

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