Multidisciplinary Approach In High Risk Geriatric HipFracture: A Recipe For Success

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INTRODUCTION

Treating elderly hip fracture is not as superficial as fixing any hip fracture. These vulnerable frail group of population commonly present with a other problems that need attention. In certain cases, surgery need to be delayed to achieve maximum preoperative optimisation. Thus, multidisciplinary approach is essential to give the best outcome. We report a successful case of high risk hip surgery in an elderly with acute coronary syndrome and pulmonary embolism.

REPORT

An 85-year-old lady presented following a fall sustaining right femoral neck fracture. After careful counselling, she was scheduled for a hemiarthroplasty surgery. Prior to surgery, she developed chest discomfort with ECG changes and raised Troponin T. Our cardiology team proceeded with urgent angiogram which revealed double-vessel disease and she was started on antiplatelet treatment. consultation with geriatric consultants abroad, in view of high suspicion, CTPA was also done which revealed right pulmonary embolism. IVC filter was then inserted by interventional radiologist. Multidisciplinary discussions were done regularly between Orthopaedics, Anaesthatics, Geriatric and Cardiology teams to ensure the patient is well optimised and safe for surgery. Right hip hemiarthroplasty was done successfully 14 days after admission. After surgery, the patient was able to walk again with walking aid.



Figure 1. Radiograph of pelvis showing right femoral neck fracture



Figure 2. Postoperative radiograph

CONCLUSION

"Many hands make light work" concludes this report. Besides the above-mentioned parties, the care of our patient was also participated by physiotherapist, occupational therapist, dietitian, pharmacist and not to forget the ward nurses. In complex cases, active discussion between the relevant teams and those with more experience is essential. Patient and family should also be informed of risks and be involved in decision making.

REFERENCES

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