

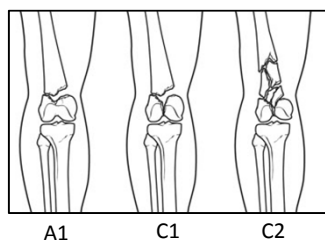
SUPRACONDYLAR FEMUR - Tips & Tricks for Reduction & Fixation

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Classification

- A-C
- Extra-articular
- Partial articular
- Complete articular




Surgical Planning

- Patient Age
 - Young (high energy)
 - Elderly
 - Osteoporotic
 - Previous TKA
 - Previous THA
- CT Knee
 - Comminution
 - Intra-articular



Surgical Planning Cont.

- Approach
 - Extra-articular
 - Young
 - Retrograde nail
 - ORIF (non-locking)
 - Older
 - ORIF (Locking)
 - IMN
 - » TKA?
 - Know implant
 - Open notch?
 - Size?
 - Locking plate with allograft¹
 - Most succesful
 - 97.4% union at 7.8 months

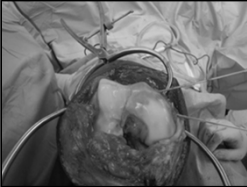


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1. Ebraheim NA. Nonunion of distal femoral fractures: a systematic review. Orthop Surg. 2013 Feb;5(1):46-50.

Surgical Planning Cont.

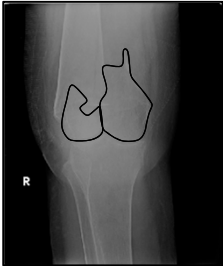
- Approach
 - Intra-articular
 - Young
 - Simple articular
 - » CRPP then Retrograde nail
 - » CRPP then ORIF (limited approach)
 - Arthroscopic assistance
 - Complex articular
 - » ORIF (non-locking)
 - » Extended approach
 - » Direct joint visualization



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Surgical Planning Cont.

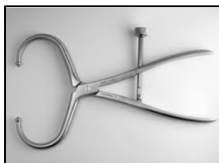
- Approach
 - Intra-articular
 - Old
 - Simple articular
 - » CRPP/locking Plate
 - Complex articular
 - » ORIF Locking plate
 - » Direct joint visualization?
 - OA?
 - Age



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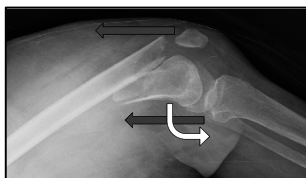
Positioning

- Supine
- Bump under operative leg
- Special instrumentation
 - Periarticular clamp
 - T-handle
 - Pins
 - Sterile bump



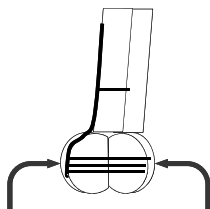
Reduction

- Gastrosoleous
 - Extension of distal fragment
- Hamstrings/Quads
 - Shortening of distal fragment



Reduction Cont.

- Address intra-articular fractures first
- Reduction
 - Traction
 - Bump
 - Reduction screws



Reduction Cont.



Post op Course

- Non WB
- CPM/Early ROM
- Brace for:
 - Osteoporotic
 - Periprosthetic
 - Non-compliant patients
- Healing/Prolonged
 - 6 mo/1year
- Risk of Non-union
 - To stiff implant
 - To early WB