Acetabulum Fractures In The Elderly – To Operate Or Not To Operate

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Research Support:

OTA
Acetab Fx’s In The Elderly

- Common After Fall From Standing Height In Senior Population
- Becoming More Common
- Many Possible Patterns
  - Frequently AC, ACPHT, BC
- Pts Frequently w/ Significant Co-Morbidities
- Consider Like Hip Fx Pt

High Energy Trauma in the Elderly

- However, More Senior Patients Are Remaining Active / Driving
- High Energy Pelvic & Acetab Fx Occur in Senior Patients
- All Patterns Are Possible
  - PW & TPW Common
- Co-Morbidities Combined With Limited Physiologic Reserve = Potential Life Threatening Injuries
Bimodal Distribution
(80 Pts > Age 70)

Operative Indications
- Ambulatory Patient
- Mobilization Assist
- Traction – Hardly Ever
- Pain Control
- Even If Not Ambulatory, ORIF May Alleviate Pain With ADL’s
- May Accept Less Than Perfect Reduction
- Patient May FWB Earlier Than Desired

Operative Contraindications
- Bedbound Patient
  - Patient Does Not Even Mobilize To Bathroom
- Ultra High Risk Comorbidities
  - Severe AS
  - Ultra Severe COPD
- Decubitus Ulcers In Operative Field
- Patient Does Not Want Surgery
Treatment Priorities

- Comorbidity Risk Stratification
- Medical Optimization
- Hip Congruity & Stability
- Prepare Bone Bed For Future THA

Operative Treatment - Goals

- Pre-Op Goals
  - Medical / Anesthesia Pre-Op Consultation

- Operative Goals
  - Minimize OR Time (180 Minutes Or Less)
  - Minimize EBL (<500cc)
  - Obtain Hip Congruency & Stability
    - Don’t Go For A Home Run
    - Buttress Plate Stabilization

- Rehab Goals
  - Early Ambulation
  - Pt May Need To WBAT

78 yo Male S/P Fall - Laborer

Post Op X-rays
Operative Treatment – Pre-Op Goals

- Medical / Anesthesia Pre-Op Consultation
  - Assess & Stratify Risk
  - May Not Intervene, But Will Help Determine Risks & Prognosis
- Medical Optimization
  - Fluid & Electrolyte Balance
  - Treat UTI If Present
  - DVT Screening & Prophylaxis

Operative Treatment – Operative Goals

- Minimize OR Time (Ideally < 180 Minutes)
- Minimize EBL (<500cc)
  - Blood Salvage
- Obtain Hip Congruency & Stability
  - Don’t Go For A Home Run
  - Buttress Plate Stabilization

Operative Treatment – Rehab Goals

- Early Ambulation
- Patient May Need To WBAT
Technical Tips
- Distract Femoral Head
- AIP Or Modified Stoppa Exposure
- Buttress Quadrilateral Surface
- Dual Plates
  - Infra-Pectineal
  - Pelvic Brim

Lateral Femoral Tx

AIP (Stoppa) Window
Conclusions

- A Treatment Strategy
  - Optimizes Pre-operative Conditions
  - Minimizes OR Time And EBL
  - Achieves A Stable & Concentric Hip
  - Employs An Infra-pectineal Buttress Plate
- Can Result In Reasonable Outcomes With Acceptable Morbidity

Treat These Patients Like Hip Fractures

Conclusions

- If THA Is Required
  - Essentially A Primary Posterior Approach
  - Bone Stock And Cup Stability Are Achieved Via An Infra-Pectineal Buttress Plate
Thank You