

Information and exercises following cannulated screw fixation

Introduction

Cannulated screws are inserted where the neck of femur has been fractured and where there is a good chance that it will heal if held in place by internal fixation.

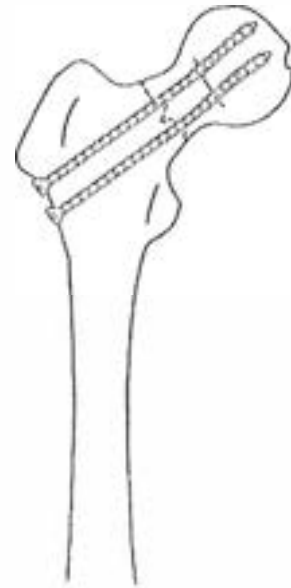
In this case, the internal fixation consists of 3 large screws placed through the neck of femur into the head.

These will remain in place permanently even once the fracture has healed.

Following your operation, you will be encouraged to mobilise as soon as possible and you must make sure that you are receiving adequate pain relief to allow you to do this. Normally, you will be sat out of bed the day after the operation with assistance and a walking aid. You will be non-weight bearing, or if the doctors allow minimally weight bearing for a period of six weeks.

Mobility will be progressed during your admission with the physiotherapist. He/she will advise you on how far you should be mobilising and what walking aids are appropriate for you (usually a walking frame initially and then progressing to crutches if able).

It is also important that you exercise to strengthen the muscles around the damaged hip. Your physiotherapist may advise you of additional exercises that may also benefit you.



Pain

After your operation some pain may persist for a further few weeks and you should use this as a guide when increasing your daily activities. A moderate ache which settles quickly is acceptable, severe pain which takes hours to settle is not. If you experience sharp pain, stop activity immediately. If symptoms persist, contact your GP for advice.

If the area around the wound becomes red, increasingly more painful, discharges pus or you become unwell with a high temperature, contact the Orthopaedic Department on 0118 322 6938.

Swelling

The swelling in the leg may remain for as long as three months. Having a rest period on the bed with the legs elevated (raised up) for a few hours a day will help control the swelling.

Driving

- As you are non- or minimally- weight bearing for 6 weeks you will not be able to drive for this period.
- After the 6 weeks, in order to drive you need to be nearly pain free, not be dependent on walking aids, have a good range of movement and have sufficient reflexes to manage an emergency stop.
- Remember to have a "test drive" and practice an emergency stop with an experienced driver.

Work

- If you have a desk job and you can get to work you may find it comfortable to return to work after 4-6 weeks.
- With more physically demanding jobs it's likely to be 3 months before you can return to work.

Sports and hobbies

- Low impact activities such as walking, swimming and gardening are recommended.
- High impact activities should be avoided till around 3 months post-op to ensure fracture healing.
- All heavy activities such as digging and heavy lifting should be avoided for 3 months post-op.

General advice

- Do have regular rest periods each day.
- An increased ache in the hip region usually means that your level of activity has increased.
- If you experience a sharp pain, stop activity immediately.
- If symptoms persist, contact your GP for advice.
- Aim to be as active as you can within the limits of pain.

Leaving hospital

When the ward team feels you are ready, you will be discharged, either home or to a further rehabilitation centre. Before leaving, your physiotherapist should discuss with you which exercises to continue at home and how to progress your mobility.

Mobility/Walking

You will need to use your frame/crutches for a minimum of 6 weeks non/minimal weight bearing as you have been taught. When advised to do so by your doctor or physiotherapist you should gradually increase the amount of weight taken on the operated leg.

Once fully weight bearing you may still need to use some sort of walking aid as you may still have a limp due to muscle weakness, become tired when walking further than expected or come to unforeseen obstacles.

Sitting down / standing up

- To stand up, shuffle to the front of the chair, tuck your non-operated leg back underneath you. Place the operated leg out in front of you. Push up with both hands on the arms of the chair, or push up with one hand on the arm of the chair holding your crutches in the other. Make sure that all of your weight goes through the operated leg only. Once balanced place both hands on the frame or crutches in both hands.
- To sit down, stand close enough to feel the chair against the back of your legs. Either let go of the walking frame and reach back to the arms of the chair with both hands or place both crutches in one hand and place the other on the arm of the chair. Step your operated leg forward and gently lower yourself into the chair.

