

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

Procedure Information Sheet – Hip fracture fixation

1. Introduction

- 1.1. Hip fractures are commonly classified into intracapsular femoral neck and intertrochanteric fractures.
- 1.2. It is commonly seen in patients with osteoporosis as they tend to fall easily.
- 1.3. Operative management could allow patients with early mobilization and reduce pain.
- 1.4. Early mobilization could reduce the chance of other morbidities including chest infection, pressure sore and deep vein thrombosis.

2. Procedural Preparation

- 2.1. Tests may be ordered include blood test, type and screen, electrocardiogram (ECG), X-Ray, Magnetic Resonance Imaging (MRI) or CT scan +/- contrast of the hip before the procedure.
- 2.2. Inform doctor for any drug allergy, regular medications or other medical conditions.
- 2.3. The reason of operation, procedure and possible complications will be explained by the surgeon and consent form will be signed before operation.
- 2.4. 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.
- 2.5. Do not eat or drink at least 6 hours before operation if under general anesthesia.

3. Procedure

- 3.1. The operation will be performed under general or spinal anesthesia.
- 3.2. Patient will lie on a traction table for fracture reduction under imaging machine.
- 3.3. Doctor will make an incision on lateral side of upper thigh.
- 3.4. For femoral head fracture, reduction will be made and screws will be inserted.
- 3.5. For intertrochanteric fractures, a sliding hip screw or intramedullary nail will be used for fixation.

4. Recovery Phase

- 4.1. Patient will be closely monitored until fully awake.
- 4.2. Resume diet when patient return conscious.
- 4.3. Wound pain can be minimized by taking or injecting analgesic as prescribed.
- 4.4. Keep wound clean and dry.
- 4.5. Drainage tube, if any, will be removed once drainage is minimal.
- 4.6. During the initial period, patient should not ambulate without health care professional's supervision.
- 4.7. Patient will have different degree of weight bearing activities with the use of walking aids depending the guidance of the surgeon.
- 4.8. Once condition is stable, physiotherapy (around 28 weeks) may be considered depending on surgeon's rehabilitation plan.
- 4.9. 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, wound infection, damage to nerves and blood vessels, bleeding or blood clots.
- 5.2. Sometimes, complications like fixation failure and avascular necrosis of femoral head can be rare 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. Reference

- 7.1. Hospital authority. Smart Patients Website.
- 7.2. Rehab protocol for hip arthroplasty (2017). Retrieved April 10, 2017 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: _____

