IM Nailing of Subtrochanteric femur Fractures
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• High compression/tension stress area with cantilever bend
• Deformity: flexion, external rotation, and abduction of the small proximal fragment making IM nailing difficult

• Evaluation of fracture
  o Piriformis fossa
  o Greater trochanter
  o Lesser trochanter

• Surgical Planning
  o Supine
  o Lateral
  o Fracture Table

• Implant Choices
  o Piriformis Nail
  o Trochanteric Nail

• **Problems**

• Incorrect starting point
• Lack of reduction while reaming
• Poor trajectory of guide rod
• IM nail with deformity
For IM nailing:
Reduction during reaming and the correct starting point are the keys to optimal results

Operative tricks

- Use instruments, clamps to reduce flexion and abduction deformities prior to reaming

- Start piriformis foss nail in line with shaft, guide pin NOT pointing towards the lesser trochanter

- The trochanteric insertion site should be just MEDIAL to the tip of the trochanter

- Skin incision for IM nailing is NOT at the tip of the trochanter but rather 5-8 cms proximal and in line with the shaft

- MUST have a way to assess LENGTH and ROTATION
References


