# Hip Hip Hooray
## - Part 2

**Chances are, you'll know if you had a hip fracture, but let Dr Amritpal Singh *(Consultant, Orthopaedic Surgery, Ng Teng Fong General Hospital)* clue you in on how orthopaedic surgeons diagnose and treat hip fractures.**

### Are there different types of hip fractures?

There are two types: intracapsular and extracapsular fractures. Both occur equally. The main difference is that in intracapsular fractures, the blood supply to the hip is affected and this usually requires a replacement. In extracapsular fractures, the blood supply to the hip is still intact, and can be treated by fixation.

### How is a hip fracture diagnosed?

X-rays, in most individuals. However, in some individuals, the bone has broken but not shifted out of position yet, so a Magnetic Resonance Imaging (MRI) is required to rule out a hip fracture or fractures elsewhere in the region.

### How are hip fractures treated?

Four treatment options:

(i) Intramedullary nailing

(ii) Screws and plates

(iii) Hemiarthroplasty

(iv) Total hip replacement

Surgery, in the form of either fixation or a hip replacement, is the most common treatment option. It offers a patient the best chances of regaining their ability to walk. It is normal for most patients to experience a drop in their mobility after hip fracture surgery, and this is still a comparatively better outcome compared to without surgery (where the chance of walking again is almost zero).

### What are the possible complications if I delay or forego treatment?

Without surgery, you may find it impossible to turn in bed, go to the toilet, or sit out of bed. You may also experience pain that could be excruciating. Delaying or foregoing treatment can also result in complications associated with immobility, which include chest infections, pneumonia, bed sores, clots in the legs, clots in the lungs, and urinary tract infections.

**Prompt treatment by a trained healthcare professional is key to ensuring that you get back on the road to recovery, but we recommend getting strong so you can avoid hip fractures in the first place. We share how in the last of our three-part series – stay tuned!**

*Contributed by Dr Amritpal Singh, Consultant, Division of Orthopaedic Trauma Surgery, Department of Orthopaedic Surgery*