

Admission for the repair of bone fracture(s)

Introduction

This leaflet will explain what will happen when you come to the hospital for your operation. It is important that you understand what to expect and feel able to take an active role in your treatment. There will be many different health professionals involved in your care during your stay and there will be a clear plan for any after care when you are discharged from hospital. This leaflet will answer some of the questions that you may have but if there is anything that you and your family are not sure about then please ask.

About the Trauma & Orthopaedic Unit

The Royal Berkshire Trauma and Orthopaedic Unit is situated in South Block. The unit consists of one elective orthopaedic ward that admit patients from the waiting list for planned operations; this ward is situated on level 2. There are also two trauma orthopaedic wards that admit patients via Accident and Emergency; these wards are situated on level 3. When you have suffered a broken bone (fracture) that requires an admission, you will be admitted to one of the trauma wards:

- Trueta Ward
- Heygroves Ward

Doctor or consultant review

The morning after your admission your case will be reviewed at the 7.45am trauma meeting along with all the other patients awaiting theatre, in order to identify an order of urgency.

The consultant responsible for your care or a member of their team will then visit you on your ward. During this visit a decision will be made regarding which course of treatment is most suitable to follow; this will be discussed with you. To assist this decision, your consultant may need further investigations to be carried out. These may include further blood tests, X-rays or possibility a CT / MRI scan.

Not all broken bones require surgery to correct; you may only require the fitting of a plaster or lightweight cast. Be prepared to remain 'Nil by Mouth' (NBM) until the completion of any necessary tests and investigations when a final decision is made. The nursing staff will keep you informed.

Fractures and how they happen

Fracture means broken. Whether you have a complete or a partial fracture, you have a broken bone. A bone may be completely fractured or partially fractured in a number of ways (crosswise, lengthwise, in the middle).

Fractures can happen in a variety of ways:

- Trauma accounts for most fractures. For example, a fall, a motor vehicle accident or a tackle during a football match can result in a fracture.
- Osteoporosis can contribute to fractures. Osteoporosis is a bone disease that results in the 'thinning' of the bone. The bones become fragile and easily broken.
- Overuse sometimes results in stress fractures. These are common among athletes.

Diagnosing fractures

Usually, you will know immediately if you have broken a bone. You may hear a snap or cracking sound. The area around the fracture will be tender and swollen. A limb may appear deformed or a piece of bone may puncture through the skin. Doctors usually use an X-ray to verify the diagnosis. Stress fractures are more difficult to diagnose because they may not immediately appear on X-ray. However, there may be pain, tenderness and mild swelling.

Types of fractures

1. Closed or simple fracture. The bone is broken, but the skin is not cut or torn.
2. Open or compound fracture. The skin may be pierced by the bone or by a blow that breaks the skin at the time the fracture occurred. The bone may or may not be visible in the wound.
3. Multi-fragment fracture. A fracture that results in three or more bone fragments.

Treatment for fractures

Doctors use casts, splints, pins or other devices to hold broken bones in the correct position while they heal.

- Cast immobilisation – a plaster or lightweight cast is the most common type of fracture treatment because some broken bones heal successfully once they have been repositioned and a cast applied to keep the broken ends in the proper position while they mend.

- Traction – traction is used to align bones by a gently pulling action. The pulling force may be transmitted through skin tapes or a metal pin inserted through a bone. Traction may be used as a temporary measure before other forms of treatment are used.
- Internal fixation – this is a surgical procedure. Bone fragments are first repositioned (reduced) into normal alignment, then held together with special screws or by anchoring plates to the outer surface of the bone. The fragments may be held together by inserting rods down through the marrow space of the bone. These methods of treatment reposition bone fragments exactly. Due to the common risks associated with all surgery, your surgeon will consider the best treatment to restore your broken bone to normal function.
- External fixation – if your limb is very swollen a temporary external fixator may be used to align the bone fragment until the swelling settles. Then a definitive operation can be carried out.
- ILIZAROV frame – if your bones are badly damaged at a joint or sometimes in the shaft, a circular ring fixator (a cage) called an Ilizarov frame may be used.

The method of treatment will depend on location and type of fracture, the seriousness of the injury, your general health and needs. Successful treatment will depend greatly on your co-operation; cast and fixation devices can be painful and inconvenient but without them your fracture will not heal. Help yourself to gain successful healing by following the advice of your doctor, nurse and physiotherapist.

Fasting policy (Nil by Mouth)

All surgery, regardless of the type of operation, carries a level of risk. Your doctor will explain this to you in more detail. One large risk for all patients undergoing general anaesthetic is that of aspiration (vomiting of fluids and other stomach contents that are inhaled into the lungs).

To reduce this risk patients are fasted. Our hospital policy is:

- Food: you can eat up until six hours prior to surgery. Please note that sucking sweets, chewing gum and milk are all classed as foods.
- Drink: you can drink clear fluids up until to two hours prior to surgery, then nothing at all by mouth until after surgery.

Clear fluids include: water, well-diluted squash that you can see newspaper print through, Nutricia® drinks (available on the ward) and black tea and/or black coffee, (we do allow a small spoon of sugar in black tea / coffee).

Due to the many uncertainties associated with trauma operation, it is not unusual for some patients to be fasted more than once due to cancellations. Your nurse will be aware of the time you are fasting and if delays occur he/she will attempt to establish the reasons and ask if you can be given something to eat and drink.

We ask that patients exercise understanding in that all is being done to assist in getting you through your surgery as quickly as possible. If you have concerns ask your nurse.

The trauma theatre list

At 7.45am each morning, the doctors meet to discuss all trauma patients on the wards. This is known as the daily 'trauma meeting'. At this meeting all cases that may require surgery are reviewed and a draft or temporary 'theatre list' is compiled based on urgency (how serious the injuries are and how quickly they need attention).

This order of priority may change and patients may be postponed or cancelled for several reasons:

- Following the meeting doctors will examine you and it may be decided more tests are needed or that you do not need surgery.
- Excessive swelling may need to go down before it is safe to operate.
- You may need special equipment for your operation that will need to be ordered or sent from another hospital.
- Other people may be admitted via Accident and Emergency with injuries that are more urgent or life-threatening and requiring immediate surgery.
- Patients ahead of you on the list may for some unforeseen reason or complication take longer than planned. This may mean that there is no theatre time left for your operation.
- Other ward patients' condition may unexpectedly deteriorate, requiring them to move up the list ahead of you.

Recovery and rehabilitation

Fractures take from several weeks to several months to heal, depending on the extent of injury and how well you follow your doctor's advice. Pain usually stops long before the fracture is solid enough to handle the stresses of normal living. Even after your cast has been removed, you may need to continue limiting your activity until the bone is solid enough. Usually, by the time the bone is strong enough, the muscles, for instance in your arm or leg, will be too weak because they haven't been used. Your ligaments may feel 'stiff' from not using them. You will need a period of rehabilitation that involves exercises and gradually increased activity before the healing process is complete and you regain normal function.

Visiting times

Visiting times vary on the wards Please contact the wards to find out there visiting times.

If there are circumstances where it is difficult for people to visit you during wards visiting hours, then please speak to your nurse and inform him/her of your concerns.

Pay on foot (take ticket at barrier and pay at machine before leaving) car parking is provided for your visitors within the multi-storey car park on Craven Road. Please note that the roads surrounding the hospital are regularly patrolled by wardens and have time restrictions.

Contact information

Redlands Ward 0118 322 7485

Chesterman Ward 0118 322 8847

Trueta & Heygroves Trauma Unit 0118 322 7541

Further information

More information is available on the Trust website:

www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

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