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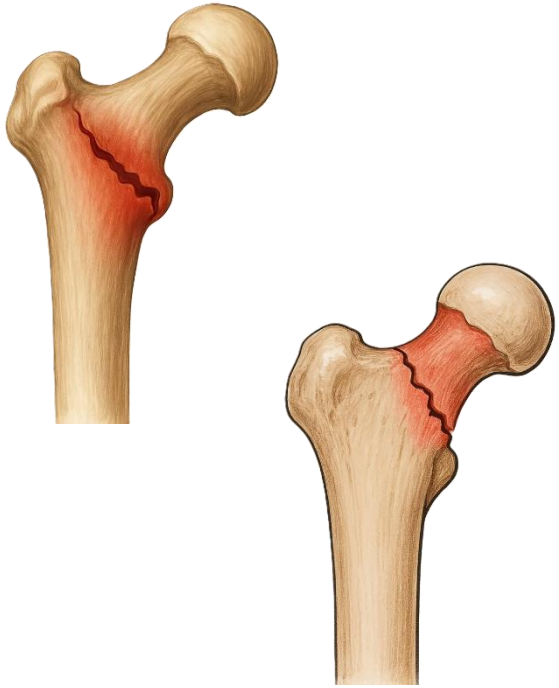
Department of Orthopaedics and Traumatology

Fixation of Fragility Hip Fracture



Research shows that surgery works better than non-surgical treatments – it is more effective and causes fewer complications.

Making your treatment decision early allows timely surgery scheduling, which helps prevent complications that develop from prolonged bed rest.

Fixation of Fragility Hip Fracture

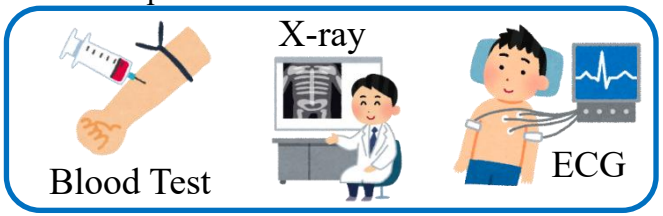
Hip fractures most commonly occur in elderly patients due to their susceptibility to falls and osteoporosis. Most cases are treated surgically, with internal fixation or hemiarthroplasty (a metal implant is used to replace the damaged part of the femur) depending on the fracture pattern.

Objectives:

1. Reduce and fix the fracture, or perform a partial hip replacement to relieve pain.
2. Enable the patient to regain partial mobility as soon as possible.
3. Prevent complications caused by prolonged bed rest, such as: chest infection, urinary tract infection, pressure sore, deep vein thrombosis, pulmonary embolism.

Pre-operation Preparation:

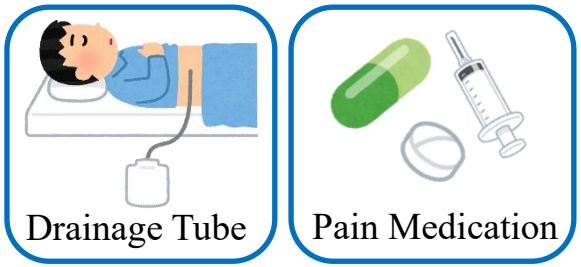
1. Routine blood tests, X-ray checking and ECG will be performed.



2. The orthopaedic surgeon will explain the surgical plan.
3. The anesthesiologist will assess the surgical risks.
4. Bed baths are arranged according to patient condition to reduce post-operative infection risk.
5. **Stop eating/drinking** as instructed by nurses to prevent vomiting caused by anesthesia.

Post-operation care:

1. Wound Care:
   i. Keep the **dressing clean, dry, and intact** to avoid infection.
   ii. A drainage tube may be placed to the hip to drain fluid and blood. It will be removed when drainage decreases.
   iii. **Pain medication** will be prescribed to relieve pain, typically taken every 4–6 hours. Please inform the nurse if needed.



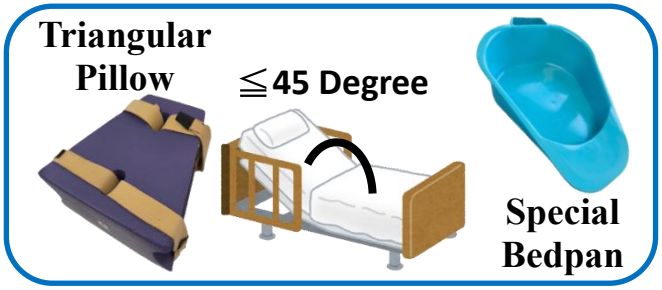
   iv. If the wound is healing well, the sutures or staples are usually removed about **14 days after the operation**.
2. Post-operation diet:
   i. Maintain a balanced diet, eat more high-protein and high-calorie foods to promote wound healing and physical recovery (Diabetic patients should follow special instructions).
   ii. Eat more high-fiber foods and drink plenty of water to prevent constipation and venous thrombosis.

3. If the patient undergoes **hemiarthroplasty**, to prevent hip dislocation, the following should be avoided:

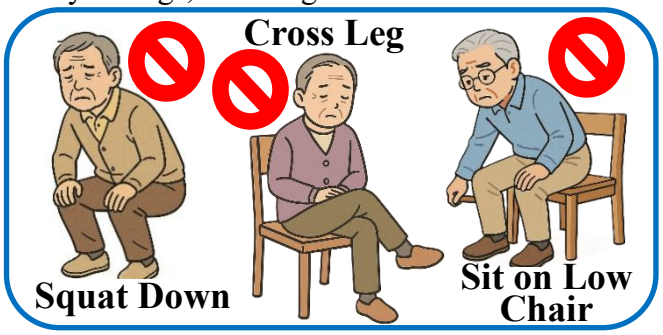
1) **Flexion of the hip joint beyond 90 degrees**
2) **Crossing the affected limb over the body's midline**
3) **Internal rotation of the affected limb (toe pointing inward)**

i. In the early postoperative period of bed rest, the head of the bed should not be elevated more than 45 degrees, and a triangular pillow or a pillow should be placed between the legs.

ii. Use special bedpan when stay in bed.

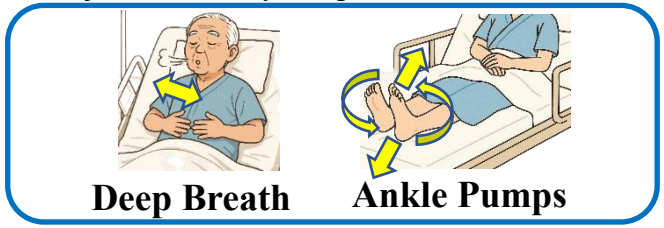


iii. Use a raised toilet seat and chair. Avoid squatting down to pick up objects, crossing your legs, or sitting on low chairs.



4. Rehabilitation:

i. Take more **deep breath** to prevent chest infection. Perform **ankle pumps** to maintain joint flexibility and prevent vein thrombosis.



ii. Physiotherapist will teach the patient how to do walking exercises using **appropriate walking aids**.

iii. Occupational therapist will provide training in activities of daily living (such as dressing, toileting, and more) and will recommend **appropriate assistive devices and home safety advice** to prevent falls and promote greater patient independence in daily living.

iv. Prosthetist-orthotist will assess the condition of the patient's lower limbs, recommend **appropriate footwear and orthosis**, and ensure a stable gait to reduce the risk of hip fractures from falls.

5. Follow the instructions of healthcare professionals to minimize the risk of postoperative complications such as wound infections, bed sores, joint dislocations.
6. Patient will be transferred to the rehabilitation hospital for further rehabilitation when the condition is suitable, or may be discharged home directly if the progress is optimal. After discharge, patient can continue rehabilitation at the day hospital as needed.
7. Patient will generally **require care** during the initial period after discharge. If needed, please arrange a meeting with a medical social worker early.
8. After discharge from hospital:
   i. If patient notices any abnormal pain, discharge from the wound, or an unusual shape in the new hip, please **see a doctor immediately**.
   ii. Continue to practice the exercises taught by the physiotherapist, get enough rest, and maintain a balanced diet.
   iii. Attend scheduled follow-up appointments to monitor the progress of recovery.

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