

TRAUMA

Hip and proximal femur fractures

Urgent assessment, fixation or joint replacement, and rehabilitation after a fracture near the hip.

Patient information, treatment choices, risks, recovery and a space to record your individual plan.

Understanding your injury

A hip fracture breaks the upper femur, including the femoral neck or the bone just below it. It can follow a fall in weakened bone or a higher-energy injury. Hip or groin pain and difficulty standing after a fall need urgent hospital assessment. X-rays establish the pattern; further imaging may be needed when suspicion remains despite normal initial X-rays. The team also assesses other injuries and medical problems.

Treatment and the procedure

Most hip fractures need an operation, with prompt surgery after necessary medical assessment and treatment. Fixation may use screws, a plate and sliding screw, or a nail inside the femur. Some femoral neck fractures are treated with partial or total hip replacement. Selection depends on displacement, blood supply, previous mobility, age and health. Nonoperative care is reserved for selected circumstances and includes a careful discussion of pain, mobility and medical risks.

Benefits, risks and expectations

If surgery is planned, discuss bleeding, anaesthetic risks and complex regional pain syndrome as well as the risks specific to your injury. Your general health and the extent of surgery affect your personal risk.

- The aim is pain relief and enough stability to resume movement and rehabilitation. Some people do not regain their previous mobility or independence.
- Discuss bleeding, infection, blood clots, medical or anaesthetic complications, confusion or delirium and further surgery. Fixation can fail to heal or lose position; femoral head blood supply can be damaged.
- Replacement introduces different risks, including dislocation and implant problems. Your team explains the risks of the proposed operation and the fracture itself.

RECOVERY AND YOUR CONSULTATION

Hip and proximal femur fractures

Use this guidance to prepare your individual plan with the treating team.

Rehabilitation and aftercare

Rehabilitation usually begins early when medically safe, under the team's loading instructions. Physiotherapy and occupational therapy help with walking aids, transfers, washing and dressing. Follow wound care and clot-prevention prescriptions, and raise pain, constipation or nutritional difficulties. Arrange the support needed at home or in rehabilitation. Following a fragility fracture, bone-health assessment and falls prevention are important parts of recovery.

When to get urgent help

- After a fall, severe hip pain or inability to walk requires emergency assessment; call 999 for an ambulance. After treatment, seek urgent review for fever, wound discharge or a sudden change in function.
- Call 999 for chest pain or severe breathlessness. New calf pain and swelling needs urgent assessment.

Your consultation

Ask why fixation or replacement is recommended, what mobility is realistic and what help will be needed after discharge. The individual consent discussion includes reasonable alternatives and your priorities.

Sources and further reading

NHS: Broken hip

<https://www.nhs.uk/conditions/broken-hip/>

AAOS: Hip fractures

<https://www.orthoinfo.org/diseases--conditions/hip-fractures>

Leeds Teaching Hospitals: Recovering from a hip fracture

<https://www.leedsth.nhs.uk/patients/resources/recovering-from-a-hip-fracture/>

Rotherham NHS: Fractured neck of femur

<https://www.therotherhamft.nhs.uk/patients-and-visitors/patient-information/fractured-nof>

NHS: Pulmonary embolism

<https://www.nhs.uk/conditions/pulmonary-embolism/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Hip and proximal femur fractures

This blank worksheet is not an executed consent. Complete it after clinical assessment with the treating clinician. The hospital or clinic must also complete its required consent process before treatment.

Patient name / identifier, date of assessment and communication support needed

Diagnosis, affected side / site and the proposed procedure or treatment

Reasonable alternatives discussed, including the option of no treatment

Expected benefit for this patient, limits of treatment and uncertainties

Material risks and personal risk factors - record the risks that matter to this patient

Patient's priorities, questions, understanding and agreed decision / time to consider

Treating clinician name, role and signature / date

Patient / representative name, signature and date - acknowledgement of discussion only

A signature here records a discussion; it does not replace a completed treatment consent form. You may ask further questions or change your decision before treatment.

CLINICIAN-COMPLETED WORKSHEET

Your rehabilitation and aftercare plan

Hip and proximal femur fractures

Complete this plan after assessment. The advice must match your injury or operation, imaging, wound and medical history. Do not start limb loading, remove protection or change medicines using an uncompleted worksheet.

Limb loading / weight bearing, walking aids, sling / cast / boot / brace and protection

Wound / dressing care, bathing, elevation and swelling advice

Medicines, pain relief, clot prevention and any treatment-specific restrictions

Exercises, physiotherapy, range of movement and progression criteria

Work, driving, sport and daily activities - individual restrictions / review points

Review date, imaging / tests, named clinician and routine / out-of-hours contact details

Clinician completing this plan, signature / date and patient questions

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