CQ HAND + UPPER LIMB
SPECIALIST ORTHOPAEDIC SURGEON

PATIENT INFORMATION

Hemiarthroplasty for hip fracture

Why this operation has been suggested

Dr Kieran Hirpara, an upper-limb surgeon at Mater Private Hospital Rockhampton, matches the treatment to your specific injury. A hemiarthroplasty means replacing the ball part of your hip joint with an artificial implant, while keeping your own socket. This operation is usually offered after a broken hip in the upper part of the thigh bone, where the break has moved out of place. Patients are generally referred to our clinic by their GP; if a physiotherapist has suggested you see us, you will still need a referral from your GP in order to be eligible for the Medicare rebate. We assess your history, examine your hip, and arrange imaging where needed before advising on treatment.

Because a hip fracture is an acute injury, surgery may be recommended straight away rather than after a trial of non-operative care. The aim is to help you regain function as soon as possible, with minimal pain or complications. We use a cemented implant, which means the artificial part is fixed into the bone with medical cement. Cemented implants are linked to fewer later fractures around the implant and fewer repeat operations than implants fixed without cement. We will discuss the options with you and decide together on the plan that suits your health and your goals.

Before the operation

Because a hip fracture needs surgery soon, this preparation happens quickly. You will not be able to eat or drink for seven hours before the operation. We ask for seven hours rather than six so that your surgery can be brought forward if the theatre list runs early. Your surgeon will tell you which of your usual medicines to stop and when. Bring a written list of everything you take, including any blood thinners. Arrange for someone to drive you home afterwards, and wear loose, comfortable clothing. Imaging such as X-rays, and sometimes an MRI or ultrasound scan, is used to plan the operation. If you have other medical conditions, you may need blood tests or a review with the anaesthetist before surgery.

On the day

You will come to the hospital's surgical admissions unit, where you are checked in and prepared for theatre. You will meet the anaesthetist, the doctor who puts you to sleep and keeps you safe during the operation. This

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Dr Kieran Hirpara — Specialist Orthopaedic Surgeon
Suite 2, Level 1, Mater Private Hospital Rockhampton, 31 Ward Street, The Range, QLD 4700
Phone 07 4863 6556 · office@cqupperlimb.com.au · cqupperlimb.com.au

operation is done under general anaesthetic. A regional nerve block is sometimes added for post-operative pain relief; the anaesthetist will discuss this with you on the day. You are then taken into the operating theatre, where the operation is performed.

When it is finished, you will wake up in the recovery area. Nurses will watch over you while the anaesthetic wears off. Once you are stable, you will either move to the ward or go home, depending on the procedure and how your recovery is going.

What the operation involves

A hemiarthroplasty replaces the ball part of your hip joint with an artificial implant. Your own socket is left in place. The surgeon works through one cut over the side or back of your hip. Two approaches are commonly used, and the choice depends on your fracture and your health.

Once the hip is open, the surgeon removes the broken ball from the top of your thigh bone. The hollow channel inside the bone is prepared, and a metal stem is placed into it. The stem is fixed with medical cement, which sets firmly inside the bone within minutes. A new metal ball is attached to the top of the stem and sits where your own ball used to be, moving smoothly against your own socket. The surgeon then repairs the soft tissues around the joint, restoring the capsule, the sleeve of tissue that wraps around the hip. Putting this sleeve back together helps keep the new ball in its socket afterwards.

The cut is closed with stitches, and a dressing covers the wound. The dressing stays on for about 10 days; the ‘After the operation’ section explains what happens next.

After the operation

For the first day or two, you will rest in a recovery ward where nurses check your pain, your wound and your hip. Pain relief is tailored to you; tell the nurses how you feel and they will adjust it. You will have a dressing over the cut on your hip. We leave the dressing on for about 10 days; please do not take it off before then unless we tell you to. We change or remove it when we see you. A physiotherapist will help you get up and walk, usually starting soon after surgery, with a frame or crutches if you need them. You will not need a brace or a sling. Someone should stay with you for the first 24 hours after you get home. Your team will tell you whether you go home the same day or stay one night in hospital.

Recovery

In the first days after surgery, your hip will be sore and the area around the cut may be swollen. This is a normal part of healing. Pain relief is adjusted to suit you, so tell your nurses how you feel. Resting, moving gently and taking your medication as directed will ease the discomfort. The soreness usually settles steadily as the days pass.

A physiotherapist will guide your recovery. You will start walking soon after the operation, with a frame or crutches if you need them. Your exercises will build strength and get your hip moving again. You will be shown how to sit, stand and move in ways that protect your new hip while it heals. At home, you can move around as your comfort allows, following the plan your team gives you. You will not need a brace or a sling.

As the swelling settles and movement returns, everyday tasks become easier. You will be able to put more weight through the leg as your strength grows. Once your surgeon clears you to drive, you can return to the road; see our guide on driving after surgery for the rules that apply. Sleep on your back or your unaffected side, whichever feels comfortable.

Recovery varies from person to person. Your timeline may differ, and your surgeon and physiotherapist will guide you along the way.

What can go wrong

Most patients do well, but problems can occasionally happen. Your surgeon and the team monitor you closely to spot any issue early.

Sometimes the bone around the new implant can crack. This may happen during the operation or later on. You would feel a sudden, sharp pain in your thigh or groin, often with new difficulty putting weight on that leg. If this happens, contact the clinic straight away or go to the emergency department.

The new ball can occasionally slip out of its socket. You might notice sudden pain, your leg looking shorter or turned outwards, and being unable to move the hip. This needs urgent attention, so go to the emergency department. Some things raise this risk, including memory and thinking problems such as dementia. If you or a family member notices confusion getting worse after surgery, mention it to your team.

Some risks relate to your overall health rather than the hip itself. Dementia is linked with more complications after this operation, including a greater chance of coming back into hospital in the first weeks and months. Longer operations are also linked with higher risk, which is one reason the team keeps things moving promptly. If you have dementia, tell your team before surgery so they can plan extra support for you.

Rarely, the implant may need another operation to fix or replace it. Warning signs include pain that returns after a good stretch of improvement, a feeling of the hip giving way, or new trouble walking. Bring this up at your next review, or call the clinic sooner if the pain is severe.

The way the implant is fixed matters. Implants fixed with cement are linked with fewer fractures around the implant and fewer repeat operations than those fixed without cement, which is why we use a cemented implant here.

Routine blood tests after this operation rarely change your care, so do not be alarmed if fewer tests are ordered than you expect.

The complications table on this page lists typical rates if you want the specifics.

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When to call us

Call us if you have a fever, or if the skin around your cut becomes redder, warmer or starts leaking fluid. Call us if your pain keeps getting worse instead of easing, or if your calf becomes swollen or tender. Go to emergency if you become short of breath, since that can signal a clot that has travelled to the lungs. Go to emergency if your leg suddenly becomes numb, or you cannot move it. Go to emergency straight away for sudden, sharp thigh or groin pain with new trouble putting weight on the leg, or sudden hip pain with a leg that looks shorter or turned outwards.

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