

Patient Information Leaflet

Femoral Neck (Hip) Fracture

Produced By: Orthopaedic Department

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If you require this leaflet in another language, large print or another format, please contact the Quality Team, telephone 01983 534850, who will advise you.

What is femoral neck fracture?

The hip joint connects the thigh bone (femur) with the pelvis. Despite the name hip fracture, the break is actually below the hip joint, at one of two places at the upper end of the thigh bone. Following a fall, severe pain occurs in the region of the hip, groin and thigh. Mostly it will be impossible to get up or walk. Very occasionally when the bone is cracked rather than completely broken, walking is possible, although painful.

How does a femoral neck fracture occur?

Fracture occurs following a simple fall onto the hip, usually without any other injury. More rarely it can occur as a result of a road traffic accident, or with other major injuries. Up to one in three women and a lesser number of men will have such a fracture in their lifetime.

Why does a femoral neck fracture occur?

These fractures occur mainly in older people and particularly in women who have thinning of the bones. This thinning (or weakening) of bones is a natural part of ageing, but is worse in some people, especially women who have had their menopause earlier than usual, have taken little exercise during their lives, have smoked heavily, have had to take steroid medication or suffer with certain other medical conditions.

Osteoporosis and osteomalacia are two conditions which make the bone lose its strength, and make the femoral neck region more likely to fracture when a person falls. In younger patients with normal bones, much greater force is needed to cause such a fracture. Occasionally the thigh bone fractures because of the presence of a cyst or growth which weakens the bone. This is called a 'pathological' fracture.

Treatment involved for a femoral neck fracture

Treatment is almost always by operation. This will allow you to get up and move about with minimum delay. Surgery is performed as soon as possible after admission to hospital, although other medical problems such as anaemia or heart trouble frequently need treatment before surgery is undertaken. Sometimes a weight-and-pulley system is set up and attached to the leg with tapes. This process (traction) helps to reduce pain before the operation. A spinal anaesthetic (an injection into the base of the spine to make the legs go numb) is usual, though a general anaesthetic may be used.

There are two basic patterns of fracture. One needs fixation using a plate and screws or a metal nail in the bone, while the other needs removal of the broken fragment and replacement with a metal component (half of a hip replacement). Occasionally these fractures may be managed by total hip replacement.

Giving your consent

Before a doctor or other health professional examines or treats you, they need your consent. You will be asked to sign a consent form. If you later change your mind, you're entitled to withdraw consent – even after signing, but before the operation takes place.

In addition to this, please ask the staff looking after you if you require a sickness certificate.

During treatment for a femoral neck fracture

A catheter tube will usually be inserted into the bladder as getting up to pass water immediately after surgery would be awkward and uncomfortable. This is removed once you are walking. After awakening from the anaesthetic, you will find a drip tube for giving fluid and blood in one of your arm veins.

Plastic drainage tubes are left in the wound at the end of surgery and are brought out through the skin, so that blood and other fluids can drain away harmlessly. Tablets or injections are readily available to deal with any pain. An x-ray is taken to check the position of the bones, screws and metal fittings, usually the following day or two.

A physiotherapist will help and guide you once you get out of bed. Walking usually begins with the aid of a walking frame. Depending on the type of fracture, the doctors will allow a greater or lesser amount of the weight to be carried by the affected leg. If the fixation has been particularly difficult you may not be permitted to bear weight on the operated leg for up to six weeks. If this makes mobilisation impossible a period of convalescence in a nursing home may be necessary until the bone heals sufficiently.

You will be discharged home once you are able to manage to look after yourself, although more prolonged rehabilitation in another part of the hospital is sometimes necessary. Some people require sheltered or warden-controlled housing, particularly if mobility was previously poor, or if there are other medical problems.

A hip fracture is a serious injury and patients do not always regain the same level of mobility as they had before the accident. Sometimes your home circumstances will need extensive review.

Risks associated with treatment

Pneumonia or heart problems may develop and delay recovery. A full team of specialists is available to look for, and treat, these problems.

Blood clots in the veins of the legs are relatively common, causing swelling. Occasionally, these clots travel to the lung, causing chest pain and coughing up of blood. These conditions may need treatment with blood-thinning injections or tablets (anticoagulants).

Usually, preventive anticoagulant treatment will be started as soon as the patient with a hip fracture is admitted to hospital to reduce the risk of clot, though these measures cannot prevent 100% of blood clots.

Infection of the wound is possible. Antibiotics are given to reduce this risk, but, again, cannot prevent 100% of problems. If a hip replacement is used and infection gets into the hip, this is a serious situation and will lead to further surgery.

A dislocation of the hip may develop if a replacement part is used. The rate is quite low but is more likely to occur if you sit on a very low chair or bend your hip up too far. It may also happen after a fall. If the hip does dislocate it is usually a relatively simple matter to put it back into place under anaesthetic. The risk of dislocation is greatly reduced after the first 6 weeks.

Occasionally, because of the softness of the bone, the fracture may re-displace and require further surgery.

The 'ball' of the hip joint may occasionally lose its blood supply after the operation. If this happens the area of bone 'dies' (avascular necrosis). This complication may need to be treated by a total hip replacement.

After treatment for a femoral neck fracture

Pain should gradually decrease after surgery, and the ability to walk improve. The doctor should be contacted if there is redness or discharge from the wound, worsening leg swelling, shortening of the leg, or chest pain with shortness of breath.

After a hip fracture is treated, you essentially need to learn to walk again. This is a rather long and often slow process. When appropriate and necessary you may be sent to another part of the hospital for in-patient rehabilitation. If this is not appropriate you may require a period of convalescence in a nursing home until you can cope at home. Many patients progress relatively quickly and go straight home from the Orthopaedic ward. In a few cases it may no longer be possible to cope on your own at home and the Care Managers will work on necessary changes.

In the long term, the development of pain in the operated hip may call for a total hip replacement. Some doctors will advocate checking bone density to see whether bone weakness contributed to the fracture. If so, long term drug treatment can lessen the severity of this problem, and has been shown to reduce the risk of a second fracture. In addition, it has been shown that certain forms of exercise training can reduce the risk of falling and thereby the likelihood of further fracture may fall by up to 30%.

If a femoral neck fracture is left untreated

Non-operative treatment means that you would need to be in bed on traction for at least 6 weeks. Such treatment frequently results in a short leg which is turned out and some fractures may not heal. Many medical problems such as blood clots, pneumonia and pressure sores occur in elderly patients who are confined to bed for this length of time.

Effects on family of a femoral neck fracture patient

Considerable support from family and friends, including help with shopping and housework, is necessary following discharge from hospital.

Finally

If you have any queries or seek advice, make a note of them before you arrive at your next appointment. Alternatively, you may contact the Orthopaedic Nurse Specialists, 8am-4pm, Monday-Friday on (01983) 534064.

Questions I want to ask/notes

Valuables should not be brought into the hospital. If patients have to bring in valuable items they should ask a nurse to store them safely and request a receipt for the items. You may not be able to have the valuable items returned if the time of discharge from hospital is out of hours.

We are sorry but the Trust cannot accept responsibility for loss or damage to items not given for safe keeping.

You can get further information on all sorts of health issues through NHS interactive available through Sky TV or online at: <http://www.nhsdirect.nhs.uk/>

For Health advice and out of hours GP service please call the NHS 111 service on: 111

We Value Your Views On Our Service

If you wish to comment on the care which you, your relative or friend has received, we will be pleased to hear from you. Please speak to the person in charge of the ward, clinic or service in the first instance or ask them to contact the Quality Team. If you wish to contact them directly, telephone on 534850.

Alternatively you may prefer to write to:

Chief Executive
Isle Of Wight NHS Trust
St Mary's Hospital
Newport
Isle of Wight
PO30 5TG

You can also share any concerns you have about our services with the Care Quality Commission (CQC) on 03000 61 61 61 or at enquires@cqc.org.uk

All NHS sites are no smoking areas.

If you would like help and advice to stop smoking please call: Freephone 0800 169 0 169 to talk to the NHS Smoking Helpline.

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