to wear. Let the healthcare team know straight away if you think you might have a DVT.
- Blood clot in your lung (pulmonary embolus), if a blood clot moves through your bloodstream to your lungs (risk: 1 in 100). Let the healthcare team know straight away if you become short of breath, feel pain in your chest or upper back, or if you cough up blood. If you are at home, call an ambulance or go immediately to your nearest Emergency department.
- Difficulty passing urine. You may need a catheter (tube) in your bladder for 1 to 2 days.
- Urine infection (risk: 1 in 20). You may need antibiotics.
- Chest infection (risk: 1 in 10). You may need antibiotics and physiotherapy. Your risk will be lower if you have stopped smoking and you are free of Covid-19 (coronavirus) symptoms for at least 7 weeks before the operation.
- Heart failure (risk: 1 in 30) or heart attack (where part of the heart muscle dies) (risk: 1 in 65). Sometimes this can cause death.
- Stroke (loss of brain function resulting from an interruption of the blood supply to your brain) (risk: 1 in 90). A stroke can sometimes cause death.

- Bleeding from your gut because the injury and surgery causes stress (risk: 1 in 125). If the bleeding does not stop you may need further treatment. Heavy bleeding can sometimes cause death.

Specific complications of this operation

- Split in your femur when the implant is inserted, if the bone is weak (risk: 1 in 50). Your surgeon may need to put some wires around your femur, or use a different type of implant.
- Damage to nerves around your hip, leading to weakness, numbness or pain in your leg or foot. This usually gets better but may be permanent.
- Damage to blood vessels around your hip, leading to loss of circulation to your leg and foot. You will need surgery straight away to restore the blood flow.
- Infection in your hip, which can result in failure of the implant (risk: 1 in 100). This is a serious complication and you will usually need one or more further operations to control the infection. You may need to have the implant removed.
- Loosening of the implant in your femur. This can be painful and you may need another operation.
- Developing a collection of blood (haematoma) under your wound (risk: 1 in 60). If you get a large haematoma, you may need another operation to drain it.
- Dislocation of the hemiarthroplasty or the total hip replacement. You will usually need another operation.
- Leg length difference. Your surgeon will try to make your legs the same length but this is not always possible. You may need a shoe-raise.
- Death sometimes happens after a broken hip (risk: 1 in 15 in the first month after the injury). The risk is less the fitter you are.
- Difficulty passing urine. This normally gets better after a few days. If it gets worse (bladder retention) you may need to go home with a urinary catheter and come back to hospital to have it removed around 2 weeks later. Your risk is higher if you are male, over the age of 60 or have prostate problems.

Consequences of this procedure

- Pain. The healthcare team will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- Unsightly scarring of your skin, although the cut usually heals to a neat scar.

How soon will I recover?

In hospital

After the operation you will be transferred to the recovery area and then to the ward. The physiotherapist will help you to start walking using crutches or a walking frame, usually on the day of surgery or the next day. They will teach you how to look after your new hip.

Keep your wound dry for 4 to 5 days, and use a waterproof dressing when you have a bath or shower.

The healthcare team will tell you if you need to have any stitches or clips removed, or dressings changed.

Some people are able to go home after 10 to 14 days but others need more rehabilitation. If your doctor recommends that you stay a little longer, you may be transferred to a rehabilitation ward.

Your occupational therapist will discuss with you your needs at home. They can arrange for you to have help with your daily activities, such as meals, bathing and shopping.

If you are worried about anything, in hospital or at home, contact the healthcare team. They should be able to reassure you or identify and treat any complications.

Returning to normal activities

To reduce the risk of a blood clot, make sure you carefully follow the instructions of the healthcare team if you have been given medication or need to wear special stockings.

The healthcare team will tell you when you can return to normal activities.

Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, ask the healthcare team or your GP for advice.

Do not drive a car or ride a bike until you can control your vehicle, including in an emergency, and always check your insurance policy and with the healthcare team.

The future

Most people make a satisfactory recovery. It is important to follow the advice the physiotherapist gives you about exercises to strengthen your hip muscles. It is common for your leg to be swollen. It can take up to a year for the swelling to go down. An artificial hip never feels quite the same as a normal hip and it is important to look after it.

It usually takes about 6 months to recover from a hip fracture. If you had difficulty walking before your injury, it can be even harder afterwards. You may always need to use a walking aid.

Your doctor may recommend tests or further treatment to reduce the risk of another fracture.

- Looking into any cause for your fall, such as a dizzy spell or blackout.
- An exercise programme to improve your balance and muscle strength.
- Medication to make your bones stronger if you have osteoporosis.

Summary

A hip fracture is a serious injury, especially for an older person. Surgery is almost always the best treatment and will help you to get back to some of or all your normal activities as soon as possible.

Surgery is usually safe and effective but complications can happen. You need to know about them to help you make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

Keep this information document. Use it to help you if you need to talk to the healthcare team.

Some information, such as risk and complication statistics, is taken from global studies and/or databases. Please ask your surgeon or doctor for more information about the risks that are specific to you, and they may be able to tell you about any other suitable treatment options.

This document is intended for information purposes only and should not replace advice that your relevant healthcare team would give you.

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Illustrator