

Last year more than 60,000 people in the UK suffered a hip fracture. Consultant orthopaedic surgeon **Zameer Shah** talks about the treatment and care of hip fracture patients.

## Keeping patients mobile



“On top of everything else they are going through, you don’t want cancer patients like Tony to be worried about hip fractures”

Tony Hunter and Zameer Shah, consultant orthopaedic surgeon

A hip fracture is a crack or break in the thigh bone which occurs at the hip joint. Hip fractures can be extremely painful and leave a person unable to move their leg.

Zameer Shah, consultant orthopaedic surgeon, explains: “We see a wide range of patients in the Fracture Clinic. A hip fracture can be brought about through all sorts of circumstances, so we have a multi-disciplinary team in place for providing prompt treatment appropriate to each patient’s individual needs.

“There are hip surgeons on standby for carrying out hip replacement or hip repair operations. We can get people back on their feet within a day or so.”

Hips become weaker as a person becomes older. Older people can also be vulnerable to falls leading to broken hips.

“A lot of hip fractures happen later in

life so there are also specialist older people’s doctors in the team who assess and plan suitable care for these patients,” says Zameer.

“Having this full team available makes such a difference for our patients as we work together very efficiently to get the patient back on their feet as quickly as possible. We’re a national leader in the service we provide and we gain a lot of positive feedback.”

Guy’s and St Thomas’ also provides a hip care service for cancer patients. Cancer in bones increases the risk of a hip fracture occurring, so a service has been set up at the Trust which cancer patients can be referred to for specialist treatment.

After an assessment, the patient will potentially be offered surgery aimed at avoiding a hip fracture. This preventative

treatment can relieve patients of the worry that their hips will suddenly break and lead to a dangerous fall. It means that cancer patients have a better chance of remaining mobile while undergoing their treatment.

Tony Hunter is a kidney cancer patient at Guy’s and St Thomas’ who has benefited from the service.

Tony, who is 63 and lives in Rochester, Kent, had a tumour behind his pelvis which made it very painful for him to use one of his legs. A referral to the specialist hip care service led to the tumour being removed and his hip being replaced.

Tony is grateful to be walking again and feels his quality of life has improved.

“My new hip is working well. Having had the operation I’m now able to get from A to B by myself and that gives me great



### Zameer Shah's healthy hip tips

- Keep active and exercise regularly
- Walking, swimming, and cycling are particularly beneficial
- Try a new activity such as yoga or Pilates
- Maintain a healthy weight

peace of mind.”

Zameer Shah says: “On top of everything else they are going through, you don't want cancer patients like Tony to be worried about hip fractures.

“Through working closely with the cancer team, we are able to provide patients with improved treatment options that help them stay on their feet.”

To find out more, go to [www.guysandstthomas.nhs.uk/trauma-orthopaedics](http://www.guysandstthomas.nhs.uk/trauma-orthopaedics)

## Body and mind

“We are always aiming to make things better for our patients, to help them become more independent,” explains physiotherapist Rebecca Mullin. Rebecca works with people who have neurofibromatosis, a condition that causes tumours to grow on nerves. She uses exercise to restore movement and function for her patients.

Rebecca found that some patients weren't improving as quickly as she would have expected, because they found it difficult to commit to the exercises she had recommended they do in their own time.

She explains: “They find it hard to keep their motivation up. It's understandable – physio isn't a 'quick fix', and some of the stretches can be uncomfortable, but they're so important. Rehabilitation can often stop a problem from getting worse.”

Rebecca started to work with health psychologist Jess Walburn to find new ways of helping patients to commit to their rehabilitation. The initiative is part of the National Neurofibromatosis Service, based at Guy's Hospital. With Jess's insight and advice, Rebecca hopes that her patients will find the encouragement they need.

Jess explains: “Whether or not a patient commits to their rehabilitation depends on how necessary they think the rehab is, and whether they have any concerns or worries about it.

“Barriers to commitment might include a lack of motivation, time, or understanding, or wider anxieties about what you've been asked to do. Motivation problems can arise during the physiotherapy session itself, or afterwards. By working together, we can find out from patients what the barriers are, and see how we can support them.

“Setbacks are normal and to be expected if you're trying something new. People who lapse on one day of a new resolution – whether it's physiotherapy, or stopping smoking, or going to the gym – often think 'well, there's no point doing it tomorrow either'. But of course, it's always worth trying again the next day.”

It's early days for the partnership between physiotherapy and psychology, but Rebecca and Jess are already seeing results. Rebecca says: “It is absolutely amazing to see someone walk on their own for the first time in years.”



Physiotherapist Rebecca Mullin with patient Maria Whitefield