

TRAUMA

Pelvic injuries

Pelvic ring fractures, from fragility injuries to complex major trauma, with treatment and rehabilitation tailored to stability.

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

Understanding your injury

The pelvis forms a ring connecting the spine to the legs and protecting organs, blood vessels and nerves. Fractures may follow major trauma or a lower-energy fall in weakened bone. A break at one point can coexist with injury elsewhere in the ring. Assessment establishes stability and looks for bleeding or associated injuries. X-rays and CT commonly guide planning. Fractures of the hip socket have a separate, specialist treatment pathway.

Treatment and the procedure

Major trauma first requires emergency treatment of breathing, circulation and bleeding. A stable fracture may be managed with pain relief, walking support and rehabilitation. An unstable ring may need screws, plates or a frame to restore stability; some injuries require staged procedures. Treatment decisions reflect the fracture pattern, displacement, bone quality and other injuries. A multidisciplinary team may include trauma surgeons, rehabilitation staff and specialists managing bladder, bowel or vascular injury.

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.

- Treatment aims to stabilise the pelvis, reduce pain and restore mobility. Serious injuries can have lasting physical and emotional effects.
- Discuss bleeding, infection, nerve or vessel damage, blood clots, loss of fixation, poor healing, persistent pain and further surgery.
- Some injuries affect bladder, bowel or sexual function. Report these symptoms so the right team can assess them; do not assume they are an unavoidable part of recovery.

RECOVERY AND YOUR CONSULTATION

Pelvic injuries

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

Rehabilitation and aftercare

Your surgeon specifies loading for each leg and any sitting restrictions. A physiotherapist teaches transfers, safe use of walking aids and permitted exercises. Pelvic floor rehabilitation may be appropriate after assessment. Follow wound or pin-site care and clot-prevention instructions. Arrange help for bathing, stairs and toileting when needed. Mobility and endurance improve gradually; return to work and driving is individual. Following a low-energy fracture, ask about osteoporosis assessment and falls prevention.

When to get urgent help

- Call 999 for collapse, major bleeding, chest pain or breathlessness. New loss of bladder or bowel control, inability to pass urine or leg weakness needs emergency assessment.
- Seek prompt advice about fever, discharge or new calf pain and swelling.

Your consultation

Ask whether the ring is stable, which side can take weight and whether other specialists or rehabilitation services are needed. The individual plan and consent discussion govern your care.

Sources and further reading

AAOS: Pelvic fractures

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

Cambridge University Hospitals: Exercises after a pelvic fracture

<https://www.cuh.nhs.uk/patient-information/exercises-after-a-pelvic-fracture/>

NHS: Deep vein thrombosis

<https://www.nhs.uk/conditions/deep-vein-thrombosis-dvt/>

Gloucestershire Hospitals: Supporting recovery from major trauma

<https://www.gloshospitals.nhs.uk/your-visit/patient-information-leaflets/supporting-you-while-you-recover-from-major-trauma/>

CLINICIAN-COMPLETED WORKSHEET

Your consent discussion

Pelvic injuries

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

Pelvic injuries

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

When to seek urgent help

Call 999 for collapse, major bleeding, chest pain or breathlessness. New loss of bladder or bowel control, inability to pass urine or leg weakness needs emergency assessment. Seek prompt advice about fever, discharge or new calf pain and swelling.