

Patient information and Discharge advice for adult patients who have sustained a Femur Shaft Fracture

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Who is this leaflet for?

This leaflet provides support and guidance to patients with femur shaft fracture.



Where and what is a femoral shaft fracture?

The femur is most commonly known as the thigh bone.

A femoral shaft fracture is a crack or break in your thigh bone in one or more places.

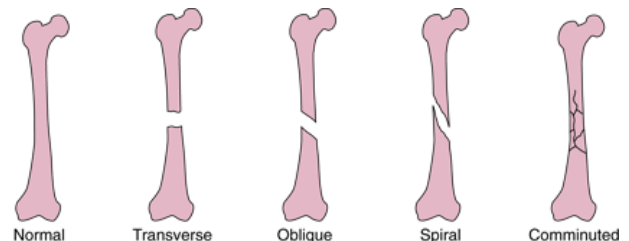
There are different types of femur shaft fractures

- A transverse fracture is a straight break which goes horizontally across the femoral shaft.
- An oblique fracture is a break which is angled across the femur shaft
- A spiral fracture is when the break line encircles the shaft like stripes on a candy cane.
- A comminuted fracture is where the bone is broken in 2 or more pieces.
- An open fracture is when the bone breaks in such a way that fragments of bone stick through the skin or a wound penetrates down to the bone.

This is often called a 'compound' fracture.

These types of fractures often involve more damage to the surrounding tissues and muscle, tendons and ligaments and can take longer to heal.

They sometimes require multiple operations.



Femoral shaft fractures in young patients occur in high energy collisions.

The most common causes are motorcycle & vehicle crashes, being hit by car as a pedestrian and falling from a height, & also gunshot wounds.

Femoral shaft fractures can cause immediate and severe pain and you will be unable to put weight on the injured leg.

Treatment

In adults, surgery is required to allow appropriate & early mobilisation following a femoral shaft fracture.

If you have an open fracture or multiple injuries you may have urgent surgery to clean and temporarily or permanently stabilise it.

If you have an isolated, closed fracture this will usually be temporarily stabilised (in a

long splint or skeletal traction) and definitively fixed on a routine trauma list during the day.

Where possible we always aim to fix femoral shaft fractures within 48 hours of admission.

External fixation

This is a type of operation where metal pins or screws are placed into the bone above and below the fracture the pins and screws are attached to a bar outside the skin this stabilises the bone holding them in place so they can heal.

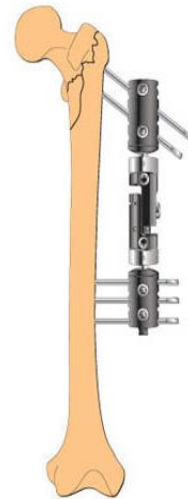
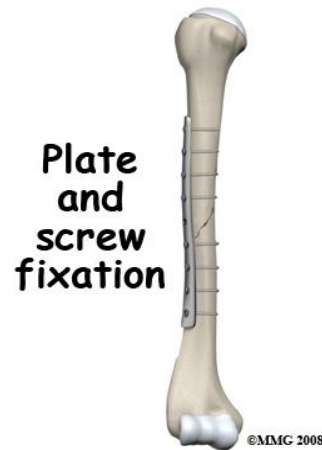


Plate and screw fixation

During your operation bone fragments are repositioned into normal alignment they are held together with special screws and metal plates attached to the outer surface of the bone .



Intramedullary nailing

This is a specially designed metal rod which is inserted into the marrow canal of femur.

The nail is inserted either through the hip or knee using a small incision and it is screwed at both ends.



Discharge

Discharge summary , medical advice, Patient information leaflet, Medical Alert card, sick note and medications will be given on the day you are discharged from the hospital.

The first 24 hours post discharge

You should be accompanied by a responsible adult on returning home from hospital that can stay with you for at least 24 hours.

Pain killers

Painkillers will be prescribed for 7-14 days.

The trauma acute pain team will discuss with you about appropriate painkillers and will make recommendations to your GP.

The pain killers may well cause constipation, so it is important to get plenty of fibre in your diet whilst you are recovering.

VTE (venous thrombo-embolism)

VTE is a collective term for 2 conditions:

- DVT (deep vein thrombosis) – this is a blood clot commonly found in a deep vein of the leg that blocks the flow of blood.
- PE (Pulmonary embolism) – a potentially fatal complication where a blood clot breaks free and travels to the lungs.

Whilst you are less mobile, the risk of VTE is higher.

VTE is a major health risk in the UK.

Your consultant will discuss with you if intervention with anticoagulation (blood thinners) is required.

They almost almost indicated following a femoral shaft fracture.

Things that you can do to prevent VTE:

- Mobilise as instructed, or more, by the consultant and therapy teams.
- Keep well hydrated – drink plenty of water.
- We strongly advise you not to smoke. This is a great opportunity to stop smoking.
- The ward staff or your GP can help you to access smoking cessation services.
- If you have been recommended anticoagulation therapy, please comply fully with the treatment for the duration of the course.

Most patients who have suffered a fractured thigh bone will go home with 28 days (post operation) blood thinning injections.

Your Consultant, Pharmacist and Nursing team will speak to you about this.

Symptoms

- Swelling – you may already have some swelling of the legs, but an unexpected increase in swelling needs to be assessed.
- Calf tenderness and increased pain.
- Heat and redness in one or both legs.
- Unexplained shortness of breath.
- Chest pain when breathing in.

A blood clot can occur without any symptoms. If you have any problems we recommend that you seek immediate advice.

Therapy

The joint Therapy Team of physiotherapists and occupational therapists will have carried out detailed assessments of your needs, and given you a plan for discharge or on-going rehabilitation.

There may be a need for you to be transferred to Rehabilitation during the recovery period.

Assessments will take place to identify any equipment that you will need for discharge.

(We do not normally provide wheelchairs for short term use.

If the therapists feel you would benefit from having a wheelchair you will be provided on details of how to loan one.)

The Therapy Team will give show you excersises that you can do at home after discharge.

Wound Care

- Your wound may have clips or stiches in on discharge from hospital.
- These are normally removed 10 to 14 days following the operation.
- Wounds are normally kept covered until this time.
- Try to keep your dressing clean and dry.
- If you have any problems with your dressing whilst at home, please contact the ward for advice (alternatively contact your GP or local pharmacy).
- Avoid soaking the wound (such as bathing or swimming).

If your wound shows any signs of infection (such as swelling, increased pain, redness, discharge etc) please seek medical advice.

If you are discharged from hospital before your skin sutures or staples are removed, arrangements will be made for you to be seen in the fracture clinic, treatment room or via your GP.

You will be given details to confirm arrangements that have been made.

Driving

If you drive, please liaise with your consultant team and DVLA to discuss when it is safe for you to resume.

If you drive against medical advice, your insurance may be invalid.

Follow up appointments

It is important that you do not miss any of your follow up appointments.

Your surgeon will inform you prior to discharge if you will require a follow up in our Major Trauma Clinic to ensure that your wounds are healing and for us to also monitor how you as a whole are recovering from your injury.

Who do I contact if I have questions or concerns?

- Major Trauma Nurse Coordinators:
Contact Hospital switch board on 0151 525 5980 and ask switchboard to bleep 5428.

This service is available 7 days a week from the hours of 8 am to 8 pm.

- Major Trauma Nurses 24hr answering machine.

Leave name contact number and short message.

Telephone number 0151 529 2551

- Nursing staff on Major Trauma Ward:
Telephone number: 0151 529 6255
- Nursing staff on Ward 17 : Telephone
number: 0151 529 3812/3511
- Orthopaedic Trauma Nurse
Coordinators: Contact Hospital switch
board on 0151 525 5980 and ask
switchboard to bleep 4611.
- This service is available 5 days a week
from the hours of 8:30 am to 4 pm.
- During working hours 8am - 5pm
Monday to Friday you can Contact the
secretary and leave a message for the
surgical team.
- Fracture Clinic Mon – Fri 8am - 4pm
0151 529 2554

If you think that your condition is serious then
it is best to come straight to Aintree Accident
& Emergency department*.

Please seek advice from your GP.

*When you come to the hospital please
bring this and any other relevant discharge
documents that you may have been given
at the time of discharge to help the A&E
doctors to decide your management.



If you require a special edition of this leaflet

This leaflet is available in large print,
Braille, on audio tape or disk and in other
languages on request. Please contact:

Tel No: 0151 529 2906

**Email: [interpretationandtranslation
@aintree.nhs.uk](mailto:interpretationandtranslation@aintree.nhs.uk)**