

Femur Fracture Nailing — Pre-Operative Patient Guide

Colby Wollenman, M.D.

Femoral Shaft Fracture (Broken Thigh Bone) — Intramedullary Nailing

Your Condition & Procedure

The condition

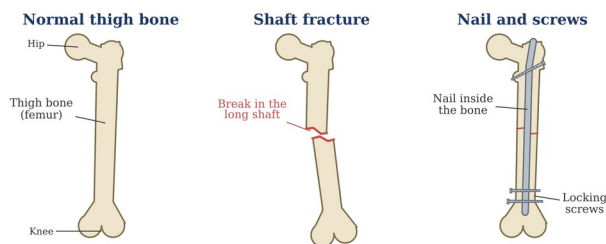
The **femur** (thigh bone) is the longest and strongest bone in the body. A **femoral shaft fracture** is a break along its long middle part, usually from a high-energy injury such as a car crash, or from a fall when bone is weaker. It causes severe thigh pain, swelling, and deformity, and you cannot stand on the leg.

The surgery

Through small incisions at the hip or knee, the bone is lined up and a strong metal rod (**nail**) is passed down the hollow center of the bone, then locked with screws at each end. The nail shares the load with the bone, so most patients can put weight on the leg right away. The final plan is determined during surgery.

Risks & benefits

Benefits: The nail holds the bone in line so you can walk soon after surgery, and most fractures heal reliably. **Risks** are uncommon and include infection, blood clots, the bone healing slowly or not at all, the bone healing out of line or rotated, a leg-length difference, pain at the hip or knee from the nail or screws (common; screws can be removed later), injury to nearby structures (such as nerves or blood vessels), stiffness, persistent pain, and the need for further surgery. These will be reviewed with you in detail before surgery.



Femoral shaft fracture and nail fixation (illustration)

Before Surgery

- **Medications:** We will tell you what to stop and when (e.g., blood thinners, anti-inflammatories, some supplements, weight-loss injections).
- **Fasting:** Follow the instructions from your surgery coordinator/facility. In general, you should have nothing to eat or drink starting at midnight the night before surgery.
- **Nicotine:** Stop all nicotine products—they slow healing.
- **Equipment:** A walker or crutches are typically provided in the hospital.
- **Physical therapy:** Begins in the hospital; outpatient therapy typically starts within the first 1–2 weeks.
- **Home:** Plan for a helper and remove trip hazards; a shower chair can help.
- **Medical history:** Let us know if you or anyone in your family has a history of blood clot disorders or a malignant hyperthermia reaction to anesthesia.
- **Health:** Call us if you develop a fever, illness, or skin problem near the thigh.

Day of Surgery

- If instructed, take blood pressure/heart medications with a small sip of water.
- Arrive at the time given by your surgery coordinator (if you are already in the hospital, your care team will bring you).
- Bring your medication list, insurance card, photo ID, and walker or crutches if you have them.
- Wear loose clothing; leave jewelry and valuables at home.
- A responsible adult must drive you home. You may **not** drive yourself.

Immediately After Surgery

- You will recover in the recovery area; many patients stay in the hospital for one or more nights.
- Your surgeon will discuss the procedure with you and your support person.
- Your care team will review wound care, restrictions, medications, follow-up, and warning signs before discharge.

Milestone

What to Expect After Surgery (General Timeline)

Weight-bearing	Full weight as comfort allows with a walker or crutches, unless told otherwise (some fractures need touch-down weight for 6+ weeks). The device is weaned once you walk without a limp, typically 6–12 weeks.
Motion	Hip and knee motion start right away; full knee straightening and bending past 90° by 2 weeks. Stationary bike and pool from 6 weeks.
Daily life	Desk work often within 2–4 weeks. No driving while taking narcotic pain medication.
Running	Typically ~4 months, once x-rays show healing and thigh strength reaches 80% of the other leg.
Sports	Agility and sports training at 5–6 months; full release typically 4–6 months, after strength testing.

► **Please note:** This is a general guide only. Detailed post-operative instructions will be provided on the day of surgery, and your restrictions and timeline may change based on the findings and procedures performed.

Learn More

We **strongly recommend** reading these pages from the American Academy of Orthopaedic Surgeons (OrthoInfo) before your surgery:

- **Your condition: Femur Shaft Fractures (Broken Thighbone)** — <https://orthoinfo.org/en/diseases--conditions/femur-shaft-fractures-broken-thighbone/>
- **Your procedure: Internal Fixation for Fractures** — <https://orthoinfo.org/en/treatment/internal-fixation-for-fractures/>

Video: You may find a video demonstrating an example (not the exact technique) of your surgery at <https://patient.orthopedica.com/student/activity/2575893-thigh-bone-fractures> (or browse <https://patient.orthopedica.com/student/catalog>).

Questions before surgery? Call our office at (972) 378-1438. For a medical emergency, call 911.