



## Procedure Information Sheet

### Introduction

1. Common in elderly because of osteoporosis and they tend to fall more often.
2. Most patients are treated by operative management, which allows early mobilization. This is especially important for geriatric patients because prolonged bed rest will increase the chance of other morbidities like:
  - 2.1 Chest infection.
  - 2.2 Urinary tract infection.
  - 2.3 Pressure sore.
  - 2.4 Deep vein thrombosis complicated by pulmonary embolism which can be life-threatening.
- 3 Non-operative management is appropriate in only a small group of elderly patients who are:
  - 3.1 Non-ambulators prior to fracture and the fracture caused minimal discomfort.
  - 3.2 Those who are medically unfit for surgery.

### The Operation / Procedure

Different kind of screw or plate will be used by doctor for hip fracture fixation.

### Before the Operation / Procedure

1. Doctor will explain to patient about procedure and possible complication, patient has to sign a consent form.
2. Body check-up as doctor's order will be done before operation, eg. blood test, urine routine, ECG and X-ray.
3. Treat and optimize existing diseases conditions, eg. heart disease, hypertension, diabetes mellitus, anemia, asthma etc.
4. Fasting for 6 – 8 hours before operation.

### After the Operation / Procedure

- 1 Hospital care
  - 1.1 Resume diet after condition stable.
  - 1.2 Oral or intramuscular analgesics given as doctor's order.
  - 1.3 Catheterization of bladder may be performed.
  - 1.4 A drain may be inserted, it will be removed within few days after the operation.
  - 1.5 Patient is allowed to walk with walking aids supervised by physiotherapist.
- 2 Home care after discharge
  - 2.1 Should keep the wound clean and dry.
  - 2.2 Must follow instructions strictly on taking medication, see the doctor as scheduled.
  - 2.3 If excessive bleeding, severe pain, fever or signs of wound infection, such as redness, swelling or large amount of discharge, consult doctor immediately.

### Risk and Complication

1. In general Anaesthetic risk:
  - 1.1 Heart attack, chest disease, deep vein thrombosis, pulmonary embolism, myocardial infraction, cerebrovascular accident etc. It can be fatal if severe.
2. Specific complications:
  - 2.1 Wound bleeding.
  - 2.2 Wound infection.
  - 2.3 Fixation failure, implant cut out from osteoporotic bone.
  - 2.4 Delay union, malunion, nonunion.
  - 2.5 Avascular necrosis of femoral head in intracapsular fractures, secondary osteoarthritis.
  - 2.6 Fracture, nerve and blood vessels injury leading to paralysis or loss of limb (extremely rare).
  - 2.7 Leg length difference.
  - 2.8 Persistent limping and the use of walking aids.
  - 2.9 Deterioration of pre-existing disease leading to worsening of symptoms.
  - 2.10 Additional procedures: extra-procedures or treatment may be required if complications arise.

<b>Patient's Label</b>
Patient Name: _____
Hospital No: _____
Episode No: _____



**Alternative Treatment / Investigation**

1. For debilitated patients, patients who are medically unfit for surgery or have very poor soft tissue condition, they can be treated conservatively by:
  - 1.1 Adequate analgesics.
  - 1.2 And / or Traction.
2. However, complications like pneumonia, urinary tract infection, bed sores or deep vein thrombosis are more likely in prolonged bed-bound patients.

**Disclaimer**

This leaflet only provides general information pertaining to this operation / procedure. While common risks and complications are described, the list is not exhaustive, and the degree of risk could also vary between patients. Please contact your doctor for detailed information and specific enquiry.

**Reference**

Smart Patient Website of Hospital Authority, Procedure Information Sheet: Hip Fracture Fixation (4/2019)

<p><b>Patient's Label</b>          Patient Name: _____          Hospital No: _____          Episode No: _____</p>
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Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_