

Hip Fracture Replacement — Pre-Operative Patient Guide

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Femoral Neck Fracture — Hemiarthroplasty or Total Hip Replacement (Posterior Approach)

Your Condition & Procedure

The condition

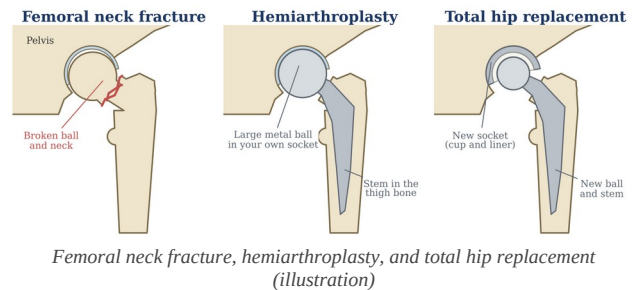
The **femoral neck** is the short segment of the thigh bone just below the ball of the hip. When it breaks and shifts, especially in older adults, the ball often loses its blood supply and is unlikely to heal if fixed. It causes groin or hip pain and makes standing or walking very hard.

The surgery

Through an incision on the back and side of the hip (**posterior approach**), the broken ball is removed and a stem is placed in the thigh bone. In a **hemiarthroplasty**, a metal ball sits in your own socket; in a **total hip replacement**, the socket is also lined with a new cup. The final plan is determined during surgery.

Risks & benefits

Benefits: Replacing the broken ball relieves pain and lets you walk on the leg right away. **Risks** are uncommon and include infection, blood clots, hip dislocation (most likely in the first weeks), a leg-length difference, fracture around the implant, infection of the implant, loosening or socket wear over time, confusion after anesthesia, injury to nearby structures (such as the sciatic nerve or blood vessels), stiffness, persistent pain, and the need for further surgery. These will be reviewed with you in detail before surgery.



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 is typically provided in the hospital; a raised toilet seat can help with low seats.
- **Physical therapy:** Begins in the hospital, typically the day of or after surgery.
- **Home:** Plan for a helper and remove trip hazards (loose rugs, cords); 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 hip.

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 cane 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; most patients stay in the hospital for a few days, and some go to a rehab facility before home.
- 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, starting the day of or after surgery. Daily walking is your most important exercise.
Hip precautions	For 6 weeks, avoid bending the hip deeply while the knee crosses inward and turns in—such as a deep, low chair with knees together, crossing your legs, or twisting toward the surgical side. Stricter precautions only if your surgeon advises.
Walking	Walker for the first 2–6 weeks, then a cane as balance allows; the cane is stopped once the limp is gone. No driving while taking narcotic pain medication.
Recovery	Most reach their prior level of walking by ~12 weeks. Sudden groin pain with a shortened or turned-in leg—call us right away. Ask about a bone-density check.
► 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: Hip Fractures** — <https://orthoinfo.org/en/diseases--conditions/hip-fractures/>
- **Your procedure: Total Hip Replacement** — <https://orthoinfo.org/en/treatment/total-hip-replacement/>

Video: You may find a video demonstrating an example (not the exact technique) of your surgery at <https://patient.orthopedica.com/student/activity/1948534-hip-arthritis> (or browse <https://patient.orthopedica.com/student/catalog>).