Gleneagles Hospital
HONG KONG
港怡醫院

Hosp No.	:		HKID No.:
Case No.	:		
Name	:		
DOB	:		M / F
Adm Date	:		
Contact No.	:		

Procedure Information Sheet – Hemiarthroplasty for Hip Fracture

1. Introduction

1.1. Femoral neck fracture is a common injury of the elderly. It can occur even by minor trauma. The displaced femoral neck fracture needs surgical intervention. Metallic hemiarthroplasty is a common operation for replacement of the femoral head.

1.2. The possible complications of non-treated displaced femoral neck fracture include non-union, mal-union and avascular necrosis of femoral neck. The injured patient may need prolonged bed rest with subsequent complications.

2. Procedural Preparation

2.1. Tests may be ordered include blood test, type and screen, X-Ray, Magnetic Resonance Imaging (MRI) or CT scan +/- contrast of the hip before the procedure.

2.2. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.

2.3. Pre-operative anesthetic assessment will be performed. The anesthetic management and its possible risks will be explained by the anesthetist with consent for anesthesia signed.

2.4. Inform doctor for any drug allergy, regular medications or other medical conditions.

2.5. Do not eat or drink at least 6 hours before operation if under general anesthesia.

2.6. Skin preparation such as shaving might be needed.

3. Procedure

3.1. The operation will be performed under general or spinal anesthesia.

3.2. The surgeon will make an incision on outer side or back side of hip.

3.3. Femoral head will then be replaced by a metal implant.

3.4. Surgery generally takes 1 to 3 hours.

4. Recovery Phase

4.1. Patient will be closely monitored until fully awake in recovery room.

4.2. Diet will be resumed when fully conscious.

4.3. Wound pain can be minimized by taking and injecting analgesic.

4.4. Keep wound clean and dry.

4.5. Drainage tube, if any, will be removed once drainage is minimal.

4.6. Patient can start sit out and walking exercise after drain removal and X-ray checking.

4.7. Once condition is stable, physiotherapy (around 28 weeks) may be considered depending on surgeon's rehabilitation plan.

4.8. Wound stitches will be removed around two weeks after the operation.

5. Possible Risks and Complications

5.1. There are complications that relate to surgery in general. These include the risks associated with anesthesia, pneumonia, wound infection, damage to nerves and blood vessels, bleeding or blood clots.

5.2. The operation might also have to chance leading to sciatic nerve injury, hip dislocation and deep vein thrombosis.

5.3. Sometimes, the damage or complication can be severe that it may require another surgery or therapy.

6. Remark

6.1. The above-mentioned procedural information is not exhaustive, other unforeseen complications may occur in special patient groups or individual differently. Please contact your physician for further enquiry.

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7. References

7.1. Hospital authority. Smart Patients Website.

7.2. Rehab protocol for hip arthroplasty. Retrieved from Gleneagles Hong Kong Website.

I acknowledged the above information concerning the operation or procedure. I have also been given the opportunity to ask questions and received adequate explanations concerning the condition and treatment plan.

Patient/ Relative Signature: _____

Patient/ Relative Name: _____

Date: _____