Patient information

Surgery For Hip Fracture: Dynamic Hip Screw DHS

Orthopedics Department

This leaflet aims to answer your questions about having surgery for a hip fracture.

It explains the benefits, risks and alternatives, as well as what you can expect when you come into hospital and after you have gone home.

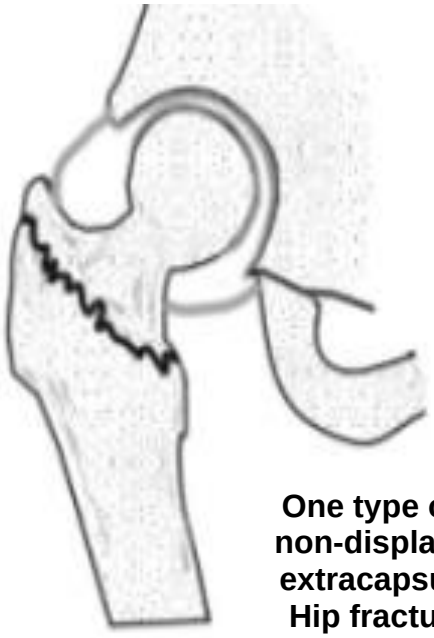
If you have any further questions, please speak to a doctor or nurse caring for you.

What is a hip fracture?

The hip joint is made up of the top of the thigh bone and the pelvis. This joint is surrounded by a fluid filled sac called the capsule.

The hip can break inside the capsule (an intracapsular fracture) or outside of the capsule (an extracapsular fracture).

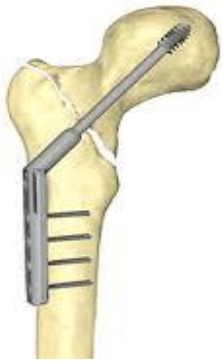
You have broken your hip outside the capsule and so you will need a Dynamic Hip Screw to fix it.

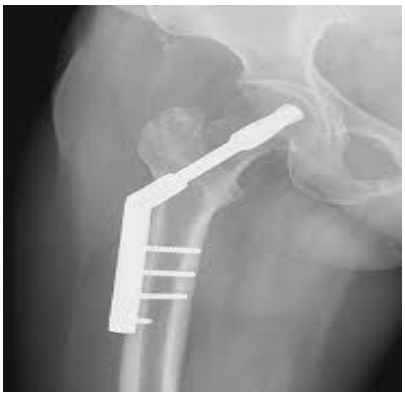


One type of a non-displaced extracapsular Hip fracture.

Your fracture will be fixed by placing a plate along the outer side of your thigh bone and a screw through the neck of the thigh bone to the head (top) of the thigh bone.

This screw will hold the fracture together (see diagram).





Why has a Dynamic Hip Screw been recommended for me?

Your surgeon has advised that you need a dynamic hip screw because of where your fracture is, as well as your general health and level of mobility.

Your surgeon will discuss it with you in more detail before the operation and give you the opportunity to ask questions.

Why should I have surgery for my hip fracture?

Having surgery will relieve your pain and help to restore your mobility. Your fracture will not heal without surgery and you may develop complications associated with reduced mobility, such as pressure sores and chest infections.

What are the risks?

Having a dynamic hip crew carries the following risks:

Fixation failure

This is because the bone around the fracture is weak and is sometimes not able to support the area that has been fixed. This means that further surgery may be required.

Bleeding

It is normal for you to lose blood during your operation. Some people may need a blood transfusion to replace the blood that has been lost. There can also be bleeding after the operation, this may result in a collection of blood (haematoma) beneath the wound site.

Very occasionally blood continues to collect and you may experience extra swelling and pain. This may mean that you need to have more surgery to find the cause of the bleeding and stop it. This is uncommon.

Infection and wound complications

A wound infection can occur at any time following surgery, but again, this is not common.

Signs include increased redness or swelling, discharge from the wound and a raised temperature. This can usually be treated with antibiotics and dressings. Very rarely further surgery may be required.

Nerve damage

The hip joint is surrounded by a number of nerves; there is a very small risk that they may be damaged.

This can result in numbness or muscle weakness such as foot drop (inability to lift the foot and toes properly when walking), but the risks of this are minimal.

Leg length discrepancy

Although in most cases the leg is restored back to its normal length, sometimes there can be a difference in the length of the leg following surgery.

Slight differences in leg length require no action and are often unnoticeable, but occasionally a shoe raise may be required to even out the length of the legs.

Following your surgery, we will encourage you to be up and out of bed as quickly as you can manage. This is so that you do not risk complications related to reduced mobility. These include:

1. Chest infection

This can occur following surgery, and if it does occur we will treat it. Regular deep breathing and movement soon after your surgery can help to avoid this.

2. Blood clots; deep vein thrombosis (DVT) or pulmonary embolism (PE):

This is a risk following any major operation, due to the surgery itself, blood loss and reduced mobility.

Your risk will be assessed by the surgical team and you are likely to be given a small dose of an anticoagulant (blood thinning) medicine each day to prevent these complications.

This is usually a subcutaneous (under the skin) injection and may be continued when you go home for a total of 28 days after your surgery.

The district nurse will visit your home to give you this if you have any questions your nurse will answer these before you go home.

3. Pressure ulcers (sores):

Whilst your mobility is reduced, you are at risk of developing pressure sores.

To help prevent this you will usually be nursed on a special pressure relieving air mattress and inflatable troughs will be used to protect your heels.

We would also encourage you to relieve your own pressure areas as much as possible and the nursing team will also assist you with this at regular intervals.

4. Delirium:

This is very common after any operation and can be caused by various things, such as pain relieving medications, pain itself, infection, constipation or anaesthetic agents.

Often no particular cause is found, people with delirium can become confused, quiet and withdrawn or aggressive and agitated. They can be very sleepy or awake all night.

Sometimes people with delirium don't recognise close friends and family and can act very out of character.

There is no specific treatment for delirium and it will usually pass after a few days at most. Delirium can be a frightening experience, so we will try our best to make sure that you feel safe.

5. Constipation:

This is common after a hip fracture, and is caused by a combination of the fracture itself, prolonged bed-rest and painkillers.

We will prescribe laxatives and, if necessary, you may be offered an enema or suppository. Drinking lots of water can also help, so we will encourage you to do this.

Are there any alternatives?

You can choose not to have an operation, but this will mean that you will be left disabled in the long term and in pain. You will also have a greater risk of complications associated with reduced mobility see above 1-5.

How can I prepare for surgery?

You will be on bed-rest before your operation. You will also need to fast before your surgery, fasting means that you cannot eat or drink anything for six hours before your surgery.

If you are taking medicines you should continue to take them as normal unless your surgeon or anaesthetist has asked you not to.

We will give you clear instructions on when to start fasting. It is important that you follow these instructions. If there is food or liquid in your stomach during the anaesthetic, it could come back up your throat and damage your lungs.

Unfortunately it is difficult to give you an exact time for your operation as all emergency surgery is prioritised according to clinical need.

If you have any underlying medical condition, you may need treatment to improve this before surgery.

Giving my consent (Permission)

We want to involve you in all the decisions about your care and treatment. If you decide to go ahead with the operation, you will be asked to sign a consent form.

The consent form confirms that you agree to have the procedure and that you understand the benefits, risks and alternatives.

If there is anything that you do not understand or if you need more time to think about it, please tell the staff caring for you. You can change your mind at any time, even if you have signed the consent form. Let staff know immediately if you change your mind.

Will I be awake during the operation?

The operation may be performed under general anaesthetic, which will mean that you are asleep, or regional anaesthetic (for example, spinal or epidural) where your legs will be numb but you may be awake.

The anaesthetist will talk to you beforehand about which type of anaesthetic is the most appropriate for you and which you would prefer.

Will I feel any pain?

The level of pain experienced after surgery varies between patients. Before your surgery, the anaesthetist will talk with you about pain control.

If you have any questions or concerns, please do not hesitate to ask the anaesthetist or a nurse. If at any time you experience pain or are concerned, please speak to one of the nurses about your pain relief medicine. It takes about 20–30 minutes for painkillers to start working, but they can take up to one hour to have their full effect.

You may have to take additional painkillers 20–30 minutes before your therapy so that the pain doesn’t limit your rehabilitation. Your therapist will discuss this with you.

What happens after the operation?

You will wake up in the recovery room. You will have a large dressing on your hip to protect the wound. If you feel a bit sick or disorientated, this is normal. When the recovery staff are happy that your condition is stable and any pain is controlled, you will return to the ward.

The ward nurses will continue to monitor your blood pressure, pulse and temperature as well as checking your wound. They will do this less often as your condition stabilises. You may have a drip attached to you to hydrate you, a face mask giving you oxygen and a catheter (tube in your bladder) to help you pass urine.

Once you are back on the ward, you can eat and drink as soon as you feel ready. You will be given regular pain relief by the nurses and you can ask for more if you feel you need it.

The day after your surgery

After breakfast, the nurses will help you to have a wash. The doctor will review you and may need to take a blood sample.

You may have some oozing from your wound – the nurses will usually apply extra padding if this happens rather than changing the whole dressing.

This is to prevent exposing the wound to the risk of infection. The dressing is usually removed, the wound assessed and the dressing reapplied after 48 hours.

Medical assessment

You will be assessed either before or after your surgery by physicians with a special interest in the care of hip fracture patients. They will also review you a few times during your stay to monitor your recovery.

They may recommend that you have a bone density scan (DXA) at a later date. They may also give you medicines for osteoporosis (weak and fragile bones).

These can include vitamin D and calcium supplements, and a once-weekly tablet or once yearly intravenous infusion osteoporosis drug called a bisphosphonate.

This is because osteoporosis is common in people who have broken their hip and it is recommended that all patients who sustain this injury should be screened and/or treated for osteoporosis. This treatment will be discussed during your review.

There are also leaflets about osteoporosis available on the ward – please ask us if you would like one. Sometimes, it may be necessary to have further tests to investigate why you fell, with the aim of reducing the chance of future falls.

The physician may therefore arrange follow-up appointments in an outpatient clinic, or recommend that your GP arranges this if you are not from the area local to this hospital. All of this will be discussed with you during their review.

Rehabilitation after hip surgery

After your surgery you will be seen by both physiotherapists and occupational therapists (OTs).

The physiotherapists will help you to start moving and the OTs will work with you to plan how you will manage at home after your operation. However, it is up to you to take responsibility for your rehabilitation.

What can I do after surgery?

On the day of your surgery, and the first day after your surgery:

The therapists will work with you to get moving. If you have had your operation in the morning, they will see you that afternoon and practice sitting you on the edge of the bed and standing.

Most people stand up, walk with a frame and sit out in a chair on the first day. You should be sitting out of bed for all meals from this point onwards.

From the second day onwards:

The therapists will assess your progress daily and set goals with you for your ongoing rehabilitation. Remember, your goals will vary depending on what you were able to do before your operation.

Common activities include:

- Walking on the ward (with a frame or crutches as necessary)
- Getting from your bed to the chair or toilet independently
- Using the bathroom facilities
- Climbing a few steps or stairs
- Washing and dressing yourself

What can I do to speed up my recovery?

Take your pain medication

It is very important that your pain is well controlled so that you can actively participate in therapy. Always consider what your pain will be like when you are moving, not just when you are lying still.

If you feel the pain will affect your ability to move, you must let your nurse know so that they can give you additional pain medication.

Clothing and footwear

Please ask your family/friends to bring in supportive slippers or flat shoes, day clothes, toiletries and any hearing aids or spectacles that you normally use. This will help you get back to normal more quickly.

Furniture heights

Please ask your family/friends to measure your furniture (see form attached). This helps us to know what heights you need to practice from on the ward.

Usually, on the first day after your operation, the physiotherapists will help you to get out of bed and get in to a chair with the help of a walking frame or crutches.
If you feel able, the physiotherapist will help you to begin walking practice.

Unless you are advised not to by the doctors, physiotherapists, or nursing staff, it is safe for you to take all of your weight through the operated leg when walking.

In addition to your therapy, you will be provided with suitable exercises to do on your own and a handout demonstrating these.

These exercises will help you to recover more quickly and will also help to prevent against complications such as blood clots, pressure sores and chest infections.

When can I leave hospital?

We begin planning your discharge (going home date) as soon as you are admitted to hospital.

We want you to recover as quickly as possible and will do all we can to assist you with this.

Many people leave hospital within 14 days or less of their operation, however, this will depend on your individual needs.

Therapists will discuss ongoing rehabilitation plans with you and your expected discharge date will be discussed with you a day or two after your surgery.

If you have any concerns about going home, please let your therapist know. On discharge from hospital, you will be provided with:

Medicines

You will usually be supplied with enough medication to last at least 14 days. It is essential that you obtain a renewed supply of these from your GP before your hospital supply runs out.

It may contain medicines for bone health and osteoporosis, which will need to be taken in the long term to help to reduce your risk of future fractures.
Ask a member of staff if you have any questions about your medication or call the Pharmacy Medicines Helpline number, given at the end of this leaflet.

Transport home

If a relative or friend is not able to take you home, please speak to the nursing staff who can arrange hospital transport to take you home if required.

Discharge letter

Your GP will be sent a discharge letter containing details about your hospital stay and the medications you are on. You will also be given a copy of this letter when you leave the hospital.

After I leave hospital

You may need some help and support when you leave hospital. We want to make sure that all the services you need are in place before you go home.

You may need the help of Social Services or further rehabilitation by another care provider. It is important that any help is organised early on. The nurses/doctors/OTs and physiotherapists will all help to arrange further support if needed.

Continuing your rehabilitation after your hospital stay

Your road to recovery will not end when you are discharged from hospital. When you leave the hospital, you will most likely be walking with a frame or elbow crutches, and you may require some help with your daily activities such as washing, dressing and meal preparation.

Your therapists will discuss ongoing rehabilitation plans with you before you go home. Full recovery may take many months but the quickest part of your recovery will be in the first six to twelve weeks after your operation.

Looking after your wound

By the time you go home from hospital your wound may have healed and been left exposed. If you still have a dressing over your wound, you will be referred to either a district nurse or your practice nurse to review this.

Your sutures (stitches) may be dissolvable, in which case they do not need to be removed. If they are not dissolvable (metal clips, for example), they will need to be removed and this usually happens 14 days after your surgery.

Your nurse or surgeon will tell you of when they need to be removed before you go home. You may be referred to either your practice nurse or the district nurse for this.

Will I be in pain?

It is important that you take your prescribed painkillers regularly to keep you as comfortable as possible. However, they are not compulsory and if you have little to no pain, you may not need to take them.

If you have any questions about your medicines, contact our Pharmacy Medicines Helpline on the number given at the end of this leaflet. If your pain does not settle, you can either be reviewed at your outpatient appointment or contact your GP for advice.

Will I need to do any specific exercises?

Before you go home your therapists may prescribe exercises for you to do at home and will give you a separate sheet of paper showing your individual rehabilitation plan.

If you have any concerns or questions about this, please discuss them with the therapist. The therapists will usually refer you for ongoing physiotherapy at home with the supported discharge team, or to out-patient hospital-based physiotherapy.

If you are referred to have outpatient physiotherapy and do not get an appointment within one month, please contact your GP, who will speak to them on your behalf.

When can I return to normal activities?

Meal preparation and household chores

Depending on how you progress with your rehabilitation, you may need additional help with usual domestic activities for a while. Occupational therapists will discuss this with you before you leave hospital.

Certificates

If you need a medical certificate or an insurance form completed, please tell the nurse looking after you before you are discharged.

Will I have a follow-up appointment?

Most patients will not need to return for a hospital follow-up appointment after a Dynamic Hip Screw. (Previous one said hemiarthroplasty)

There are some exceptions, but this will be decided by the doctors who will review you before your discharge from hospital.

If you need a scan to check for osteoporosis or to assess your risk of falling again, you may be followed up in the falls and bone health clinic. This is so that we can try to reduce your risk of having any future fractures.

You will be told if you require any further appointments before you are discharged, and the details will be posted to you.

If you have been told you will be followed up but do not hear anything within six to eight weeks, please contact your GP who can look into the matter for you.

All patients who have had a hip fracture will receive a telephone call after four months, and again after one year.

This is to check on your progress since discharge, and assist with any questions you may have at that stage.

What should I do if I have a problem?

Once you are at home, you should watch out for:-

Swollen lower leg or ankle.

This is common for the first few months after the operation. To help, you should try to ensure that your leg is raised higher than your heart when sitting or lying down.

You can do this by propping it up on some pillows (if you are lying down) or on a foot stool (if you are sitting).

Sudden swelling of the whole leg.

If your leg becomes swollen, red, hot, painful or inflamed and you are suddenly unable to walk on your operated leg, call your GP as soon as possible.

If your GP surgery is closed, go to your nearest Accident and Emergency (A&E) department.

Important:

If you experience sudden shortness of breath, contact your GP urgently or go to your local Accident and Emergency (A&E) department.

Feedback

Your feedback is important to us and helps us influence care in the future.

Following your discharge from hospital or attendance at your outpatient appointment you will receive a text asking if you would recommend our service to others. Please take the time to text back, you will not be charged for the text and can opt out at any point. Your co-operation is greatly appreciated.

Further information

If you have any questions or concerns, you can contact NOFU (Neck of Femur Unit) at Aintree University Hospital who will be able to offer advice.
Tel 0151 529 5126 / 5127

You can also contact the Fracture Clinic at Aintree University Hospital for advice, and if you need an emergency appointment, they will be able to bring you into the clinic as soon as possible.
Tel: 0151 529 8448 2554

NHS 111
Offers health information and advice from specially trained nurses over the phone 24 hours a day.
Tel No: 111

NHS Choices
Provides online information and guidance on all aspects of health and healthcare, to help you make choices about your health.
Website: www.nhs.uk

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All Trust approved information is available on request in alternative formats, including other languages, easy read, large print, audio, Braille, moon and electronically.

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