

Acetabulum Fx in the Elderly: Operative vs Non Op Rx

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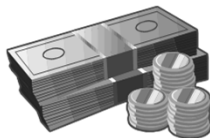
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*Paid Consultant for:
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Disclosure

*Research Support:
OTA*





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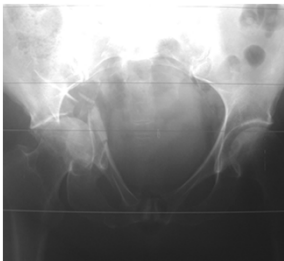


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Acetab Fx's in the Elderly

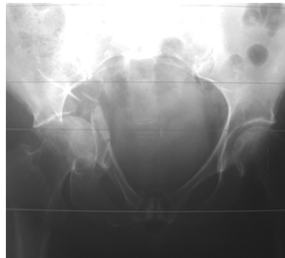


- ❖ Common After Fall From Standing Height In Senior Population
 - Becoming More Common
- ❖ Many Possible Patterns
 - Frequently AC, ACPHT, BC
- ❖ Pts Frequently w/ Significant Co-Morbidities

Consider Like Hip Fx Pt

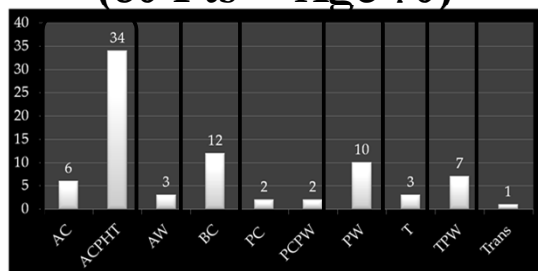


High Energy Trauma in the Elderly



- ❖ 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

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




Not a Bosporo Male

Operative Contraindications

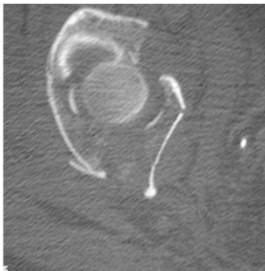
- ❖ Bedbound Patient
 - Patient Does Not Even Mobilize To Bathroom
- ❖ Ultra High Risk Comorbidities
 - Severe AS
 - Ultra Severe COPD
- ❖ Decubitus Ulcers In Operative Field
- ❖ Patient Does Not Want Surgery




72 yo male, Ketoacidosis and Liver Failure with Hepatic Encephalopathy



Treatment Priorities

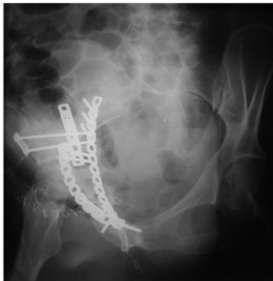


- ❖ Comorbidity Risk Stratification
- ❖ Medical Optimization
- ❖ Hip Congruity & Stability
- ❖ Prepare Bone Bed For Future THA



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



Thank You