### Orthopaedic Trauma Institute UCSF + SAN FRANCISCO GENERAL HOSPITAL

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### Disclosures



### Outline

- Definition: What's a "hip fracture"?
- Why do we fix them?
- How do we fix them?
- How do we choose amongst our tools?
- What are the outcomes?

- Hip Anatomy
  - "Ball & Socket" joint
    - Ball: Femoral head
    - Socket: Acetabulum





- Hip fractures
  - Femur
    - Femoral head
    - Femoral neck
    - Intertrochanteric
    - Subtrochanteric



- Femoral Head Fracture
  - Pipkin 1
  - Pipkin 2
  - Pipkin 3
  - Pipkin 4





- Femoral Neck Fracture
  - I: Location
    - Basicervical
    - Transcervical
    - Subcapital
  - II: Displacement
    - Garden 1
    - Garden 2
    - Garden 3
    - Garden 4
  - III: Angulation
    - Pauwel's 1
    - Pauwel's 2
    - Pauwel's 3







- Intertrochanteric Femur Fracture
  - Normal Obliquity
  - Reverse Obliquity



- Subtrochanteric Femur Fracture
  - Russell-Taylor
    - IA
    - IB
    - IIA
    - IIB



- Acetabulum
  - Judet & Letornel
    - Elementary
      - Anterior Column
      - Posterior Column
      - Anterior Wall
      - Posterior Wall
      - Transverse
    - Associated
      - Posterior Column + Posterior Wall
      - Transverse Posterior
        Wall
      - Anterior Column
        Posterior
        Hemitransverse
      - T-shaped
      - Associated Both Column



 Large group of diagnoses, each with its own natural history, surgical treatments, and prognoses.

### Why do we "fix" hip fractures

#### Quantity of life

- Mortality rate if untreated: ~85% at 1 month
- Mortality rate if treated: 30% at 1 year
- Cause of death: Complication of immobilization:
  - Pneumonia
  - Urinary Tract Infections
  - Bed Sores
  - Deconditioning

Why do we "fix" hip fractures Quality of life -0 -0 **– B** -W**–** B -A **-** T















#### How do we fix hip fractures







**Internal Fixation** 



R

### **Internal Fixation**

#### • Goals of Treatment:

- Reduce the fracture
  - Restore patient's own anatomy
- Stable Fixation
  - Place an internal implant that will maintain the reduction
  - Allow immediate WBAT
- Limit soft tissue injury
  - Maintain the blood supply to the bone
  - Keep surrounding tissues healthy and functional



Fracture healing

### **Internal Fixation**







#### **Internal Fixation**



### Arthroplasty

#### • Goals of Treatment:

- Remove the fractured bone
  - Restore patient's biomechanics, not their native anatomy
- Stable implant
  - Implant geometry
    - Allows <u>immediate</u> stability within bone
  - Implant surface
    - Allows <u>eventually</u> bone ingrowth to implant
  - Both required for WBAT
- Limit soft tissue injury
  - Maintain the blood supply to the bone
  - Keep surrounding tissues healthy and functional





### Arthroplasty



 1) Potential for fracture healing  2) Which procedure will allow for the weight bearing needs of the patient

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# Scenario 1: 22yo M MCA, p/w R Pipkin II femoral head fracture and associated hip dislocation



 1) Potential for fracture healing  2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 89yo M GLF, p/w R Pipkin II femoral head fracture and associated hip dislocation



- 1) Potential for fracture healing
- 2) Which procedure will allow for the weight bearing needs of the patient

# Scenario 1: 22yo M MCA, p/w R intertrochanteric hip fracture



- 1) Potential for fracture healing
- 2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 89yo M GLF, p/w R intertrochanteric hip fracture

 1) Potential for fracture healing • 2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 65yo M GLF, p/w R Garden IV femoral neck fracture fracture



 1) Potential for fracture healing • 2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 89yo M GLF, p/w R Garden IV femoral neck fracture fracture



 1) Potential for fracture healing  2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 22yo M MCA, p/w L Associated both column acetabular fracture



 1) Potential for fracture healing  2) Which procedure will allow for the weight bearing needs of the patient

## Scenario 1: 79yo M GLF, p/w L Associated both column acetabular fracture



### What are the outcomes?

#### • Complications:

- Heterotopic Ossification
  - 5-50%
- Avascular Necrosis
  - 1-25%
- Sciatic nerve plasy
  - 1-25%
- Post trauma arthritis
  - 1-75%
- Non-union
  - 2-30%
- Dislocation
  - 0-10%
- Infection:
  - 3-5%



### Summary

- Definition: What's a "hip fracture"?
  - Large group of diagnoses, each with its own natural history, surgical treatments, and prognoses.
- Why do we fix them?
  - Quantity of life
  - Quality of life
- How do we fix them?
  - Internal Fixation
  - Arthroplasty
- How do we choose amongst our tools?
  - Healing potential of the fracture
  - Weight bearing needs of the patient
- What are the outcomes?
  - If complications can be avoided, outcomes are clearly better on an individual and societal level than non-operative treatment.

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### Thank You