

Orthopaedic Connection

Fractures Of The Hip

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Transforming patient information into patient understanding.

One of the most frequent serious problems I encounter in my Orthopaedic Surgery practice is hip fracture. This is a serious health problem common in patients most of whom fall in or outside their own homes.

In an instant the patient's life is dramatically changed - frequently forever. Only one in four patients recover completely. A very large percent die within one year of the fracture.

What is a hip fracture?

You must understand that it is not just one thing. It is a fracture (or break, same thing) near the top of the thighbone, also called the femur. It occurs where the bone angles into the hip socket.

There are many types of hip fracture.

- Femoral neck fractures are 1 - 2 inches from the ball part of the hip.
- Intertrochanteric fractures are lower, i.e. 3 - 4 inches below the ball. They can be in 2 pieces or many.
- Subtrochanteric fractures are even lower, going into the femur itself.
- Hip socket fractures, which don't affect the ball or bone below it.

Diagnosis

I can usually make the diagnosis by talking to and examining the injured person. Of course, I always get x-rays to obtain specific information about the fracture.

Hidden Fractures

Sometimes hip fractures can be mysterious and hard to diagnose. They can happen even if the person didn't fall!

Hip fractures don't always show on initial x-rays after a fall. I can't count how many patients I have seen who fell, were taken to the ER and their x-rays were "negative". The person is taken home only to return in one to three days with more severe pain in the hip and thigh. Second x-ray study = hip fracture!

To diagnose hidden hip fractures I sometimes need an MRI or bone scan.

Treatment

People generally know that most hip fractures need surgery. A problem is that most people who break their hip also have other health problems or they are on blood thinners, etc. It may take a day or two or more to get the patient in good enough medical condition to have surgery. This makes it very hard on the patient and the family.

Surgery

Because this is a very large topic I don't want to cover it superficially. I think we should wait till next time to cover it thoroughly. I also want to explain what we do for the patient after surgery.

Please come back. See you then.

Factoid

A recent article in a respected Radiology journal found that x-rays taken in the Emergency Departments of hospitals are often inconclusive for finding hip and pelvic fractures. This confirms what I mentioned earlier in the article. After an initial "negative evaluation", 14% of patients were later diagnosed with fractures. This occurs for a variety of reasons.

I try personally to be conservative and admit injured patients for observation and further studies if necessary. Patients and families appreciate this.

www.orthopodsurgeon.com also has the Archive of all 98 Orthopaedic Connection articles that have appeared in the Gratiot County Herald. I hope you will look at the Archive for anything of interest you may have missed.

Our goal is simple - To help people return to more pain free, functional lives. I specialize in you.

Good health. Good life. All the best to you.

Be well.

Dr. Haverbush