Coordinating Committee in Orthopaedics & Traumatology

Hemi or Total Arthroplasty for Fragility Hip Fracture 半/全髋關節置換術(髋部脆性骨折)

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Hemi or Total Arthroplasty for Fragility Hip Fracture

Introduction

Femoral neck fracture is a common injury of the elderly. It can occur even by minor trauma. The displaced femoral neck fracture needs surgical intervention. Metallic hemiarthroplasty is a common operation for replacement of the femoral head.

The possible complications of non-treated displaced femoral neck fracture include non-union, mal-union and avascular necrosis of femoral neck. The injured patient may need prolonged bed rest with subsequent complications.

The Procedure

- Spinal or general anesthesia
- Incision usually on outer side or back side of hip
- Femoral head replaced by a metal implant
- Sometimes drain is inserted

Risk and Complication

Anesthesia

General

Bleeding, wound infection, deep infection, hematoma, iatrogenic and periprosthetic fracture, leg length discrepancy, nerve damage leading to paralysis and paresthesia of limb, blood vessels damage leading to loss of limb, retained foreign body, deep vein thrombosis, pulmonary embolization, fat embolization, acute myocardial infarction, cardiovascular accident, mortality, deterioration of pre-existing disease leading to worsening of symptoms, deterioration of ambulation status after fracture

Specific

- Bone cement implantation syndrome and cement at unwanted location (for cemented prosthesis), sciatic nerve injury, dislocation of prosthesis, loosening, protrusion, wear and tear or breakage of prosthesis
- Other treatment modalities and re-operation for complication may be necessary

Before the Procedure

- Correct and stabilize underlying medical problems
- Fasting few hours before operation
- Skin preparation +/- Shaving +/- Urinary catheter
- Blood and X-ray checking



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After the Procedure

- Resume diet
- Oral or intramuscular analgesics
- Start sit out and walking exercise after drain removal and X-ray checking
- Off stitches about 2 weeks time

Alternative Treatment

- Long term bed rest
- Close reduction and internal fixation
- Excisional arthroplasty

Follow Up

- You should keep your wound clean and dry
- You must follow instructions strictly on taking medication, see the doctor as scheduled
- If you have any excessive bleeding, collapse, severe pain, fever or signs of wound infection such as redness, swelling or large amounts of stinking discharge, see your doctor immediately or attend the nearby Accident and Emergency Department

Remarks

This is general information only and the list of complications is not exhaustive. Other unforeseen complications may occasionally occur. The actual risks may be different for different patients. During the operation, unpredictable condition may arise, and additional procedures may be performed if necessary. For further information, please contact your doctor.