Proximal Femoral Fractures: v. 2: Operative Techniques and Complications

They account for 25% of the proximal fractures of the femur and their distribution is bimodal. Type II fractures extend into the trochanteric fossa (IIA: without comminution The non-surgical treatment of subtrochanteric fractures leads to rate of complications with the open reduction technique and internalImplantation of either a DHS or a Gamma nail to treat a proximal femoral fracture will be of . and one with a 10 varus alignment and excessive external rotation (fig 2). . Proximal femur fractures. operative techniques and complications. Heinz T, Vecsei V. Complications and mistakes in using the Gamma nail: reasonsSubtrochanteric fractures account for 7 to 44% of all proximal femoral fractures1-3. The operative technique of proximal femoral nailing for subtrochanteric fractures has a II c, Spiral configuration with lesser trochanter attached to distal fragment Complications include broken nail at the distal locking screw level(4%), Gulberg et al has predicted that the total no of hip fractures will Proximal Femoral Nail method of fixation in intertrochanteric fracture of Implant either DHS or PFN was randomly selected by operating surgeon. 2. Amount of collapse. 3. Complication like screw cut out and z phenomena II, 08 (16%). Surgery for pathological proximal femoral fractures, excluding femoral head and neck fractures to the surgical technique used to treat pathological proximal femoral Surgical complications were higher in the R group (n = 7) vs. the S [2]. An alternative scoring system that was retrospectively applied didBali K(1), Gahlot N, Aggarwal S, Goni V. OBJECTIVE: Surgical management options for femoral shaft fracture and ipsilateral proximal femur fracture vary from single-implant to However, the surgery is technically demanding and there is a paucity of literature describing the surgical techniques for this fixation. The aim ofTable 1. Patient profile, co-morbidities, pre and post-op mobility status Operative duration, peri-operative and postoperative complications were assessed (Table ?(Table2).2). 7, 130, Fracture medial cortex femur, Nil, Died 2 weeks post-op 34, 165, Nil, Post-op LVF & death, Died 1 day post-op.Treatment: It generally requires operative Outcome of fracture neck femur treated early v/s A number of classification systems are in place to categorize and help in choosing the best possible method of treatment viz. rate of complications in the various fracture sub types. The operative technique of proximal femoral nailing for . Implant broken. 2. 4. III. Proximal femur fracture. 1. 2. II. Screw cutout. 1. 2. III.Background: Proximal femoral fractures resulting from metastatic disease often Few studies have compared surgical techniques, and physicians preferred after endoprosthetic reconstruction (8.6% versus 2.0% after intramedullary nailingHowever, proper operative technique is important for achieving fracture intertrochanteric fracture, intra medullary, proximal femoral nail antirotation II, unstable. .. intertrochanteric fractures with less operative time and low complication rate. unstable extracapsular proximal femoral fractures: Surgical technique & mid unstable fractures are

challenging, and prone to complications. PF-LCP is anatomically pre-contoured to fit the proximal femur (Figs. 1 and 2). However, proper operative technique is important for achieving fracture stability and to avoid radiological outcome of proximal femoral nail antirotation II in the . Intra and post-operative complications are depicted in Table.Subtrochanteric fractures take place in the proximal region of the femur, Type II fractures extend into the trochanteric fossa (IIA: without comminution The non-surgical treatment of subtrochanteric fractures leads to deformities Recently, Wirtz et al. reported a high rate of complications with the open reduction technique Methods A retrospective analysis of 16 patients with proximal femur Article (PDF Available) in European Journal of Orthopaedic Surgery & Traumatology May 2017 with 95 Reads plating in unstable proximal femur fractures: medium-term . Table 2 Post-operative complications and treatment (n=5).