

Mortality In Patients With Hip Fractures Aged 60 Or Older Within 6 Months Post Surgery

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INTRODUCTION:

Geriatric hip fracture is associated with increased morbidity, functional decline, and a higher mortality rate. Half of elderly patients with hip fractures did not survive past 6 months post trauma and many of those who survived did not return to their baseline function and independence ^[3]. This case series aim to evaluate the mortality rate of elderly patients with hip fractures 6 months following hip fracture fixation

MATERIALS & METHODS:

Medical records of patients aged ≥ 60 years who had sustained hip fractures and treated with surgery from year 2009 to 2017 in Hospital Tuanku Jaafar Seremban, Malaysia were traced. Data retrieved include type of hip fracture, type of surgical intervention, duration between trauma and surgery, health and functional status during 6 months post-operative period. Further clarification and validation of data was made using a structured telephone interview.

RESULTS:

Of the 150 patients who had hip fractures and underwent surgery, 104 were contactable but only 32 (including their family members) were able to provide adequate information for this study. All 32 patients underwent surgery 48 hours and beyond following trauma.

84.4% (27/32) survived after 6 months post trauma, whereby 17 out of 27 returned to their baseline function. 15.6% (5/32) died within the first 6 months with cause of death unknown.

Table 1: Percentage of patients that did not survive through the first 6 months according to respective age groups.

Age Group	Mortality %	Number of patient/ Total
60-69	8.3%	1/12
70-79	10.0%	1/10
80-89	14.3%	1/7
90-99	66.7%	2/3

DISCUSSIONS:

Elderly patients with hip fractures who had undergone fracture fixation have about 3-fold lower mortality rate compared to those who were treated conservatively. Most elderly patients have multiple medical comorbidities and undergoing hip fracture surgeries subjects them to higher risk of developing complications. As a result, many elderly patients with hip fractures are treated non-operatively. However, non-operative treatment is not without complications such as development of pneumonia, deep vein thrombosis, venous thromboembolism and pressure sores. Surgery remains the preferred treatment for hip fracture because it provides stable fixation, facilitating full weight bearing, promoting functional recovery and decreasing risk of the aforementioned complications.

CONCLUSION:

Elderly patients with hip fractures in Seremban who underwent surgical intervention have lower mortality rate compared to those treated non-operatively. Surgical intervention should be considered for every elderly patient with hip fracture.

REFERENCES:

1. Vestergaard, P., Rejnmark, L. & Mosekilde, L. Increased-mortality-in-patients-with-a-hip-fracture-effect-of pre-morbid conditions-and post-fracture

ABSTRACT TRUNCATED