

**Periprosthetic Fractures
of the Femur**


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Disclosure

*Paid Consultant for
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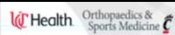



Disclosure




*Research Support:
OTA*





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Deputy Editor:
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Periprosthetic Fx
The Problem

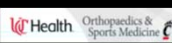
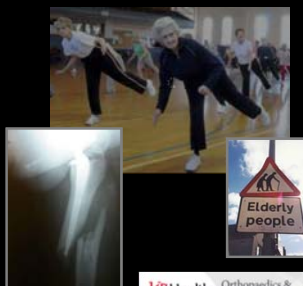


Periprosthetic Fx
The Problem





Periprosthetic Fx - Population

- Population Is Aging
- Elderly Are Remaining Active
- >300,000 Total Joints / Year
 - Therefore, More Periprosthetic Fxs




Osteoporosis - Epidemic

Estimated that osteoporosis causes approximately 1.5 million fractures every year in the U.S.




Problem - Etiology

Osteoporosis



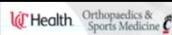
Implants (THA, TKA, IM Nails)
Stress Risers



Periprosthetic Fracture



Periprosthetic Fx's Are An Impending Orthopaedic Tsunami



Decision Making - Factors

- Is The Implant Stable?
- Is There An Implant Above / Below?
- Is The Right Equipment Available?
- Do I Have The Skill Set?



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Goals Of Treatment

- ❖ Stable Fixation
 - Early Motion
 - Early Weightbearing ?
- ❖ Minimally Invasive
 - If Possible
- ❖ Avoid Creating Stress Riser



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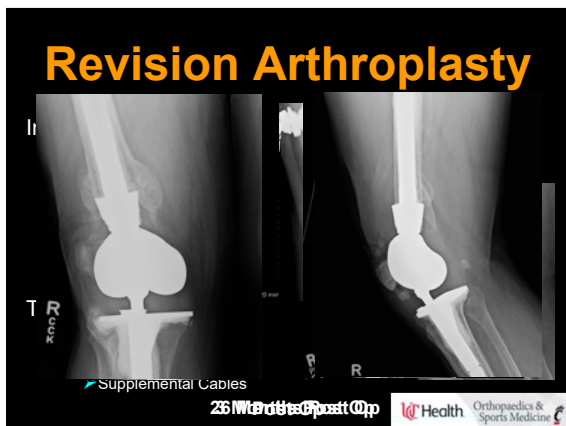
Treatment Options?

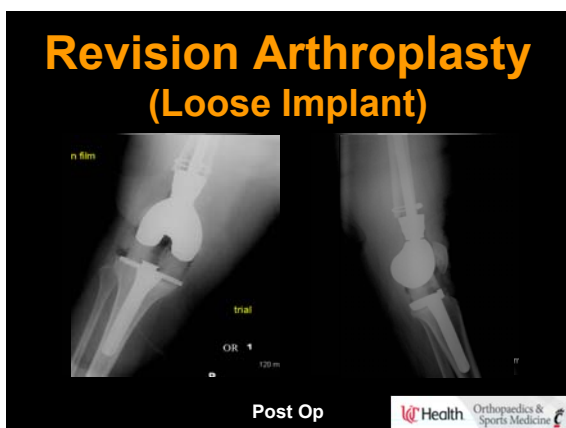
Revision TKA

ORIF FX



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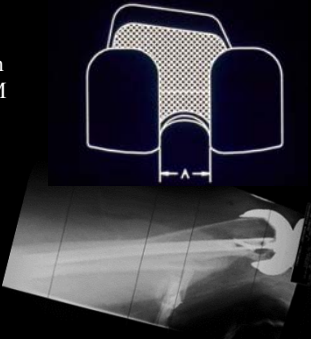






Treatment - IM Nailing

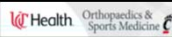

- ❖ Requires Adequate Intercondylar Region To Accommodate IM Nail
- Contraindicated If Closed Intercondylar Box
- ❖ Alignment Can Be Difficult To Control

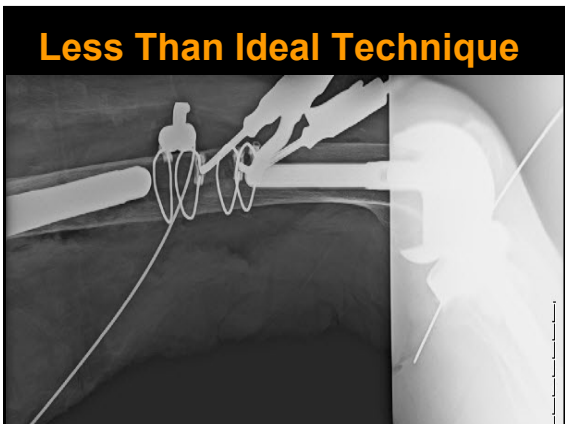


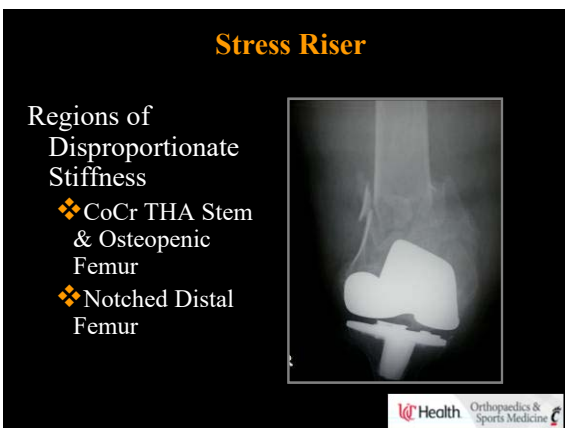


ORIF Options

- ❖ Ex-Fix
 - Not Common
- ❖ IM Nail
 - Distal Femur
- ❖ Plates
 - Locking ?
 - Cables ?



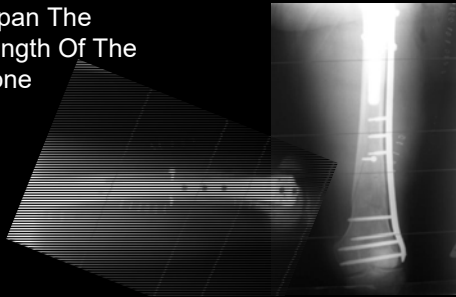






How Long Of A Plate


- ❖ Span The Length Of The Bone



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How Many Screws / Cables?

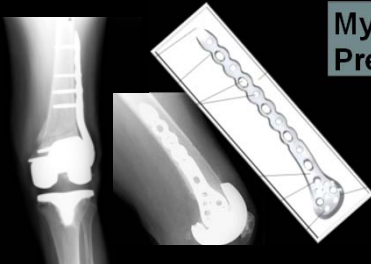
- ❖ Minimum – 2 Screws, 2 Cables
- ❖ Optimal – As Many Screws As Possible, 2-3 Cables



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Distal Femoral Locked Plating

My Preference



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