Hip Fracture Repair (Hip Pinning)

Table of Contents

• Surgery Overview
• What To Expect After Surgery
• Why It Is Done
• How Well It Works
• Risks
• What To Think About
• References
• Credits

Surgery Overview

Surgery is usually the best treatment for a broken (fractured) hip. Three types of surgery can be used.

• **Hip repair** (internal fixation). Hip repair involves stabilizing broken bones with surgical screws, nails, rods, or plates. This type of surgery is usually for people who have fractures in which the bones can be properly aligned. This may also be called "hip pinning."

• Partial hip replacement surgery. This surgery replaces the top of the thigh bone (the ball of the hip joint) with artificial parts made of ceramic or metal. It does not replace the hip socket.

• Total hip replacement surgery. This surgery replaces all parts of the joint with artificial parts made of metal, ceramic, or plastic.

Hip pinning surgery to repair a hip fracture involves two main steps:

• Reduction (getting the bone lined up correctly)
• Internal fixation (stabilizing broken bones)

During surgery to fix a fractured hip, your doctor will make one or two cuts (incisions) over the broken bone in your hip. The pieces of bone are moved back into the right position, then held in place using metal pins, screws, nails, rods, or plates. You may have X-rays to see if the pins and plates are in the correct place. The doctor uses stitches or staples to close the incisions. The surgery takes 2 to 4 hours.

Doctors usually use general anesthesia for hip fracture surgeries, which means you'll be asleep during surgery. But sometimes they use regional anesthesia, which means you can't feel the area of the surgery and you are sleepy but awake. The choice depends on your doctor, on your overall health, and, to some degree, on what you prefer.
What To Expect After Surgery

Right after surgery for a hip fracture, you will have medicine to control pain and perhaps medicine to prevent blood clots. You may have a urinary catheter so you don't have to get out of bed to urinate. You may also have a compression pump or compression stocking on your leg, which squeezes your leg to keep the blood circulating and to help prevent blood clots. And you may have cushion placed between your legs to keep your hip in the correct position. It is not unusual to have an upset stomach or feel constipated, so talk with your doctor or nurse if you don't feel well.

Your doctor may teach you to do simple breathing exercises to help prevent congestion in your lungs while your activity level is low. You may also learn to move your feet up and down to flex your muscles and keep your blood circulating. And you may begin to learn how to keep your hip in the right position while you move in bed and get out of bed.

Moving around

It is very important to start moving around soon after surgery. This will speed recovery and reduce complications.

In general, most people get out of bed with help on the day of surgery or the next day. You will most likely be moved into a chair for a short time. Over the next few days, you will likely begin light exercises and learn how to walk with a walker or crutches.

You will likely stay in the hospital for about 2 to 7 days after surgery. You may be moved to an extended-care facility for rehabilitation (rehab) before going home. At rehab, you can get help with daily activities, such as bathing on a bath stool. You will likely need a walking aid—a walker, cane, or crutches—for several months. And full recovery may take up to a year.

- Using a Walker
- Using Crutches
- Using a Cane

After hip surgery

There are many issues to consider after hip surgery. Older adults often need extensive care, including physical therapy and help with cooking, taking medicine, and personal care. Blood-thinning medicines are prescribed to reduce the risk of blood clots and associated stroke, pulmonary embolism, or thrombophlebitis.

After hip fracture surgery, your doctor will encourage you to participate in a rehab program. Research shows that 6 months of outpatient rehab that includes strength
training can improve quality of life and reduce disability. Following a rehab program is very important, because it will speed up your recovery and allow you to return to daily activities sooner.

**Why It Is Done**

Surgery is done to keep the broken pieces of the hip in place so they can heal faster. Some kinds of broken bones heal on their own in a cast. But a broken hip is not likely to heal well without surgery.

**How Well It Works**

Surgery usually works well, but you will need to be patient. Getting better will likely take a long time. And you may never be able to get around as well as you could before.

Surgery is usually the best choice after a hip fracture, because it stabilizes the bone so you can move around sooner. This helps prevent other problems such as pressure injuries and weakness. Surgery also makes it more likely that the bone will stay in place so the fractured leg is not a little shorter than the other leg after it is healed.

**Risks**

The risks of hip repair surgery can be divided into two groups:

- **Risks of the surgery and recovery period, such as:**
  - Bleeding.
  - Infection.
  - Blood clots.
  - Delayed wound healing.
  - Problems with the anesthesia.
- **Long-term risks that may happen, or may be noticed, months to years after the surgery. Some of these problems may happen with or without surgery but are more likely if you do not have surgery. They include:**
  - Nonunion. This means the pieces of bone do not heal back together.
  - Fracture around the screws, nails, or rods used to repair the bone.
  - Difference in leg length. This means that when the fractured leg is healed, it is a little shorter than the other leg.
  - Problems with the blood flow inside the bone, which can cause part of the bone to die (osteonecrosis).
What To Think About

Reduction (getting the bone lined up correctly) and internal fixation (stabilizing broken bones) often are done on younger, active people. Hip replacement surgery often is done on older, less active adults. One long-term study compared older adults who had a hip replacement to others who had a hip repair. Those who had hip replacement were able to be more active and were less likely to need the surgery redone. In deciding which of these methods to use for repairing a hip fracture, your surgeon will consider the type of fracture, your age and activity level, and also the possible trade-offs.

Complete the surgery information form (PDF) to help you prepare for this surgery.

References

Citations

Credits

By Healthwise Staff
Primary Medical Reviewer William H. Blahd, Jr., MD, FACEP - Emergency Medicine
Adam Husney, MD - Family Medicine
E. Gregory Thompson, MD - Internal Medicine
Kathleen Romito, MD - Family Medicine
Specialist Medical Reviewer Kenneth J. Koval, MD - Orthopedic Surgery, Orthopedic Trauma
Current as of June 7, 2017

Note: The "printer friendly" document will not contain all the information available in the online document. Some information (e.g. cross-references to other topics, definitions or medical illustrations) is only available in the online version.