Royal College of Anaesthetists

The Association of Anaesthetists
of Great Britain & Ireland

Your anaesthetic for a broken hip

Information to help patients, relatives and carers prepare for an anaesthetic for a broken hip

First Edition 2014
www.rcoa.ac.uk/patientinfo

This leaflet explains what to expect when you have an operation for a broken hip. It has been written by patients, patient representatives and anaesthetists, working together.

A hip fracture – why have an operation?

A fractured neck of femur (broken hip) is a common injury.

It is when the top part of the femur (leg bone) is broken, just below the ball and socket joint.

Without an operation, the bone will take at least three months to heal, and possibly longer. During this time, you would have to be nursed flat in bed.

Staying in bed for this long has its own problems, including chest infection, blood clots in the leg or lung, urine infection and bed sores. Controlling pain is difficult. These problems together make it more dangerous than having an operation.

The operation repairs the fracture and allows you to get up and walk the next day. You will be much more comfortable as soon as the operation is done, and you can start your recovery immediately.

What operation will I have?

There are several types of operation for hip fracture. The surgeon will offer you the one best suited to you. This depends on:

- exactly where the bone is broken
- your lifestyle after you leave hospital – how much exercise will you be doing?
- whether you had much arthritis in your hip beforehand.

A hip fracture is a serious injury, especially in older people. It is likely to be life changing and for some people life threatening.

The anaesthetic

There are two main types of anaesthetic used.

A general anaesthetic gives a state of controlled unconsciousness during which you feel nothing.

A spinal anaesthetic is when an injection of local anaesthetic is placed in your lower back, which makes you numb from your waist downwards. Some people remain awake during the operation but, if you wish, you can have medicines that make you feel very sleepy and relaxed (sedation).

National guidelines suggest that a spinal anaesthetic is advisable for this operation, unless there is a reason relating to your general health not to have a spinal injection.

Your anaesthetist

Anaesthetists are doctors with specialist training, who will visit you on the ward. They will agree a plan with you for your anaesthetic and pain control afterwards.

The anaesthetist will also have to decide whether you can have your operation straight away. Occasionally, they discover medical problems that need to be treated before you can safely be anaesthetised. This might be having a very fast heart rate, or needing blood thinning medicines to be reversed.

Hip fracture needs to be treated as soon as possible. Anaesthetists work in shifts and you may be seen on the ward by a different anaesthetist to the one who gives you the anaesthetic. The information that you give will be passed on and noted carefully.

A spinal anaesthetic

- The injection in your back makes you numb below the waist. You will not be able to move your legs. It will wear off after about two or three hours.
- When the anaesthetist does the spinal injection, you will be lying on your side. Turning onto your side will be painful, but the anaesthetist will tell you beforehand how the pain will be kept to a minimum.
- During the operation, you can have medicines to make you sleepy and relaxed (sedation). The anaesthetist stays right beside you during the operation.
- The blood pressure can fall during a spinal anaesthetic. The anaesthetist will treat low blood pressure with drugs and fluids.
- The advantage of a spinal anaesthetic is that it has less effect on your breathing and on your brain. Recovery can be quicker, especially if you have long-standing chest problems such as asthma and bronchitis.
- The risk of damage to nerves in the back from a spinal injection is very low – it happens in about 1 in 12,000 spinal injections.

A general anaesthetic

- Drugs and anaesthetic gases are used to make you completely unconscious.
- The blood pressure can fall during a general anaesthetic. The anaesthetist will treat low blood pressure with drugs and fluids.
- When you wake up from a general anaesthetic, you may be disorientated and confused for a while.
- Some people are sick or feel sick after a general anaesthetic. You will be given medicines to prevent this.

What pain relief can I have?

Hip fracture can be very painful, especially when the hip is moved.

Pain relief medicines will be given as tablets, liquid medicines or injections. The nurses and doctors in the Emergency Department and on the ward will explain what is available. They will want to know if you still have severe pain, as they may be able to increase the pain relief.

A nerve block

In most hospitals, you will be offered a nerve block injection, usually in the groin area. This is an injection of local anaesthetic which blocks the pain signals in some or all of the nerves leading to the hip.

These injections may be done in the Emergency Department, or on the ward or in the anaesthetic room or operating theatre. Each injection lasts for around four to six hours.

Some hospitals have provision for a pain relief catheter (very thin tube) to be inserted under the skin in the groin area. This allows local anaesthetic to be given continuously over 24 or 48 hours. This may reduce pain further.

An early operation

Having the operation as soon as possible is the best thing for reducing the pain. In NHS hospitals, if you are well enough, your fracture should be fixed within 36 hours of arriving in the hospital. However, this will depend on the emergency workload and sometimes longer delays can happen. If this happens to you, then you or your carers should ask the staff looking after you if there is any way your operation can be brought forward.

Before the operation

The nurses and doctors on the ward will look after you and make sure you are as comfortable as possible.

Intravenous fluids (a 'drip')

You will have a cannula (thin plastic tube) placed in a vein for a drip – this gives you fluid to prevent dehydration.

Tests

You will have blood tests, an ECG (heart tracing) and sometimes a scan or other tests.

A catheter

If you find it difficult or too painful to use a bed pan or bottle for passing urine, a catheter (tube) may be placed in your bladder to drain the urine away.

Prevention of blood clots

You will have treatment to prevent blood clots in the legs. This will be tight surgical stockings, and/or inflatable cuffs around the calves and/or injections or tablets.

Nutrition

The nurses will assess how well nourished you are. If necessary, they can give you 'build up' drinks and other diet supplements.

Skin care

Even for the short time you will be in bed, the care of the skin you are resting on is very important. The nurses will check you all over and make sure your skin is healthy and intact.

Medical check and preventing other fractures

You will be seen by a team of doctors who specialise in the care of older people. They will consider any medical issues you have that may have caused you to fall over. They will also think about whether your bones are fragile, and consider osteoporosis treatment.

Thinking about going home

Right from the start, the doctors, nurses and therapists will be thinking about how you can cope at home after your broken hip is fixed. They will ask you questions about your home circumstances and start working out what help you will need. People who are well enough, may go home within just a few days if they have the help they need.

Consent

The surgical team will talk to you about which operation would be best and they will mark the skin near to the fracture to confirm which side is broken. They will explain the risks and benefits of the operation and ask you to sign a consent form. They can speak to your relatives if you wish, but only you can give consent for the operation. If you are too unwell or confused to be sure what is best, then the doctors will make a decision on your behalf.

What will happen to me next?

You will be taken to the operating theatre department on your bed. Every effort will be made to move you as little as possible.

- Theatre staff will check your identification bracelet, with your name and date of birth. They will look at the mark on your leg indicating which hip is broken and they will check any allergies that you have. These are final checks that you are receiving the correct care.
- Most hospitals have an anaesthetic room next to the operating theatre. You will meet your anaesthetist and a trained anaesthetic assistant or nurse.
- The anaesthetist will attach machines that measure your heart rate, blood pressure and oxygen levels.
- Your anaesthetic will be started in the anaesthetic room, or sometimes in the operating theatre itself.
- You will be taken into the operating theatre when the anaesthetic is started. The anaesthetist and his/her team stays right by your side for the whole operation. If you are having a spinal anaesthetic, and are planning to be awake or lightly sedated, the anaesthetist will be ready to help you if needed.
- All patients lose some blood during a hip fracture operation. Depending on your blood tests beforehand and the amount of blood that is lost, you may need a blood transfusion. You can ask for more information about this from staff on your ward. In general, blood transfusions are avoided unless really necessary.

After the operation

You will be taken to the Recovery room, which is near to the operating theatre.

- Nurses will look after you here and will continue to monitor your blood pressure, oxygen levels and pulse rate.
- They will treat any pain or sickness that you have, with medicines or injections.
- Oxygen is often necessary for a while and is given through a lightweight face mask or through little tubes that sit below your nostrils.
- When you are more alert, your glasses, hearing aids and false teeth will be returned to you.
- The Recovery room staff will talk to you and ask you how you are feeling. When they are satisfied with your condition, you will be taken back to the ward to continue your recovery.

Back on the ward

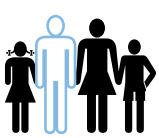
- The nurses and doctors will measure your condition regularly. They will give you pain relief as needed.
- It will help if you can eat or drink something on the day of your operation. This will help you keep up your strength and recover faster. If you feel sick, this may not be possible, and the nurses will give you medicines to relieve your sickness.
- You can expect to get out of bed the next day, if you are well enough. Physiotherapists will be on hand to help you.

Risks and complications

All forms of treatment carry a risk.

Your risk is affected by your age and your general health.

People vary in how they interpret words and numbers. This scale is provided to help.





Very common	Common	Uncommon	Rare	Very rare
1 in 10 One person in your family	1 in 100 One person in a street	1 in 1,000 One person in a village	1 in 10,000 One person in a small town	1 in 100,000 One person in a large town

Common problems

- Chest infection – treated with antibiotics, oxygen and physiotherapy.
- Constipation or diarrhoea – either can happen.
- Confusion – becoming confused about what is happening to you is a common problem. Usually it improves and returns to normal as you recover. A few people feel they never return to their previous intellectual level.
- Urine infection – this is more likely if you have a catheter in your bladder. Antibiotics treat the infection and the catheter will be removed as soon as possible.

Less commonly, serious risks include:

- heart attack or stroke (more likely if you have had these before)
- blood clots in the leg or lung – you will have treatment to prevent these, but if they happen they can be life threatening
- serious chest infection or pneumonia requiring intensive care
- kidney failure – the injury, operation and anaesthetic put extra strain on the kidneys, which can fail, especially if they were not 100% beforehand. Doctors try to prevent this with attention to your fluid intake and drug treatments
- allergic reactions to drugs or cleaning solutions – these are rare but can be very serious. Your anaesthetist will treat them promptly.

Risks relating to the operation itself

Your surgical team will talk to you about the risks of the operation, including wound infections, dislocation of the hip and failure of the fixation.

What is the outlook for me after a broken hip?

The risk for most people with a broken hip is good.

The risk of dying after hip fracture is about 1 in 12 within one month.

- This is more likely in people who are older or very frail before the fracture happened.
- Medical conditions such as previous heart attack, stiff or leaky heart valves, heart failure, diabetes or long-standing chest diseases such as bronchitis or asthma make this risk higher.
- Also, people who do not leave their house regularly or who cannot walk far due to weakness or fatigue have a higher risk.

If you are a fit person, you are very likely to leave hospital in a good condition, whatever your age. However, you may find that you are not quite so mobile afterwards. Many people find it more difficult to live independently and some people decide this is the right time to move into a nursing home or other kind of residential care.

Resuscitation

Some people who fracture their hip are frail and very dependent. You will be encouraged to talk to nurses and doctors about what your wishes would be, should a cardiac arrest occur at this difficult time.

More information

For information about your own relative with a hip fracture, the best place to start is probably the nurses on the ward, who can tell you about the immediate plans for care.

You can also find out more information about recovery from hip fracture via the British Orthopaedic Association (BOA) at the following link: www.boa.ac.uk

Questions you may like to ask your anaesthetist

- Who will give my anaesthetic?
- What type of anaesthetic do you recommend?
- Have you often used this type of anaesthetic?
- What are the risks of this type of anaesthetic?
- Do I have any special risks?
- How will I feel afterwards?

You can find more information leaflets on the College website www.rcoa.ac.uk/patientinfo. The leaflets may also be available from the anaesthetic department or pre-assessment clinic in your hospital.

Risks associated with your anaesthetic

The following are leaflets about specific risks associated with having an anaesthetic or an anaesthetic procedure. They supplement the patient information leaflets listed above and are also available via the College website: www.rcoa.ac.uk/patientinfo/risks/risk-leaflets

- Feeling sick.
- Sore throat.
- Shivering.
- Damage to teeth, lips and tongue.
- Damage to the eye during general anaesthesia.
- Post-operative chest infection.
- Becoming confused after an operation.
- Accidental awareness during general anaesthesia.
- Serious allergy during an anaesthetic (anaphylaxis).
- Headache after a spinal or epidural injection.
- Nerve damage associated with having an operation under general anaesthetic.
- Nerve damage associated with a spinal or epidural injection.
- Nerve damage associated with peripheral nerve block.
- Equipment failure.
- Death or brain damage.

Tell us what you think

We welcome suggestions to improve this leaflet. If you have any comments that you would like to make, please email them to patientinformation@rcoa.ac.uk

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This leaflet will be reviewed within five years of the date of publication.