

Goal: Obese patients create distinct challenges with respect to positioning, reduction, intraoperative imaging, and construct stability. The goal of this brief presentation is to provide 3 technical tips for improving outcomes in the obese trauma population.

Objective #1- Patient safety in positioning

- The anteroposterior (AP) view of the lower extremity is typically defined by a patella forward position. The weight and girth of a morbidly obese patient's limb leads to abduction and external rotation in resting supine posture. Overcoming this requires relatively large "bumping" of the hip on the operative side, leading to the center of mass of the patient shifting away from the operative side and towards the floor (depending on size of panniculus).
  - Solution- contralateral arm board or two positioned under the panniculus and opposite limb



Objective #2- Improved access and visualization

- Weight is carried in different regions of the body. Patients with truncal obesity often have a pendulous panniculus that obscures the hip.
  - Solution- panniculus taping



Objective #3- Empowering construct stability

- Implant testing is required prior to FDA approval. Biomechanical testing is typically based on predicate devices. Devices are all built with a "factor of safety". This may not be clearly delineated.
  - Solution- creating an interlocked box via combination fixation

