

# Hip Fracture Care Guide

A guide for patients,  
their families and carers

Learn how to look after your  
bone health after a hip fracture

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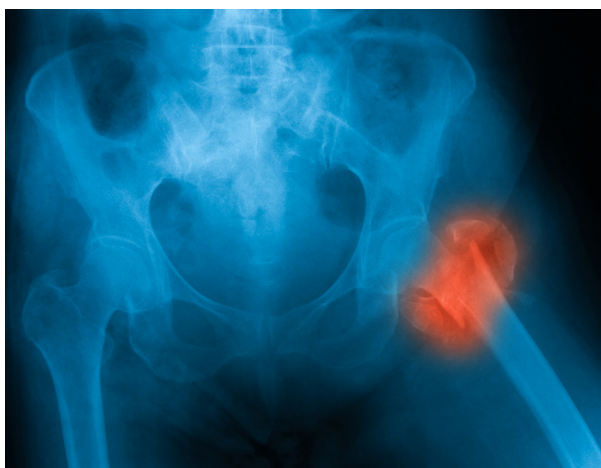
# Welcome to NeuRA's Hip Fracture Care Guide

This booklet has been put together to help shine a light on the important steps to follow when you leave hospital to best support your hip fracture recovery. It includes basic hip fracture information, treatment options and a guide to osteoporosis planning to support bone health when you leave hospital.

Go online to watch NeuRA's short talks series on hip fracture and falls prevention at [neurataalks.org](http://neurataalks.org)

## What is a hip fracture?

The hip is a ball and socket joint where the pelvis and thigh bone (femur) meet. A hip fracture is when the thigh bone breaks near where the ball fits into the socket.



## What causes a hip fracture?

Falls are the most common cause of a hip fracture. As we get older, our strength and balance can reduce and our bones become thinner due to conditions like osteoporosis.

This means that we are more likely to fall and that even falls from a standing height can break a bone.

## **What is the treatment for a hip fracture?**

Most people need an operation to fix the broken bone. The main reasons for surgery are to relieve the pain and enable people to get back on their feet as soon as possible.

The type of operation depends on which part of the hip has been broken.

### **The types of operation recommended for a hip fracture are:**

- A partial or total hip replacement (removing the broken bone that makes up the ball of the ball and socket joint)
- Screws and possibly a plate to hold the fracture in place
- A metal rod through the thigh bone (called an intramedullary nail) to hold the fracture in place



## Who is involved in providing care?

If you have a hip fracture, the ambulance paramedics will be the first members of the team you meet. On arrival at hospital, the team of clinicians will include emergency department staff, orthopaedic surgeons, anaesthetists, geriatricians, nurses and physiotherapists. During your admission to hospital, you may also meet a pharmacist, pain specialist, occupational therapist, dietitian, speech therapist, social worker and rehabilitation specialist.

## How to Look After Your Hip After a Fall and Fracture

Here is a list of the most asked questions and answers for patients, their families and carers.

### 1. What steps will be taken to manage my pain?

Hip fracture pain is felt in the groin and thigh and is made worse by movement. Fixing the fracture is often the best way to manage the pain but most people need painkillers to help manage pain while waiting for their operation. Paracetamol is commonly used but stronger painkillers are frequently needed. Constipation is a common side-effect of the stronger painkillers and so you will also be given laxatives if needed.

A local injection in the groin called a 'nerve block' can reduce pain. It can be given in the Emergency Department and can provide pain relief for several hours.

*59% of patients with a hip fracture have a nerve block before their operation.*

*– 2018 ANZHFR Annual Report*

## 2. What happens if I have memory problems or I become confused in hospital?

It is possible that you may become temporarily confused following a hip fracture - we call this delirium. Delirium can be caused by many things and the most common causes in people with a hip fracture are pain, the anaesthetic, medications including strong painkillers, constipation, dehydration and infection.

It is more common in people who already have memory problems. You or your family should let the ward staff know about any changes to your memory or if you have become confused. Prompt attention to these issues will enable you to recover sooner.

*39% of patients with a hip fracture already have memory problems prior to being admitted to hospital with their hip fracture.*

*- 2018 ANZHFR Annual Report*

## 3. How long should I have to wait for surgery once I am admitted to hospital?

The *Hip Fracture Care Clinical Care Standard* recommends that your surgery takes place within 48 hours of presentation to hospital. This is because it is uncomfortable, undignified and distressing to be confined to bed with a hip fracture. This recommended time for surgery may

not be possible for some patients, for instance, if you have a medical problem that needs to be treated before you have an operation.

*78% of patients with a hip fracture have their surgery within 48 hours.*

*– 2018 ANZHFR Annual Report*

#### **4. How soon after surgery will I be able to get out of bed and start physiotherapy?**

The aim of the operation is to allow you to get up and put weight through your hip straight away. Most people are able to sit out of bed and start to walk the day after surgery. You may feel some pain or weakness when you start walking. That is very common. Mobilising early will help you regain your independence sooner and avoid complications, such as pneumonia, clots in the legs and pressure sores.

*89% of patients with a hip fracture are given the opportunity to sit out of bed and start to walk the day after surgery.*

*– 2018 ANZHFR Annual Report*





## 5. How long before I can go home after surgery?

Everybody is different and so it is difficult to predict how long someone will be in hospital. A lot will depend on how you were managing before the hip fracture. Some patients progress very quickly and can go home within 3-5 days. Others will take longer and may need to be transferred for rehabilitation in another ward or hospital.

The team looking after you will talk to you about your progress and work with you to plan for your discharge. They will be happy to involve your family or carer, with your permission. It is important for the team looking after you to understand your living arrangements. This will help the planning for your care and rehabilitation as well as support you might require after discharge.

*14% of patients with a hip fracture are discharged directly to a private residence from the orthopedic ward.*

*– 2018 ANZHFR Annual Report*

## 6. What can I do to try and reduce my risk of falling and getting another fracture?

Hip fractures are usually caused by a combination of a fall and poor bone quality - osteoporosis. To prevent fractures in the future it is important to consider your bone health and also falls prevention strategies.

## 7. How do I look after my bone health in the future?

Osteoporosis is a condition where the bones become thinner and are more likely to break.

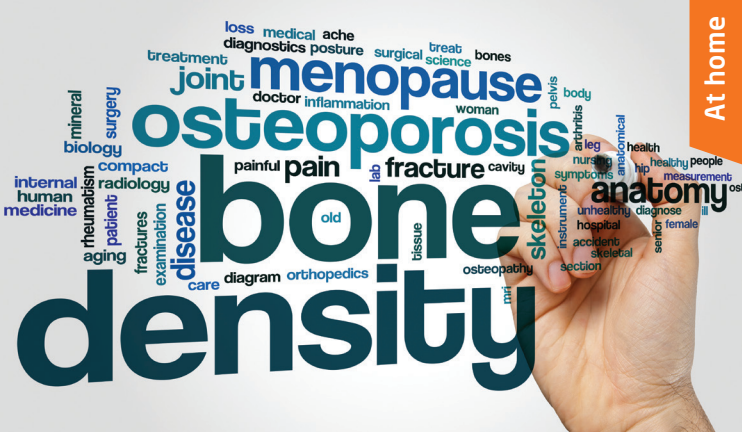
Calcium and vitamin D are the basic building blocks of bone. Dairy products such as milk, yoghurt and cheese, fruit and vegetables including greens, kale, broccoli, potatoes, spinach and tomatoes are good sources of calcium. Canned sardines and salmon are good sources of vitamin D, although our main source of vitamin D comes from sunlight.

In addition to calcium and vitamin D, various bone strengthening treatments are readily available and can be given as tablets or an injection. These need to be continued over a number of years to protect against future fractures. Without treatment, one in five people will suffer another hip fracture in future years.

An osteoporosis plan should be started in hospital or should be recommended as part







of your bone health plan for the future. You will need to follow up with your GP after discharge to make sure you are offered treatment that will work for you.

*Only 49% of patients with a hip fracture leave hospital on calcium and/or vitamin D and 25% are started on treatment for osteoporosis before leaving hospital.*

*- 2018 ANZHFR Annual Report*

**8. How can I try to prevent a fall in the future?**

There are many things that can be done to prevent falls. These include exercise, stopping medications that can cause falls such as sleeping tablets, monitoring your blood pressure, checking your vision and any glasses you may wear, and assessing your home environment.

**It is important to talk to your GP about which interventions might be best suited for you and to follow up with your GP on your osteoporosis plan.**

## Ask the Doctor

### Make your osteoporosis plan a priority.

Here are five key questions to ask your GP about osteoporosis:

1. What is osteoporosis?
2. Do I have osteoporosis?
3. Should I have a bone density scan?
4. What can I do to improve my bone health?
5. What treatments are available for osteoporosis?



## Additional Information

Additional information about hip fracture care and bone health can be found at the following websites:

- To learn more about the Australian and New Zealand Hip Fracture Registry (ANZHFR) go to: [anzhfr.org](http://anzhfr.org)
- To learn more about the national Hip Fracture Care Clinical Care Standard go to: [safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard](http://safetyandquality.gov.au/our-work/clinical-care-standards/hip-fracture-care-clinical-care-standard)
- To learn more about osteoporosis visit the Osteoporosis Australia and Osteoporosis New Zealand websites: [osteoporosis.org.au](http://osteoporosis.org.au) and [osteoporosis.org.nz](http://osteoporosis.org.nz)



GO ONLINE

**WATCH FREE VIDEOS**  
on preventing falls and hip fracture care

Visit [neurataalks.org](http://neurataalks.org)



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*NeuRA is committed to closing  
the care gap to ensure hip  
fracture patients go home with an  
individualised care plan designed  
to prevent future fractures.*



**NeuRA**

*Discover. Conquer. Cure.*

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