

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

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Disclosure

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Acetab Fx's In The Elderly


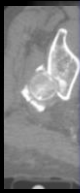




- ❖ Common After Fall From Standing Height In Senior Population
 - Becoming More Common
- ❖ Many Possible Patterns
 - Frequently AC, ACPHT, BC
- ❖ Pts Frequently w/ Significant Co-Morbidities

Consider Like Hip Fx Pt




High Energy Trauma in the Elderly

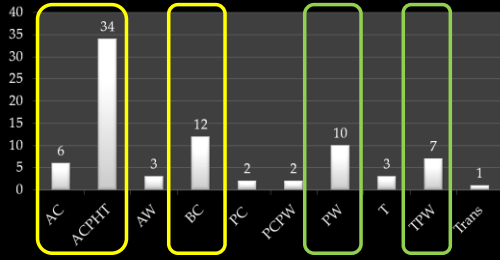




- ❖ However, More Senior Patients Are Remaining Active / Driving
 - High Energy Pelvic & Acetab Fx Occur in Senior Patients
- ❖ All Patterns Are Possible
 - PW & TPW Common
- ❖ Co-Morbidities Combined With Limited Physiologic Reserve = Potential Life Threatening Injuries

94 yo Female



Bimodal Distribution (80 Pts > Age 70)



Archdeacon & Collinge, JOT 2013



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



76 yo Male



Operative Contraindications

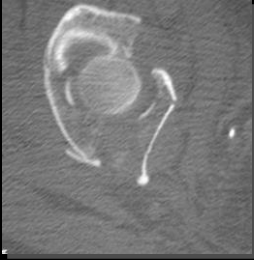
- ❖ Bedbound Patient
 - Patient Does Not Even Mobilize To Bathroom
- ❖ Ultra High Risk Comorbidities
 - Severe AS
 - Ultra Severe COPD
- ❖ Decubitus Ulcers In Operative Field
- ❖ Patient Does Not Want Surgery



72 yo male, Ketoacidosis and Liver Failure with Hepatic Encephalopathy



Treatment Priorities



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

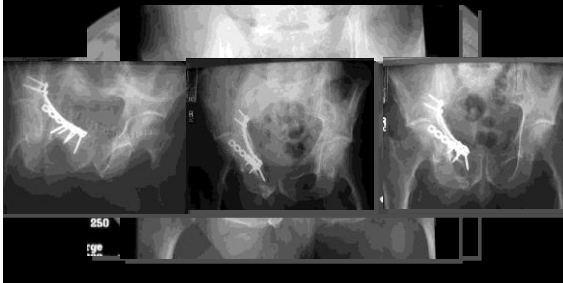


Operative Treatment - Goals

- ❖ 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

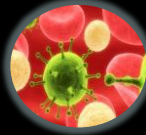


20 months Post Op



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

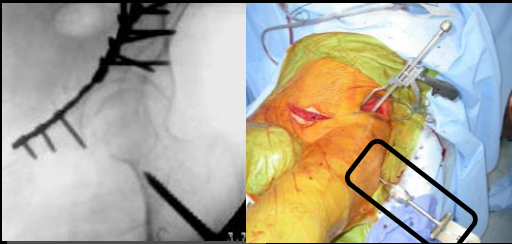


Technical Tips

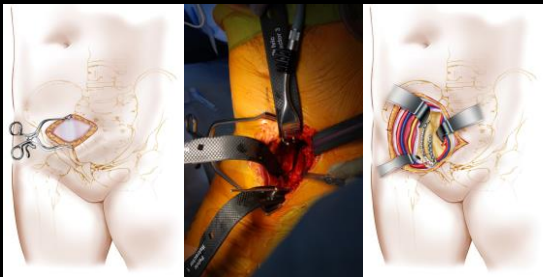
- ❖ Distract Femoral Head
- ❖ AIP Or Modified Stoppa Exposure
- ❖ Buttress Quadrilateral Surface
- ❖ Dual Plates
 - Infra-Pectineal
 - Pelvic Brim



Lateral Femoral Tx



AIP (Stoppa) Window



Quadrilateral Buttress



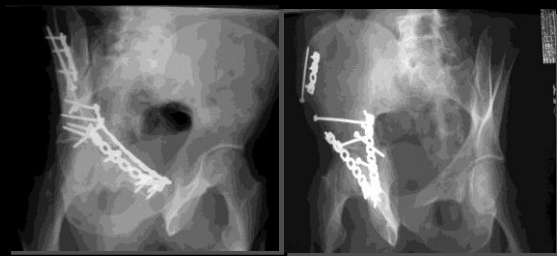
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New Constructs Evolving

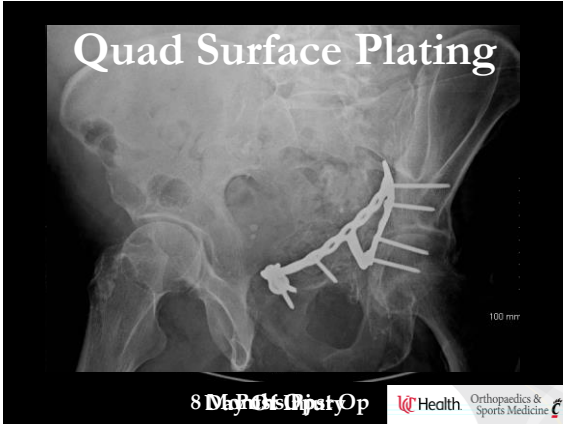


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Dual Plating



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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

