What is a subcapital hip fracture?

A subcapital hip fracture is a break of the top end of the femur (thighbone), just below your hip joint. It is also known as a fractured neck of femur (see figure 1).

How does a hip fracture happen?

Most hip fractures happen to elderly people due to a simple fall or trip. The reason is usually osteoporosis (brittle bones). Hip fractures can also happen to younger people due to a severe injury such as those caused by a road accident.

What are the benefits of surgery?

The main benefit of surgery is that you are more likely to be able to walk normally again. You should spend a shorter time in hospital, and be able to use your leg sooner.

Are there any alternatives to surgery?

Subcapital fractures do not usually heal well without surgery. If you decide not to have an operation, your hip will slowly get less painful. However, it is unlikely that you will ever be able to walk normally.

What will happen if I decide not to have the operation?

Your surgeon has recommended a hemiarthroplasty to treat your hip fracture. However, it is your decision to go ahead with the operation or not. This document will give you information about the benefits and risks to help you make an informed decision. If you have any questions that this document does not answer, you should ask your surgeon or any member of the healthcare team.
What does the operation involve?
A variety of anaesthetic techniques are possible. Your anaesthetist will discuss the options with you and will recommend the best form of anaesthesia for you. The operation usually takes between half an hour and an hour.
Your surgeon will make a cut on the outside of your thigh and remove the piece of bone that has broken off (the head of the femur). They will replace the bone with a metal implant called a hemiarthroplasty. The hemiarthroplasty fits into the top of your femur and sits in the socket of your hip (see figure 2). There are quite a few different types of hemiarthroplasty and your surgeon will discuss which sort is most appropriate for you.

What can I do to help make the operation a success?

• Lifestyle changes
If you smoke, try to stop smoking now. Stopping smoking several weeks or more before an operation may reduce your chances of getting complications and will improve your long-term health.
For help and advice on stopping smoking, go to www.gosmokefree.co.uk.
You have a higher chance of developing complications if you are overweight.
For advice on maintaining a healthy weight, go to www.eatwell.gov.uk.

• Exercise
Regular exercise can reduce the risk of heart disease and other medical conditions, improve how your lungs work, boost your immune system, help you to control your weight and improve your mood. Exercise should help to prepare you for the operation, help with your recovery and improve your long-term health.
For information on how exercise can help you, go to www.eidoactive.co.uk.
Before you start exercising, you should ask a member of the healthcare team or your GP for advice.

What complications can happen?
The healthcare team will try to make your operation as safe as possible. However, complications can happen. Some of these can be serious. You should ask your doctor if there is anything you do not understand. Any numbers which relate to risk are from studies of people who have had this operation. Your doctor may be able to tell you if the risk of a complication is higher or lower for you.
The complications fall into three categories.
1 Complications of anaesthesia
2 General complications of any operation
3 Specific complications of this operation

1 Complications of anaesthesia
Your anaesthetist will be able to discuss with you the possible complications of having an anaesthetic.
2 General complications of any operation

- **Pain**, which happens with every operation. The healthcare team will try to reduce your pain. They will give you medication to control the pain and it is important that you take it as you are told so you can move about as advised.
- **Bleeding** during or after surgery. You may need a blood transfusion afterwards.
- **Infection in the surgical wound** (risk: 1 in 70). This usually settles with antibiotics but may occasionally need another operation.
- **Unsightly scarring** of the skin, although the cut usually heals to a neat scar.
- **Blood clots** in the legs (deep-vein thrombosis) (risk: 1 in 100), which can occasionally move through the bloodstream to the lungs (pulmonary embolus), making it difficult for you to breathe (risk: 1 in 100). You may be given treatment to reduce the risk of blood clots.
- **Difficulty in passing urine**. You may need a catheter (tube) in your bladder for a day or two.
- **Urine infection** (risk: 1 in 25). If this happens, you may need antibiotics.
- **Chest infection** (risk 1 in 12). If this happens, you may need antibiotics and physiotherapy.
- **Heart failure** (risk: 1 in 20), **heart attack** (risk: 1 in 100) or **stroke** (risk: 1 in 70). This can happen because the injury and surgery causes stress. Heart failure, a heart attack or a stroke can cause death.
- **Bleeding from the gut** (risk: 1 in 120). This can happen because the injury and surgery causes stress. If the bleeding does not stop you may need further surgery. Heavy bleeding can cause death.

3 Specific complications of this operation

- **Split in the femur** when the stem of the hemiarthroplasty is inserted (risk: 1 in 50). This can happen if the bone is weak. The surgeon may need to put some wires around your femur, or use a different type of hemiarthroplasty.
- **Damage to nerves** around the hip, leading to weakness, numbness or pain in the leg or foot. This usually settles on its own but may be permanent.
- **Damage to blood vessels** around the hip, leading to loss of circulation to the leg and foot. If this happens, you will need surgery straightaway to restore the blood flow.
- **Infection in the hip**, which can result in failure of the hemiarthroplasty (risk: 1 in 100). This is a serious complication and you will usually need one or more further operations to control the infection. You may need to have the hemiarthroplasty removed.
- **Loosening** of the hemiarthroplasty in your femur (risk: 1 in 40). This can be painful and you may need another operation.
- **Developing a lump** under the wound (haematoma) caused by a collection of blood (risk: 1 in 75). If you get a large haematoma, you may need an operation to have it drained.
- **Dislocation** of the metal head of the hemiarthroplasty from your hip socket (risk: 1 in 350). If this happens, you will usually need another operation.
- **Leg length difference**, which may need a shoe raise. Your surgeon will try to make your legs the same length but this is not always possible.
- **Death**, which does sometimes happen after a broken hip (risk: 1 in 12). The risk is less the fitter you are.
How soon will I recover?

• **In hospital**
  After the operation you will be transferred to the recovery area and then to the ward. Your physiotherapist will help you to start walking again, usually from the second day after surgery. At first, you will need to use crutches or a walking frame. Some people go home after about two weeks but others need more rehabilitation. If your doctor recommends that you stay a little longer, you may be transferred to a special rehabilitation ward. Your occupational therapist will discuss with you your needs at home. They can arrange for you to have help with your daily activities such as meals, bathing and shopping. If you have osteoporosis, your doctor may recommend tests or further treatment to help prevent you from having another fracture. If you are worried about anything, in hospital or at home, ask a member of the healthcare team. They should be able to reassure you or identify and treat any complications.

• **Returning to normal activities**
  It usually takes about six months to recover fully from a hip fracture. It may take a long time before you can walk properly, and you may always need to use a walking aid. Your surgeon, physiotherapist and occupational therapist will tell you when you can return to normal activities. Regular exercise should help you to return to normal activities as soon as possible. Before you start exercising, you should ask a member of the healthcare team or your GP for advice. Do not drive until you are confident about controlling your vehicle and always check with your doctor and insurance company first.

• **The future**
  Most people make a satisfactory recovery. A hemiarthroplasty never feels quite like a normal hip and some minor aching in your hip or thigh is quite common. This often improves with time. Your mobility should continue to improve for at least three months after surgery. You may need to use a walking aid for a long time. If you had difficulty walking before your injury, you may find it harder to walk again.

**Summary**

A hip fracture is a serious injury, especially for an elderly person. Surgery is almost always the best treatment and will help you get back to your normal activities as soon as possible. Surgery is usually safe and effective. However, complications can happen. You need to know about them to help you to make an informed decision about surgery. Knowing about them will also help to detect and treat any problems early.

**Further information**

- NHS smoking helpline on 0800 169 0 169 and at www.gosmokefree.co.uk
- www.eatwell.gov.uk – for advice on maintaining a healthy weight
- www.eidoactive.co.uk – for information on how exercise can help you
- www.aboutmyhealth.org - for support and information you can trust
- American Academy of Orthopaedic Surgeons at www.aaos.org
- National Osteoporosis Society on 0845 450 0230 and at www.nos.org.uk
- NHS Direct on 0845 46 47 (0845 606 46 47 - textphone)
- www.eidohealthcare.com

**Acknowledgements**

Author: Mr Stephen Milner DM FRCS (Tr. & Orth.)
Illustrations: Mr Stephen Milner DM FRCS (Tr. & Orth.)
Local information
You can get information locally from the Patient Advice and Liaison Service (PALS) on 02380 798 498 or email PALS@suht.swest.nhs.uk.
You can also contact:

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