
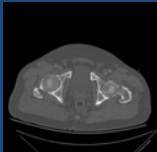




fore

Femoral Neck Fracture
The Young Patient

Atlanta Trauma Symposium
April 21st – 23rd 2014

William M. Reisman, M.D.
Emory University
Grady Memorial Hospital



Objectives

- Timing
- ORIF vs CRPP
- Approach
- Capsulotomy or not
- Fixation methods
- Weight Bearing Status

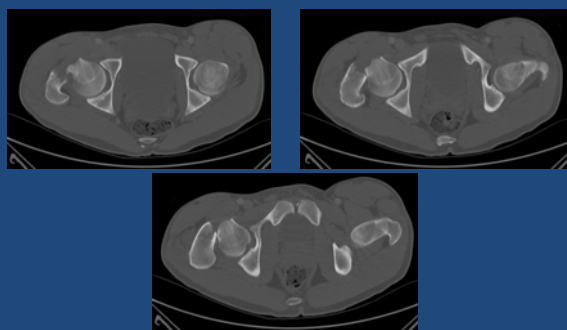


HPI

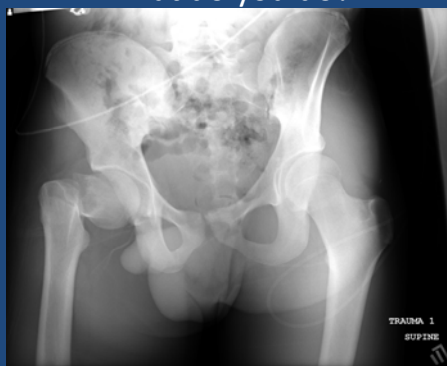
- 19 y/o male fall from a height
- Positive LOC
- TBI

- But Cleared by Trauma

CT Scan



What do you do?

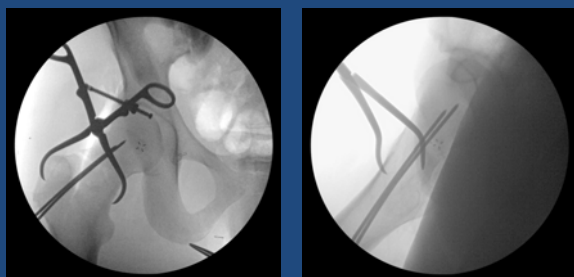


Timing

- As soon as possible
- Physiologically appropriate for the patient
- Optimal Team
 - Hands of someone who does these often
 - Surgical A-Team
- This is different for every surgeon

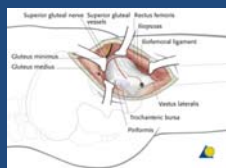
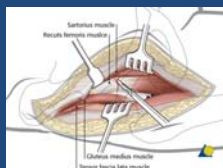
CRPP vs ORIF

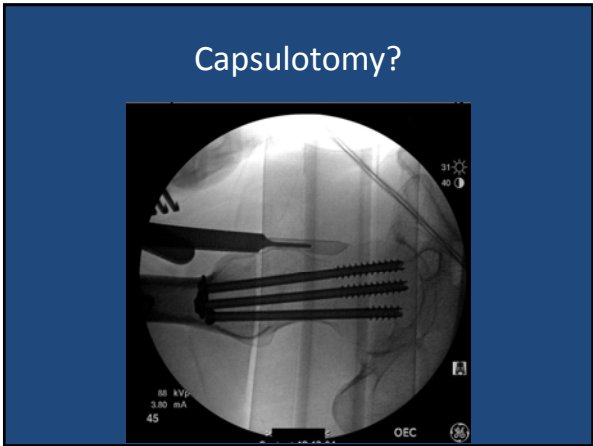
Reduction is KEY in reducing failure

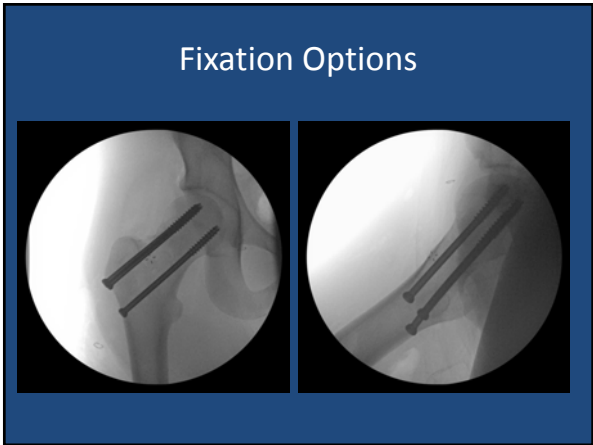


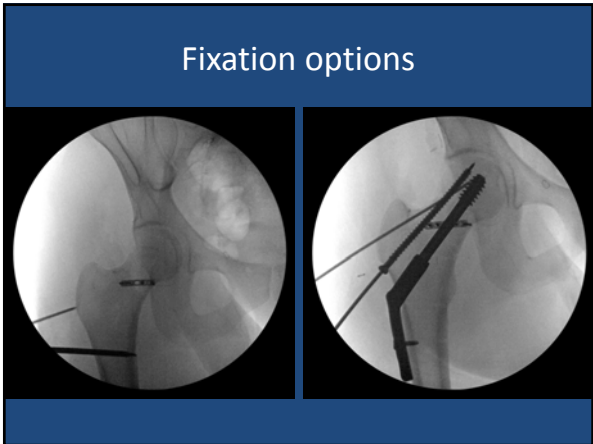
Surgical Approach

- Smith-Pete (modified?)
- Watson-Jones









Fixation Options



Weight Bearing Status



6 wks





Summary

- ASAP
- Best Hands
- Open Approach – 2 incisions
- Sliding Hip Screw / De-rotational Screw
- NWB 8-12wks

