What is an intertrochanteric hip fracture?
An intertrochanteric 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 benefits of surgery are that you will spend a shorter time in hospital and be able to use your leg sooner.

Are there any alternatives to surgery?
A hip fracture can be treated in traction (using a heavy weight fixed to the leg to pull the bones into position until they heal). The fracture will take at least three months to heal.

Your surgeon can explain why surgery is recommended for you.

What will happen if I decide not to have the operation?
Your fracture will be treated in traction. You will need to stay in hospital for at least three months. Staying in bed for such a long time can lead to complications such as blood clots, chest infection and pressure sores.

You will need physiotherapy to learn to walk again because your muscles will have become weak after spending such a long time in bed. It is unlikely that you will be able to walk as well as you did before your injury.
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. They will then fix the pieces of bone together using a strong metal implant. There are a few different types of implant and your surgeon will discuss which sort is most appropriate for you. The most commonly-used implant is a ‘dynamic hip screw’ (see figure 2).

![Dynamic hip screw](image)

Figure 2
Dynamic hip screw

At the end of the operation, your surgeon will close the skin with stitches or clips.

What should I do about my medication?
You should continue your normal medication unless you are told otherwise. Let your surgeon know if you are on warfarin or clopidogrel. Follow your surgeon’s advice about stopping this medication before the operation. Anti-inflammatory painkillers may stop the fracture healing properly, so it is better not to take these if possible.

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. Nicotine is known to stop fractures from healing. 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 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
• **Infection around the metal implant** (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 implant removed.
• **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.
• **Failure** of the operation, if the bone is too soft to hold the implant (risk: 1 in 200). If this happens, you will usually need another operation to fix the pieces of bone together with a different type of implant.
• **Leg length difference**, which may need a shoe-raise. This can happen because the pieces of bone push together as the fracture heals.
• **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 treatment. 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. It is usual for the hip to ache although this often improves with time. If you are slim, the metal implant can feel uncomfortable. You can sometimes have another operation to remove the implant but you will need to wait until the fracture has fully healed. Your walking should continue to improve for at least three months after your operation. However, 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 if you are an elderly person. Surgery is almost always the best treatment and will help you to 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.

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**Further information**

- NHS smoking helpline on 0800 169 0169 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**

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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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