

Introduction

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.

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.

The Operation

1. Spinal or general anesthesia.
2. Incision usually on outer side or back side of hip.
3. Femoral head replaced by a metal implant.
4. Sometimes drain is inserted.

Preoperative Preparation

1. Admit 1 day before or on same day of this “elective” operation.
2. Anesthetic assessment. **Inform your doctors** about drug allergy, regular medications or other medical conditions.
3. Skin preparation +/- Shaving +/- Urinary catheter.
4. Blood and X-ray checking.
5. Keep fast for 6 to 8 hours before operation.
6. Empty bladder and change to operation clothes before transfer to operating room.
7. Pre-medication, antibiotic prophylaxis intravenous line may be required.

Postoperative Instruction

A. General

1. Mild throat discomfort or pain because of intubation.
2. Mild discomfort or pain over the operation site. Inform nurse or doctor if pain severe.
3. Nausea or vomiting are common; inform nurses if symptoms severe.
4. Inform nurses if more analgesics are required.

B. Wound care

1. Start sit out and walking exercise after drain removal and X-ray checking.
2. Off stitches about 2 weeks time.

C. Diet

Resume diet, usually 4 hours after anesthesia, and when taking sips of water well.

Common Risks and Complications (not all possible complications are listed)

A. Anesthesia related complications

1. Cardiovascular: myocardial infarction or ischemia, stroke, deep vein thrombosis, pulmonary embolism, etc.
2. Respiratory: atelectasis, pneumonia, asthmatic attack, exacerbation of chronic obstructive airway disease.
3. Allergic reaction and shock.
4. Toxicity of local anesthetic may result in serious complication although rare.

B. Procedure related complications

1. Fracture, nerve damage, blood vessels damage leading to paralysis or loss of limb.
2. Sciatic nerve injury.
3. Hip broken.
4. Wound infection.
5. Hip dislocation.
6. Deep vein thrombosis.
7. Deterioration of pre-existing disease leading to worsening of symptoms.
8. Loosening.
9. Others painful.

Alternative Treatment

1. Long term bed rest.
2. Close reduction and internal fixation.
3. Excisional arthroplasty.

Things to take note after discharge

1. Contact your doctor or a nearby Accident & Emergency Department if you find increasing discharge, pain and or redness around the wound.
2. Take analgesics prescribed by your doctor if required.
3. You should keep your wound clean and dry.
4. If you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection such as redness, swelling or large amounts of stinking discharge, see your doctor immediately or attend the nearby Accident and Emergency Department.
5. Resume daily activity gradually.

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. In special patient groups, the actual risk may be different. For further information please contact your doctor. Evangel Hospital reserves the right to amend this leaflet without prior notice. We welcome suggestions or enquiries on the information provided in this leaflet. Please contact our Healthcare professionals so that we could follow up and make improvement.

Reference

Hospital Authority: "Hemiarthroplasty for Hip Fracture" (2019)

Smart Patient: http://www.ekg.org.hk/pilic/public/O&T_PILIC/O&T_HemiarthroplastyHipFracture_0055_eng.pdf (12-07-2023)