

# ORIF and Acute THA for Geriatric Acetabular Fractures

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- 1) Indications for ORIF
  - a) Predictably poor result in a geriatric patient
    - i) Comminution
    - ii) Femoral head injury
    - iii) Delayed diagnosis or presentation
  - b) Pre-existing hip pathology and symptoms
- 2) Technique
  - a) Lateral position
  - b) Reconstruct acetabulum
    - i) Structural femoral head autograft
    - ii) Buttress plating of posterior wall
    - iii) Stabilize anterior column when necessary
  - c) Things to avoid
    - i) Anterior column screws
    - ii) Juxta-articular fixation posteriorly
  - d) Arthroplasty tips
    - i) Version
      - (1) TAL
      - (2) Greater sciatic notch
    - ii) Gentle reaming- no sclerotic subchondral bone present
    - iii) Ultra porous acetabular component with options for multiple screw placement
    - iv) Femoral component – preferably cemented
- 3) Aftercare
  - a) Hip abduction brace for 6 weeks for high risk patients
  - b) Weight bearing dictated by fixation