

Austin Moore
Hemiarthroplasty:

A retrospective analysis of
Outcome

K.Sharif, C.Yiannakopoulos,

F.Kashif,P.Diggory

Orthopaedic Department

Mayday University Hospital

Hip Fractures: Facts

- ✓ A common, serious and costly injury of older people.
- ✓ Multidisciplinary approach is required.

Hip Fractures: Facts

- ✓ 2.8 fractures per 1000 persons years
- ✓ Cost of a hip fracture is estimated to be £ 12000
- ✓ Annual cost in the UK was £ 942 million

Hip Fractures: Facts

- 1-year mortality is 8-33%
- Influenced by age, sex, nursing home residence, postoperative mobility
- Postoperative delirium in 35-65%
- DVT in 42%
- Skilled nursing care or inpatient rehabilitation is needed by 61% of patients.
- Rehospitalization rates are 16%-27% at 1 year

Treatment of Displaced Subcapital Hip Fractures

IS STILL

CONTROVERSIAL

Austin-Moore Hemiarthroplasty

PROBLEMS

- Acetabular erosion (groin pain)
- Painful aseptic loosening of the stem
- Dislocation (main cause of revision in the first 2 yrs)

Patients

All patients who underwent hemiarthroplasty between July 1999 and January 2002 were included in this study.

Female	178
Male	45
Total	223

Age

83,51 ± 7,12

(59-98)

Mean Follow up was *515 days*

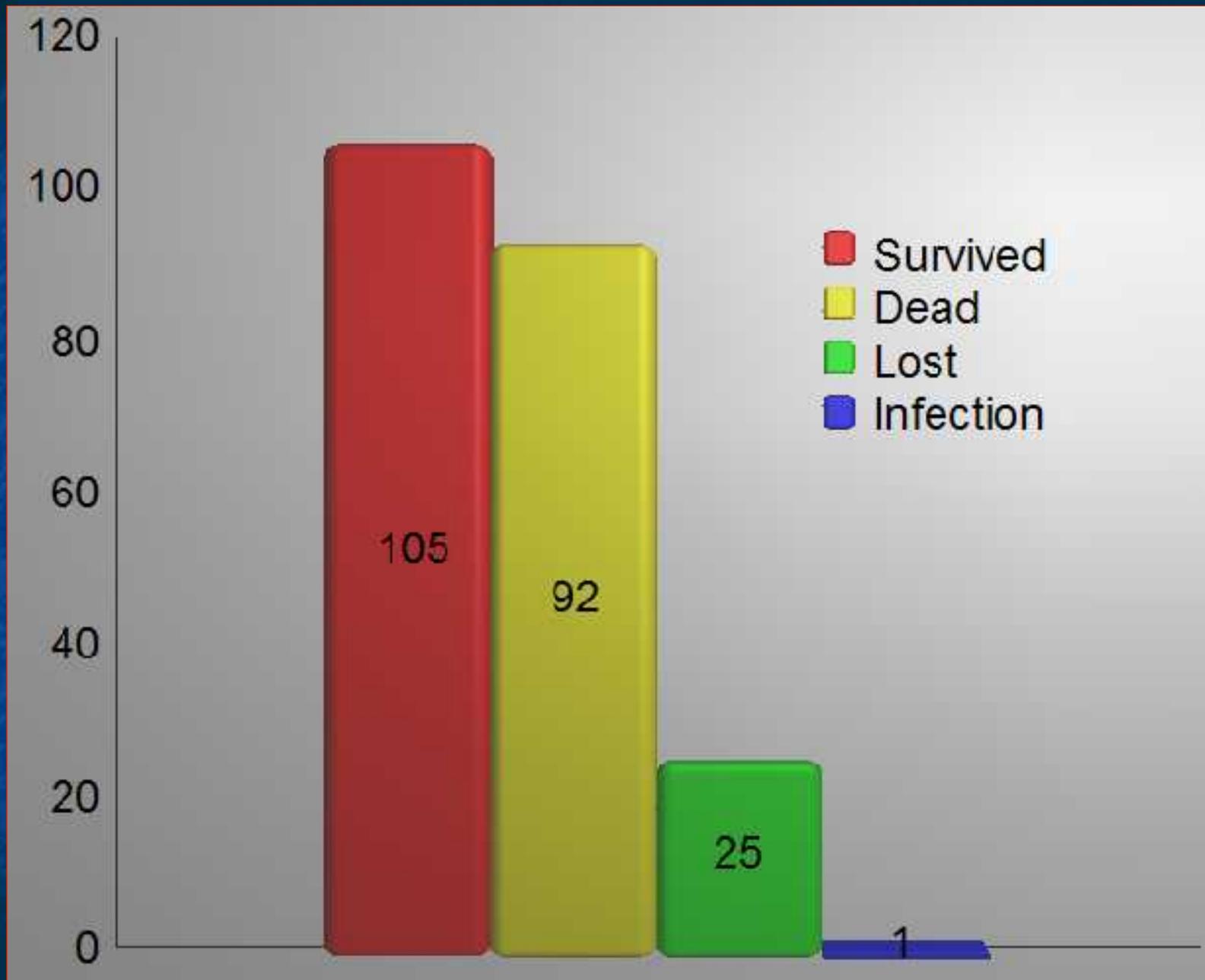
Methods

- Outcome (Death, survival, lost to follow up, infection)
- surgeon's experience (consultant, registrar, sho)
- pain currently
- mobility currently
- ambulation, feeding, bathing, dressing, toilet
- food shopping, banking, laundry, housework, transportation

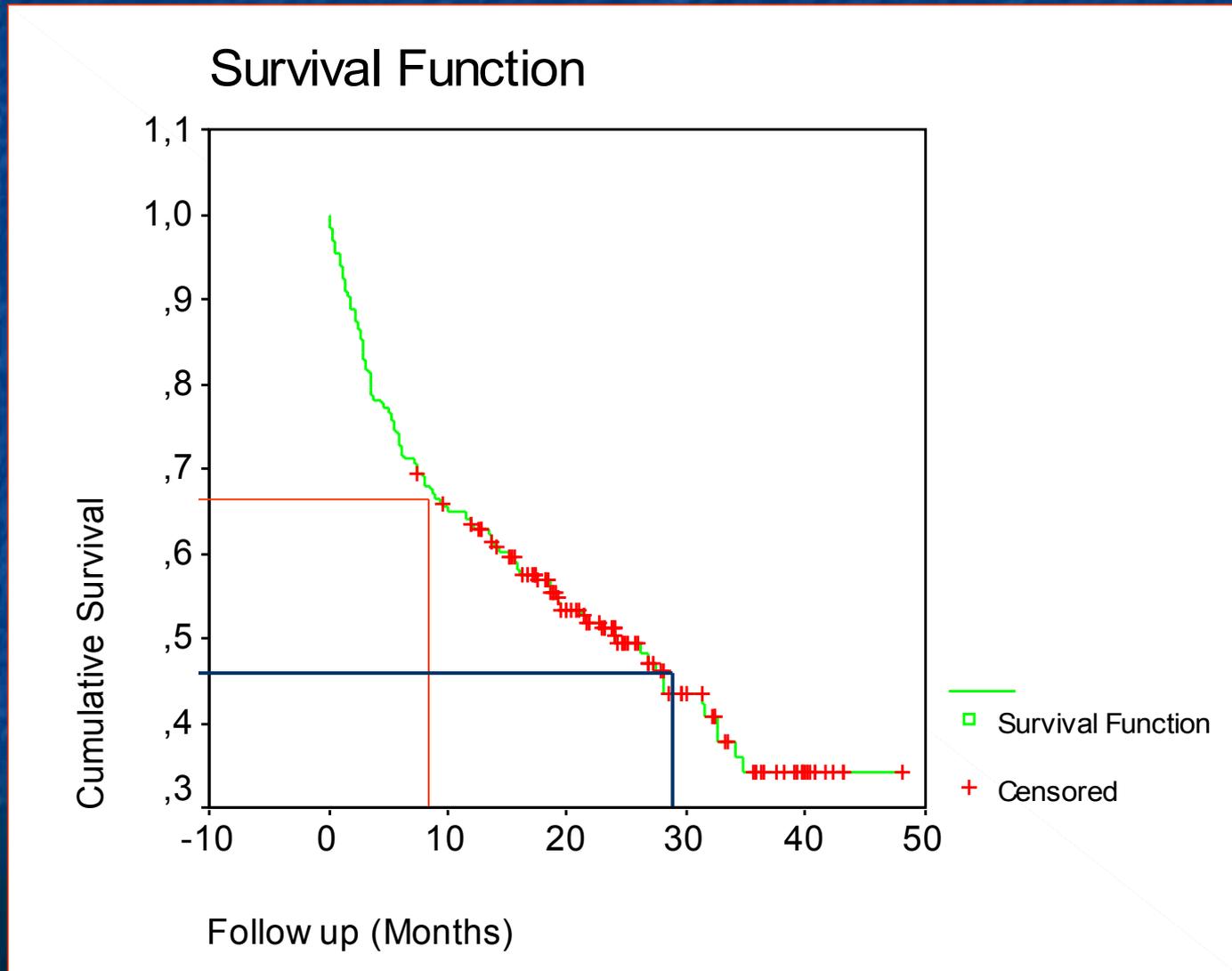
preoperatively & postoperatively

Results

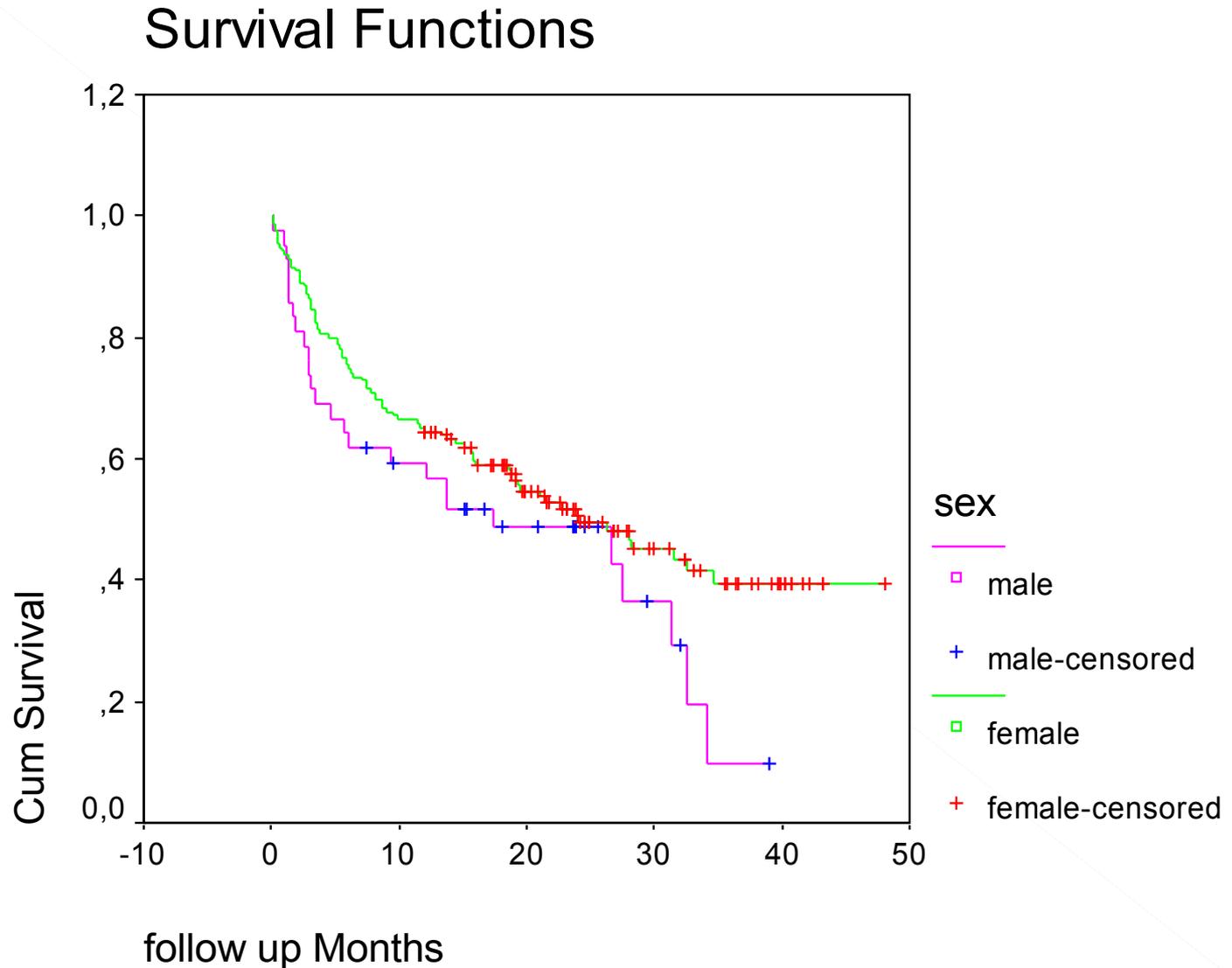
Outcome	No	%
Death	105	47,1
Survival	92	41,3
Infection	1	0,4
Moved	25	11,2
Total	223	100,0



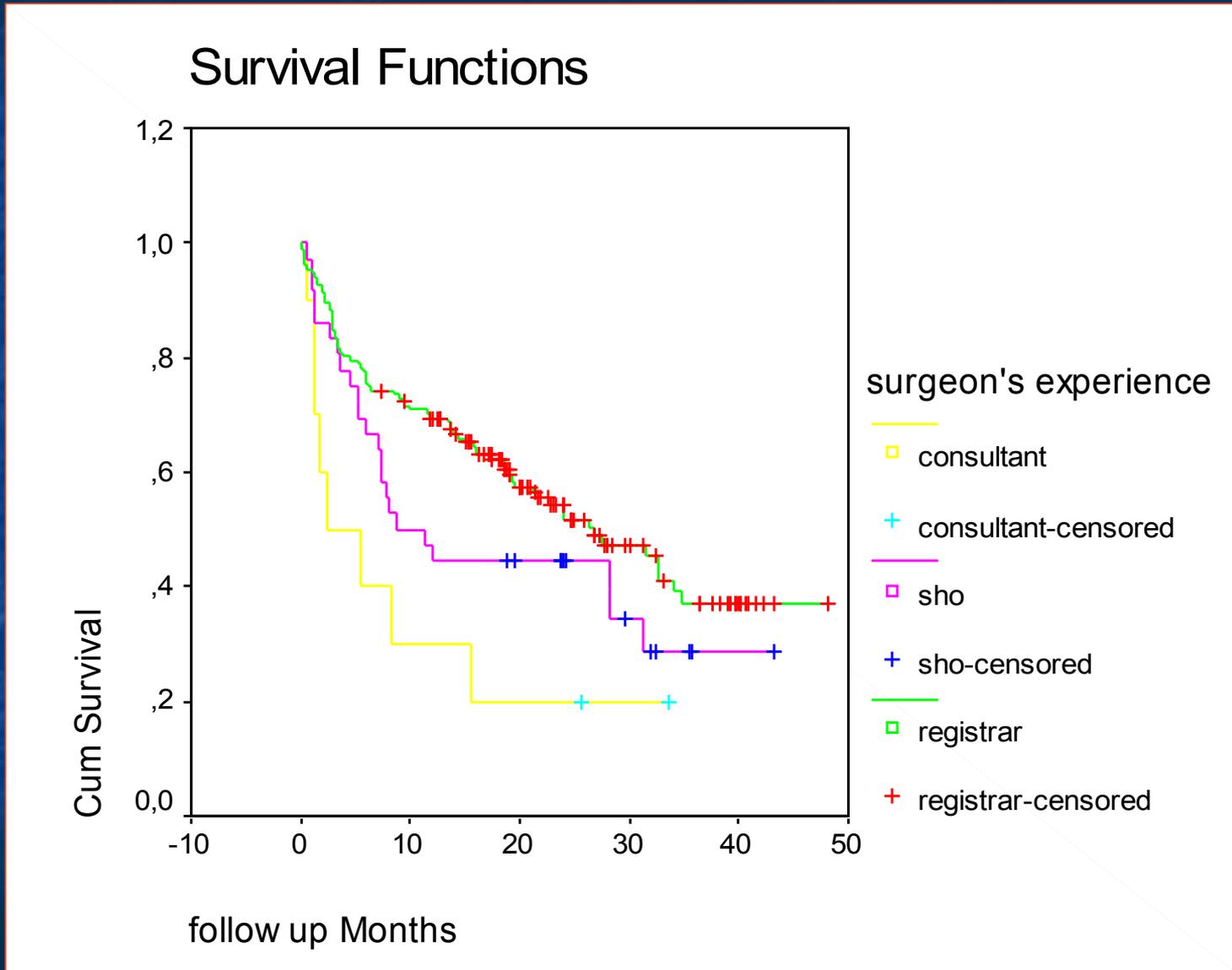
Kaplan-Meier Survival Analysis



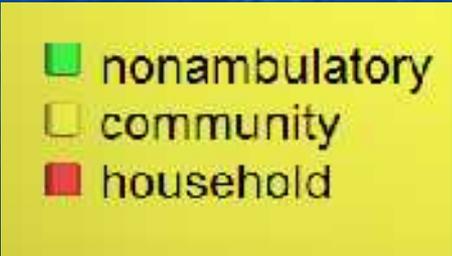
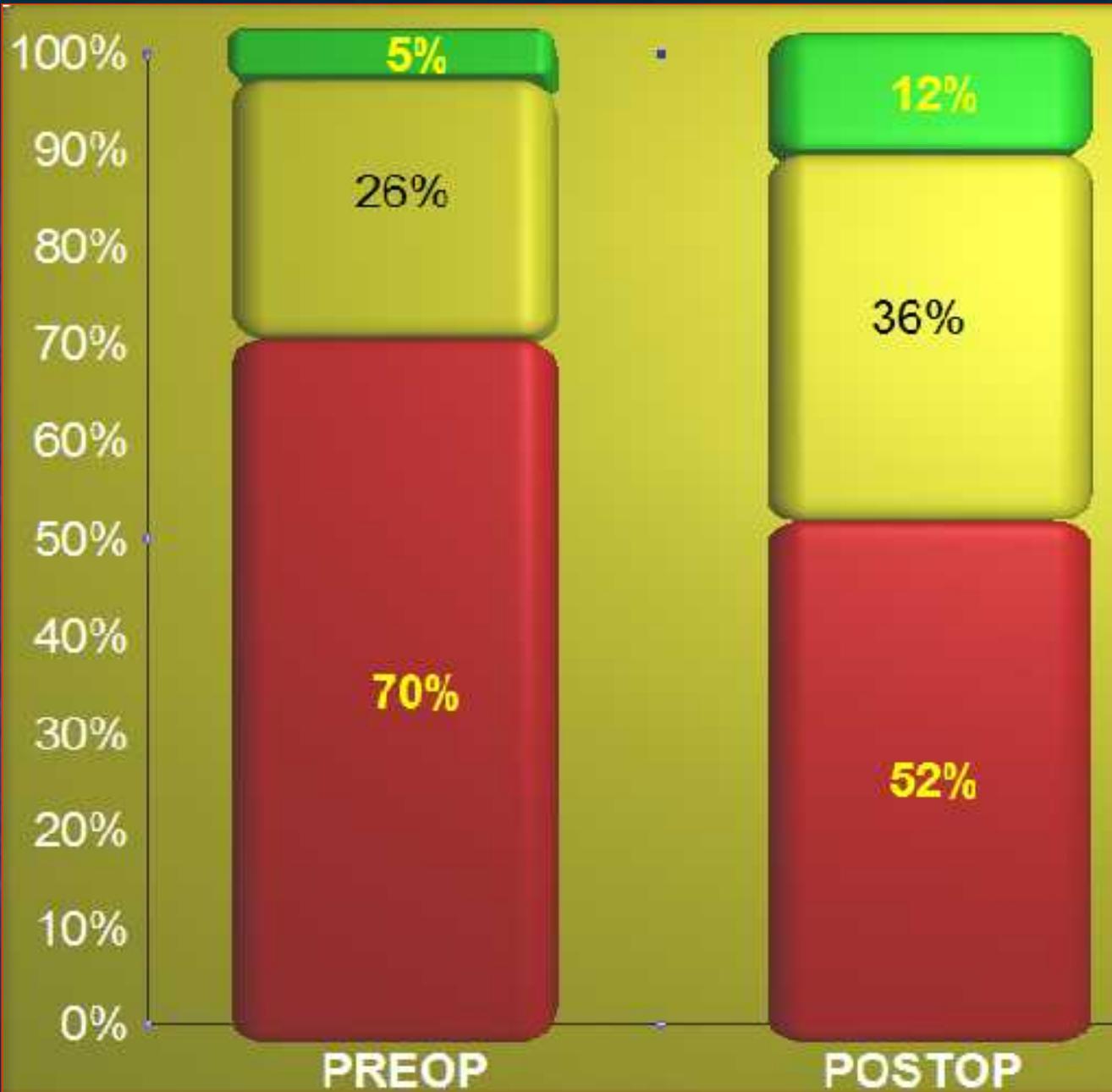
Kaplan-Meier: Men vs Women



Kaplan-Meier: Surgeon's Experience



mobility



Pain Level	No	%
no pain	40	43,5
no nsaids	12	13,0
occasional nsaids	13	14,1
regular nsaids	20	21,7
uncontrolled pain	3	3,3
Total	92	100,0

Mobility Level	No	%
Bedridden	3	3,2
wheelchair bound	13	14
Frame	35	37,6
two sticks	8	8,6
one stick	20	21,5
unaided walking	14	15,1
Total	93	100

NEGATIVE CORRELATION

- ✓ Age group vs Outcome ($p=0.025$)
- ✓ Outcome vs Surgeon ($p=0.023$)
[Consultants had more deaths]

POSITIVE CORRELATION

- ✓ Mobility level currently vs mobility preoperatively (p=,0001)
- ✓ Mobility postoperatively vs mobility preoperatively and mobility currently (p=,0001)
- ✓ Pain level currently vs Age groups (p=0,034)
(Age groups 70-80, 80-85, 85-90, 90-100)
- ✓ Mobility preoperatively vs pain level currently (p=0.05)

Additionally

ambulation, feeding, bathing, dressing,
toilet, food shopping, banking, laundry,
housework and transportation

deteriorated postoperatively

($p < 0.05$)



Conclusion

- ✓ Hip fracture represent a serious health problem.
- ✓ Austin-Moore hemiarthroplasty is followed by significant pain and loss of function.
- ✓ It should not be used in patients with high preoperative mobility, irrespective of their age.

Thank You