

Hip Fractures

Drew Ratner MD



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Bone & Joint

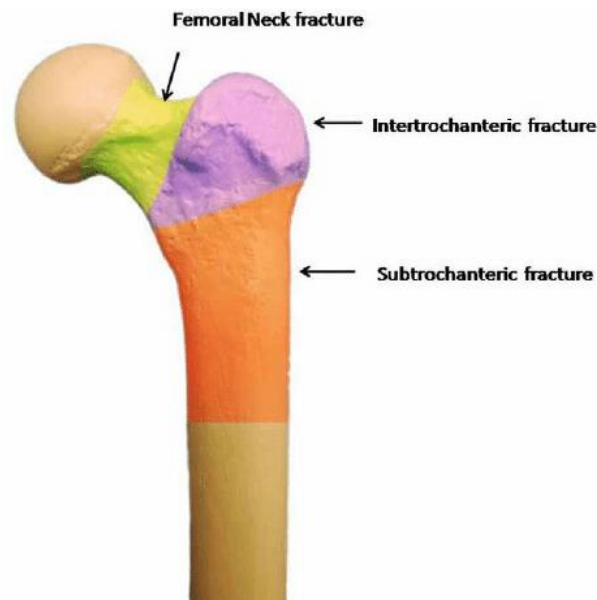
Texas Bone & Joint - Denton
3537 S. Interstate 35 East Ste 112
Denton, TX 76210
(940) 800-1920

Texas Bone & Joint - Lewisville
500 Main St Ste 260
Lewisville, TX 75057
(469) 496-5200

Drewratnermd@gmail.com

Background:

Hip fractures are breaks at the top portion of the femur (thigh bone). People can fracture their hip in different ways, but a fall from standing is the most common cause. Each year, about 300,000 Americans break their hip. Most of these people are over the age of 65. Women are more likely than men to sustain hip fractures. Most people that sustain these types of fractures have osteoporosis, which is a condition of weak bones. Almost everybody with a hip fracture will require a surgery in order to quickly increase their mobility and decrease the odds of a blood clot or pneumonia.



Treatment Options:

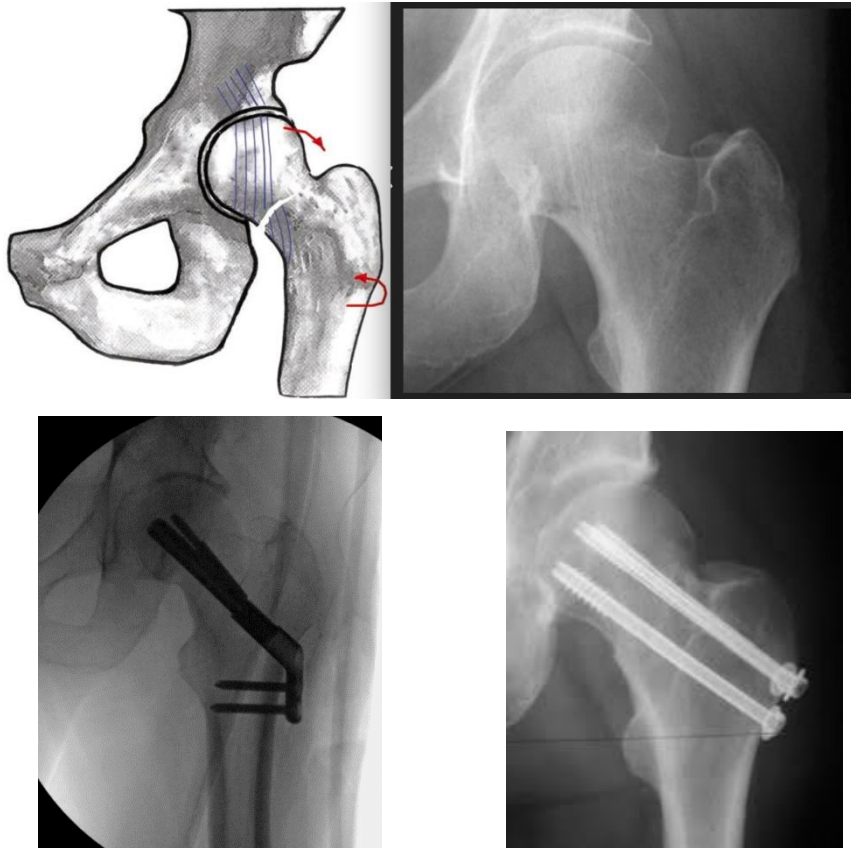
Almost all hip fractures are treated with surgery. The type of surgery will depend on what type of hip fracture the patient has sustained. Ideally, these fractures are fixed within 24 to 48 hours, however, the patient must be adequately worked up by the medical team to ensure he/she is stable for surgery. The medical team will be looking at the starting blood level (hemoglobin), chest x ray (to look for problems in lungs), EKG (to look for heart abnormalities), and INR (which is a measure of the blood's ability to clot, and different blood thinners can affect this number). Once the patient is deemed safe for surgery, he/she will go to the operating room.

In general, there are 3 parts of the hip (femoral neck, intertrochanteric region, and subtrochanteric region) and the type of surgery performed will be based on which of these regions is fractured.

Types of Surgery

Fixation with Percutaneous Screws or Hip Screw:

Done when there is minimal or no displacement of a femoral neck fracture



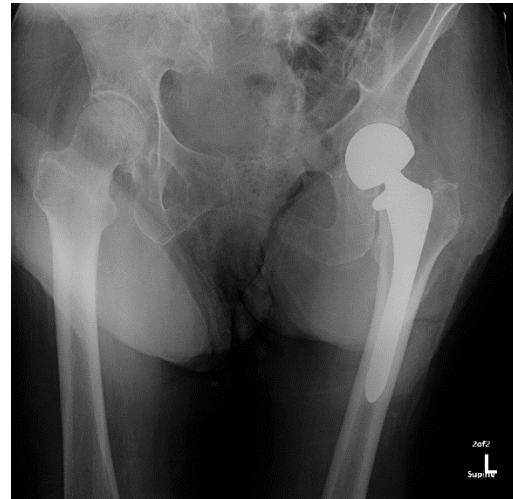
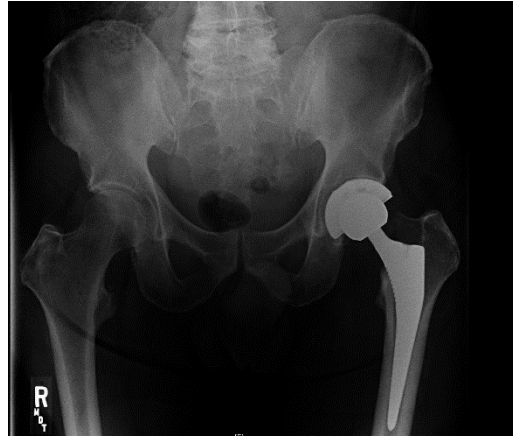
Fixation with Nail or Rod

Done when fracture is at intertrochanteric/subtrochanteric region of the hip



Total Hip Arthroplasty / Hemiarthroplasty

For displaced femoral neck fractures. Total Hip Arthroplasty is when both the ball and socket (femur and acetabulum) are replaced, and it is done for younger, more active patients. Hemiarthroplasty is when just the ball (femur) is replaced.



Post-Operative Recovery:

The patient will be weight bearing as tolerated immediately after surgery and encouraged to ambulate the afternoon or next day after surgery. Usually the patient's baseline health and mobility will dictate how quickly he/she recovers from the procedure. The goal of surgery is to get the patient back to ambulating in a similar fashion to before sustaining the fracture. The physical therapists and social services will help find placement for the patient after surgery either home with home health, to a rehab, or a skilled nursing facility based on the patients needs.