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
  - Piriformis fossa
  - Greater trochanter
  - Lesser trochanter

- Surgical Planning
  - Supine
  - Lateral
  - Fracture Table

- Implant Choices
  - Piriformis Nail
  - 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


