



## Procedure Information Sheet

### Introduction

Femoral neck fracture is a common injury of the elderly. It can occur even by minor trauma. The displaced femoral neck fracture needs surgical intervention. Metallic hemiarthroplasty is a common operation for replacement of the femoral head. The possible complications of non-treated displaced femoral neck fracture include non-union, mal-union and avascular necrosis of femoral neck. The injured patient may need prolonged bed rest with subsequent complications.

### Indication

- Osteonecrosis.
- Degeneration arthritis, rheumatoid arthritis, or other arthritis.
- Femoral head or neck fracture.

### The Operation / Procedure

1. This operation is performed under spinal or general anesthesia.
2. Incision usually on outer side or back side of hip.
3. Femoral head replaced by a metal implant.
4. Sometimes drain is inserted, drain will be removed after few days.

### Before the Operation / Procedure

1. Doctor will explain to patient about the procedure and possible complication. Patient has to sign a consent form.
2. Body check up as doctor's order will be done before operation, e.g. blood test, urine routine, ECG & X-ray.
3. Correct and stabilize underlying medical problem, e.g. heart disease, hypertension, diabetes mellitus etc.
4. Skin preparation or shaving as needed.
5. 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. Bed rest after operation, follow medical professionals' instruction to prevent dislocation.
  - 1.4. Deep breathing exercise to prevent lung complication.
  - 1.5. Exercises of toe and ankles of both lower limbs to prevent venous thrombosis.
  - 1.6. Start sit out and walking exercise after drain removal and X-ray checking under physiotherapist instruction.
2. Home care after discharge
  - 2.1. Must follow instructions strictly on taking medication, see the doctor as scheduled.
  - 2.2. Avoid excessive hip flexion and crossing the leg to prevent dislocation.
  - 2.3. If excessive bleeding, severe pain or signs of infection at the wound site such as redness, swelling or fever occurs, consult doctor immediately.

### Risk and Complication

1. In general Anesthetic risk
  - 1.1. Heart attack, chest disease, deep vein thrombosis, pulmonary embolism etc. It can be fatal if severe.
2. Specific complications
  - 2.1. Fracture, nerve damage, blood vessels damage leading to paralysis or loss of limb.
  - 2.2. Sciatic nerve injury.
  - 2.3. Wound infection.
  - 2.4. Joint dislocation.
  - 2.5. Leg length difference, leading to limping.
  - 2.6. Revision of surgery.
  - 2.7. Wear and loosening of prosthesis.

#### Patient's Label

Patient Name: \_\_\_\_\_

Hospital No: \_\_\_\_\_

Episode No: \_\_\_\_\_



### Alternative Treatment / Investigation

Conservative treatment including analgesics, modify daily activities, using walking aid for pain relief.

### 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: Hemiarthroplasty for Hip Fracture (04/2021)

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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