

髖關節骨折之處理

簡介

大部份的患者會感到髖關節或股骨部位疼痛，甚至影響日常活動。手術是為了加速復康，預防因長期臥床併發肺炎、褥瘡等。醫生會因應各種不同骨折所需，替病人選取螺絲、鋼片、或人工關節把骨折固定。



A.O. 螺絲釘



動力髖螺絲



人工關節



股骨近端髓內釘

手術前的準備

- ◆ 身體檢查：例如驗血、配血、X光檢查、心電圖、尿液分析等
- ◆ 手術前應攝取充足的營養，多進食高蛋白及高卡路里食物以促進傷口癒合
- ◆ 戒吸煙、飲咖啡或飲酒習慣

- ◆ 進行深呼吸及非患肢訓練運動以減少併發症的發生，有助康復
- ◆ 手術前一晚要淋浴
- ◆ 如有需要，會進行放瀉
- ◆ 請依指定時間禁食
- ◆ 須簽署手術同意書
- ◆ 麻醉科醫生會決定採納何種麻醉形式進行這項手術。例如全身或脊椎麻醉

手術後的護理和建議

- ◆ 觀察病人維生指標，例如血壓、脈搏、體溫、呼吸狀況等
- ◆ 一般而言，病人在完全甦醒之後，可以嘗試進食
- ◆ 如傷口有疼痛，須小心輕放患肢，亦可服用止痛藥
- ◆ 保持傷口清潔及乾爽
- ◆ 手術後二至三日，待引流量減少便可除去
- ◆ 約兩星期後便可拆線

- ◆ 患肢或需以枕頭墊高以避免腫脹，或以‘外展枕’以防止髖關節脫位，再用‘懸掛’促進患肢運動
- ◆ 如病人接受人工關節更換手術，要避免交叉/重疊雙腿或蹲地，以防止髖關節脫位



外展枕



懸掛

康復計劃

- ◆ 手術後初期，如無醫護人員陪同，切勿自行走動
- ◆ 如情況穩定，病人會在護理人員或物理治療師的指導下，開始活動及進行訓練
- ◆ 因應手術的情況，病人會有不同的負重程度，其康復進展也會不同

併發症

- ◆ 傷口感染
- ◆ 髖關節脫位
- ◆ 內固定器移位
- ◆ 患肢腫脹
- ◆ 靜脈栓塞
- ◆ 雙腿長度不一
- ◆ 神經血管損傷等

為避免髖關節脫位，病人切記：

- ◆ 坐時保持髖關節少於90度
- ◆ 保持雙腿分開，不要交叉或重疊雙腿
- ◆ 患肢不要向內轉動

覆診

請依時覆診。祝君早日康復！

如有任何查詢，請聯絡主診醫生


以上資料由瑪麗醫院矯形及創傷外科提供



瑪麗醫院
Queen Mary Hospital

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MANAGEMENT OF HIP FRACTURE

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MANAGEMENT OF HIP FRACTURE

Introduction

Majority of the patient suffering from **hip fracture** will have pain in their hip, affecting daily activities. Sometimes operation is performed to enhance rehabilitation, prevent prolonged immobilization and complication such as pneumonia and pressure injury. In view of different types of fracture, surgeon will use screws, plates or arthroplasty to fix the fracture.



AO Screw



Dynamic Hip Screw



Hemi-arthroplasty



Proximal Femoral Nail Antirotation

Pre-operative Preparation

- ◆ Pre-operative investigations, such as
 - Blood tests

- Cross match
- X-rays
- Electrocardiogram
- Urinalysis etc.
- ◆ Take nutrition diet, especially high in protein and carbohydrate if not contraindicated
- ◆ Quit smoking/drinking coffee/drinking alcohol
- ◆ Practice deep breathing and coughing exercises and non-affected limb exercises
- ◆ Pre-operative bath
- ◆ Pre-operative enema
- ◆ Stop eating/ drinking at the prescribed time
- ◆ A written consent is required
- ◆ The mode of anesthesia will be decided by the anesthesiologist

Post-operative Care & Advice

- ◆ Patient's condition will be closely monitored, such as blood pressure, pulse, temperature, respiration status etc

- ◆ In general, diet can be resumed once the patient is fully conscious
- ◆ Wound pain can be minimized by taking analgesic and gentle handling of the operated limb
- ◆ Keep wound clean and dry
- ◆ Drainage tube usually will be removed on post-operative day 2-3 when the drainage is minimal
- ◆ Wound stitches will be removed around 2 weeks after the operation
- ◆ Depending on the condition, the operated limb may be elevated with pillow, or positioned with an 'abduction pillow' subsequently with a 'suspension sling' to prevent hip dislocation and facilitate limb exercise
- ◆ Cross-legs and squatting should be avoided in patients after hip arthroplasty



Abduction Pillow



Suspension Sling

Rehabilitation

- ◆ During the initial period, patient should not ambulate/ walk on his/her own without health care personnel's supervision
- ◆ If patient's condition is stable, nurses and physiotherapists will start ambulating the patient
- ◆ Patient will have different degree of weight-bearing according to the intra-operative condition
- ◆ The progress of rehabilitation depends on individual patient's condition

Complications

- ◆ Wound infection
- ◆ Hip dislocation

- ◆ Implant displacement
- ◆ Limb swelling
- ◆ Limb length discrepancy
- ◆ Deep vein thrombosis
- ◆ Neurovascular injury etc.

Hip dislocation can be prevented by

- ◆ Avoid hip flexion more than 90°, e.g. do not sit with the hip flexed more than 90°
- ◆ No hip adduction, e.g. do not cross leg
- ◆ No internal rotation of the hip

Follow up

Follow up as scheduled. Get well soon!

Should you have any queries, please consult your doctor-in-charge

Information provided by Department of Orthopaedics & Traumatology, Queen Mary Hospital