

Five questions to ask a doctor about your hip fracture

November 27 2017, by Tina Depko



Credit: McMaster University

As winter approaches, bringing icy sidewalks and stairways, the risk increases for falls that can cause hip fractures.

Every year, more than 4.5 million people around the world suffer a [hip fracture](#), and that number is expected to climb. Globally, hip fracture ranks among the top 10 causes of disability.

Hip fractures often come with challenging health care decisions for patients, their families and their caregivers. The painful injury can lead to other severe health complications, as well as death.

Dr. Mohit Bhandari, an orthopedic surgeon and researcher of McMaster University, had a paper on managing hip fractures published this week by the *New England Journal of Medicine*.

Here are five questions Dr. Bhandari recommends patients discuss with their doctor, along with his responses:

How serious is a hip fracture?

Hip fractures can have a devastating effect on quality of life and function, with the risk of death as high as 36 per cent within a year. Patients who have had a hip fracture are at risk for cardiovascular, pulmonary, thrombotic, infectious and bleeding complications. Therefore, timely [surgery](#) for hip fracture remains the mainstay of treatment. Without treatment, there is a higher risk of death. However, even with surgery, declining health and diminished quality of life are common.

What are my treatment options?

Surgeons are faced with three major decisions in the treatment of a patient with a hip fracture. Is surgery an option, given the patient's health status? If so, how quickly can it be performed and what type of operation is needed, given the anatomical location, severity of fracture and the physical condition of the patient. Unless the patient's health puts them at a high risk of death during surgery or if access to surgical care is difficult, an operation to repair is recommended for most hip fractures.

If I choose surgery, how soon should it be performed?

National guidelines recommend that surgery for hip fracture be performed within 48 hours after the fall or accident. This recommendation is based on observational studies suggesting that a shorter time to surgery is associated with improved outcomes in patients. In addition, physiological data related to pain, bleeding and immobility provide further support for early surgery. Recent evidence suggests that minimizing the time from hospital admission to surgery to as little as six hours is associated with a greater reduction in the incidence of postoperative complications at 30 days a longer time.

How important is care after my surgery?

A multidisciplinary approach to a patient's perioperative care that includes, but is not limited to, a physical therapist and an occupational therapist, and a geriatrician when appropriate, is recommended, with a focus on return to function, activities of daily living and appropriate assessment and treatment of osteoporosis to mitigate the risks of subsequent fractures. Osteoporosis is common in patients with hip fracture and is frequently undertreated.

What else can I do to get better?

Aggressive and early mobilization is strongly recommended. Simply put, [patients](#) need to get out of bed and start moving. Calcium and Vitamin D supplements are also recommended to combat possible osteoporosis. It is important to note that even with surgery, hip [fractures](#) take time to heal. Difficulties with movement can continue for several months after rehabilitation for hip fracture.

More information: Mohit Bhandari et al. Management of Acute Hip Fracture, *New England Journal of Medicine* (2017). [DOI: 10.1056/NEJMcp1611090](#)

Provided by McMaster University

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