

Hip Fracture

A plain-English guide for you and your family

WHAT IS HAPPENING

The hip joint is where the ball at the top of your thigh bone (femur) sits in a cup in your pelvis. This joint carries your whole body weight when you stand, walk, or climb stairs. In older adults, bones often get thin and brittle (a condition called osteoporosis) because they lose calcium and protein over time. When someone with thin bones falls—even from standing height—the top of the thigh bone can snap. The break usually happens in the neck of the femur (the narrow part just below the ball) or in the area just below that (the intertrochanteric region). Once the bone breaks, the leg cannot hold weight anymore. The broken pieces shift, muscles pull the leg into a shortened, outward-rotated position, and sharp pain shoots through the hip and groin. The person cannot stand or walk. If they lie still for days waiting for surgery, blood pools in the leg veins and can clot, the lungs may not expand fully, the brain gets less oxygen, and pressure on the skin over the tailbone and heels can cause sores. Surgery within 48 hours pins or replaces the broken bone, stops the pain, and lets the person move again—which prevents these dangerous complications and gives the best chance of walking again.

What you might feel

- Sharp pain in the hip or groin that gets worse when you try to move your leg or put weight on it
- The injured leg looks shorter than the other leg
- The injured leg is turned outward so the foot and knee point away from the body
- Cannot lift the leg off the bed or stand on it at all
- Swelling and bruising spreading over the hip, thigh, or groin
- Tenderness when you press on the hip or groin area
- Hip or groin pain that started after a fall, even if the leg still moves a little
- Sudden confusion or worsening mental fog in an older adult after the injury

Call the doctor right away if...

- Leg is cold, pale, or has no pulse below the hip (artery may be torn or pinched by the broken bone)
- Cannot feel or move the foot or toes (nerve damage from the fracture)
- Sudden chest pain or trouble breathing after the injury (fat or a clot from the fracture site may have traveled to the lungs)
- Signs of shock: fast heart rate, sweaty skin, confusion, or very low blood pressure (hidden bleeding inside the hip can be large and life-threatening)
- Fever, chills, or a wound over the hip (open fracture with bone poking through the skin risks serious infection)

What the care team will do

- Keep the broken leg still and supported with pillows in neutral position, avoiding rotation or pulling on the leg.
- Give multimodal pain control using scheduled acetaminophen, nerve blocks (regional anesthesia), and ice, saving opioids only for breakthrough pain.
- Start blood clot prevention within 24 hours using compression stockings (sequential compression devices) on both legs and injectable blood thinner like enoxaparin unless bleeding risk is high.
- Check skin every 4 hours, especially heels and tailbone, and turn the patient every 2 hours to the non-broken side using pillows between knees.
- Monitor for delirium every shift using orientation questions and confusion screen, keep room quiet with normal day-night lighting, and avoid Foley catheters and sedating medicines like diphenhydramine.
- Get patient sitting up in chair and taking steps with physical therapy within 24 hours after surgery, even if painful.
- Ensure bowel movement within 3 days using stool softeners, hydration, and walking, avoiding strong laxatives initially.
- Check hemoglobin and blood pressure every 4 hours for first 24 hours, watching for signs of hidden bleeding like fast heart rate, dizziness, or confusion.

Medicines you may be given — and why

Acetaminophen (Tylenol)

Acetaminophen blocks pain signals in the brain and spinal cord so you feel less hurt. It does NOT reduce swelling in the broken bone itself—it only turns down the volume on pain messages traveling to your brain.

Morphine or Oxycodone (opioid pain medicines)

Opioids attach to special docking sites (opioid receptors) in your brain, spinal cord, and gut. When they lock on, they block pain signals and change how your brain experiences hurt, making severe pain much more bearable.

Enoxaparin (Lovenox) or Fondaparinux (Arixtra)

After a hip fracture, you are at high risk for a clot in a deep leg vein (deep vein thrombosis) (a clot in a leg vein) because you lie still and blood pools. Enoxaparin and fondaparinux block clotting factor Xa, a key enzyme in the clotting cascade, so blood stays thinner and clots form less easily.

Vitamin D (cholecalciferol) and Calcium supplements

Your bones are like a savings account for calcium. Vitamin D helps your gut absorb calcium from food, and calcium is the main mineral that keeps bones hard. After a hip fracture, most people are low in both, so you give extra to help the broken bone heal and prevent the next fracture.

Alendronate (Fosamax), Risedronate (Actonel), or Zoledronic acid (Reclast)

Bisphosphonates glue themselves to bone surfaces and poison the cells (osteoclasts) that normally chew up old bone. With less bone breakdown, your skeleton stays denser and the risk of another fracture drops by about 50 percent over three years.

Regional nerve block (femoral or fascia iliaca block with local anesthetic)

A doctor injects numbing medicine (usually bupivacaine or ropivacaine) near the nerves that carry pain from your hip. The anesthetic blocks sodium channels in the nerve so pain signals cannot travel up to your brain. This gives excellent pain relief for 12–24 hours with far less need for opioids.

Where this information comes from

- American Academy of Orthopaedic Surgeons (AAOS) Hip Fracture Guideline 2021

- National Institute for Health and Care Excellence (NICE) Hip Fracture Guideline 2017, updated 2023
- Cochrane Systematic Reviews – Hip Fracture Management
- American Geriatrics Society (AGS) Hip Fracture Care

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