



Effective Health Care Program

# Managing Pain From a Broken Hip

A Guide for Adults and Their Caregivers



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## Is This Guide Right for Me or Someone I Care For?

### Yes, if:

- You or the person you care for is an older adult (more than 50 years old) who is in a hospital because of a hip fracture (a broken hip that occurs suddenly from an event like a fall).

### No, if:

- You or the person you care for is in the hospital for anything other than a broken hip or has hip pain that is NOT from a broken hip.

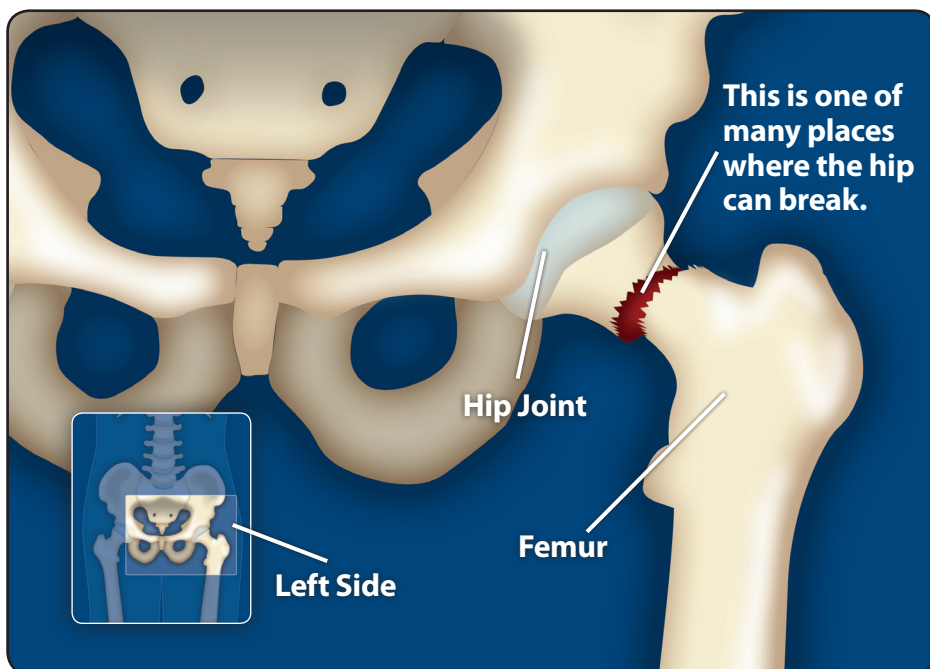
### Where does the information in this guide come from?

The information in this guide comes from a review of many studies on treatments for older adults who have pain from a broken hip. A team of researchers, doctors, nurses, pharmacists, physical therapists, and other experts reviewed the current research. You can read the entire review at [www.effectivehealthcare.ahrq.gov/hippain.cfm](http://www.effectivehealthcare.ahrq.gov/hippain.cfm).

## Understanding Your Condition

### What is a broken hip?

A broken hip is a break in the thigh bone (called the “femur”) near the hip joint. In older adults, a broken hip can occur from falling or from daily use if the femur is weak. The femur is one of the strongest bones in your body, but it may weaken with age. Even a minor injury may cause the bone to break.



People who have a bone-weakening condition called “osteoporosis” are more likely to break a hip.

A broken hip is a serious injury that is very painful and can keep you from walking. People with broken hips may be at risk for other problems, such as pneumonia, blood clots, and muscle weakness. Some problems can be life threatening. For that reason, if possible, broken hips are treated with an operation to repair the hip, physical therapy to help you gain strength after the operation, and medicine to help ease the pain.

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## Why is managing pain important?

Over time, pain from a broken hip may cause:

- “Delirium” (confusion, excessive sleepiness, agitation, talk that does not make sense, or seeing things that are not there).
- Poor sleep.
- Depression.

Uncontrolled pain can also interfere with treatments for your other medical conditions. Pain can also slow down your physical therapy and recovery. Your doctor, nurse, or physical therapist will ask you about your pain. They may ask you to rate your pain so that they can see if treatment is helping. It is important to let them know if you are still in pain.

The amount of pain and type of pain from a broken hip can change during your treatment. For example, the pain can be different before and after an operation, during rehabilitation, and after you come home from the hospital.

If you are caring for someone who has difficulty thinking or expressing thoughts (called “dementia”), he or she may not be able to tell you about the pain. It is still important that the pain is managed.



## Understanding Your Choices

### Usual care for pain from a broken hip

Your doctor may give you medicines to treat the pain before or after an operation to repair the broken hip. Some of these include:

**Acetaminophen.** This non-aspirin pain medicine is often used for many types of pain, such as body aches and headaches. It usually is not strong enough by itself to relieve the pain.

**Opioid analgesics.** Some common names for these drugs are morphine, codeine, and oxycodone. You may get these medicines as a pill, a shot, or through a tube in your arm (called an “IV”).

Common side effects of opioid analgesics include:

- Nausea, vomiting, and constipation.
- Sleepiness and confusion.
- Itchiness.

**Nonsteroidal anti-inflammatory drugs or NSAIDs.** Some common names for these drugs are ibuprofen and naproxen. These medicines come as a pill or a liquid.

Some of the common side effects of NSAIDs include:

- Dizziness.
- Nausea.
- Diarrhea.
- Excess gas.
- Irritation and bleeding of the stomach and intestines.

Be sure to tell your doctor if you experience any of these side effects. Your doctor may give you medicines to help.

## Additional Ways To Reduce Pain

Researchers have studied other ways to manage pain. These other treatments include:

- Nerve blocks.
- Traction.
- Acupressure.
- Muscle-relaxation therapy.
- Neurostimulation.

There is more information from research on nerve blocks than the other treatments listed here. There is very little known about the benefits and risks of traction, acupressure, muscle-relaxation therapy, and neurostimulation.

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### Nerve blocks

#### What is a nerve block?

A nerve block uses a medicine called an “anesthetic” (pronounced an-is-THET-ik) to numb the nerves so that you do not feel pain for a little while. Anesthetics are the same kind of medicine dentists use to numb teeth and gums. The nerve block will make a part of your body numb for a little while.

Your doctor might use a nerve block to help ease your pain if you cannot take medicines like NSAIDs or opioids. Nerve blocks may be used before, during, or after an operation.

There are many types of nerve blocks. They are named for the part of the body where the doctor injects the anesthetic. Your doctor (or anesthesiologist or nurse anesthetist) may inject these medicines into more than one place in your body to give you the most pain relief. For a broken hip, injections are often given around the hip and groin area.

## **What are the benefits of using a nerve block?**

Some research shows that nerve blocks used before, during, or after an an operation may ease short-term pain more than the usual treatment of opioid or NSAID pain medication. Nerve blocks may help you avoid “delirium,” or confusion and cloudy thinking, which can be caused by pain or by opioid pain medicines.

## **Are there any side effects from using a nerve block?**

Researchers cannot say if nerve blocks cause more or less side effects than other treatments for the pain from a broken hip.



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## **Traction**

Traction is a treatment where a part of the body is pulled into a certain position. Traction is usually used before an operation.

There have been only a few studies on traction. They show that traction before an operation does not help relieve pain more than using pain medicines alone, but there is not enough research to know for sure.

Traction may be needed for reasons other than pain.

We do not know if using both traction and medicines for pain increases your risks of serious side effects compared to taking only medicines.

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## **Acupressure, muscle-relaxation therapy, and neurostimulation (TENS)**

Although some studies show that these methods might help, there is not enough research to say if these options can lessen pain from a broken hip. These therapies can be used before or after an operation.

### **What is acupressure?**

“Acupressure” is when a trained therapist presses on specific parts of the body to relieve pain in other body parts.

### **What is muscle-relaxation therapy?**

“Muscle-relaxation therapy” involves breathing and relaxation routines to reduce muscle tension.

### **What is neurostimulation?**

“Neurostimulation,” also known as “TENS,” involves giving small amounts of electricity to excite the nerves around the painful area.



## **Will acupressure, muscle-relaxation therapy, or TENS help relieve my pain?**

Doctors do not know if the pain from your broken hip will be improved or relieved by acupressure, relaxation therapy, or TENS more than by medicines like opioid and NSAID medicines.

## **What are the risks of acupressure, muscle-relaxation therapy, and TENS?**

There is not enough research to say if these options have any risks or can cause any side effects for people with a broken hip.





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## **Making a decision**

### **Ask your doctor**

1. Which options do you think are best to manage my pain?
2. How quickly can I expect relief from my pain?
3. How long do you think I will need to manage my pain?
4. Are you concerned about side effects from any of these options?

### **Other questions for your doctor:**

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### **Write the answers here:**

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## Source

The information in this guide comes from the report *Pain Management Interventions for Hip Fracture*. It was produced by the University of Alberta Evidence-based Practice Center through funding by the Agency for Healthcare Research and Quality (AHRQ). For a copy of the report or for more information about AHRQ and the Effective Health Care Program, go to [www.effectivehealthcare.ahrq.gov/hippain.cfm](http://www.effectivehealthcare.ahrq.gov/hippain.cfm).

This guide was prepared by the John M. Eisenberg Center for Clinical Decisions and Communications Science at Baylor College of Medicine, Houston, TX.

