

## Non Operative Management Of Neck Of Femur Fractures In The Elderly

<sup>1</sup>Cheong KW, <sup>1</sup>MA Mohamad Nor, <sup>1</sup>R Jagasegaran, <sup>1</sup>NA Mohamed Hanaphi, <sup>1</sup>SS Randhawa, <sup>1</sup>NR Abdul Rahman  
<sup>1</sup>Orthopaedics Department, Hospital Sultan Haji Ahmad Shah, Jalan Maran, 28000 Temerloh, Pahang Darul Makmur

### INTRODUCTION:

Fractures of the neck of femur are common in the elderly and are associated with significant morbidity and mortality that all orthopaedic departments must contend with. Surgery is routinely undertaken in the management of these fractures with hip replacement, however in certain circumstances these fractures are managed non-operatively(1).

### MATERIALS & METHODS:

All patients with neck of femur fractures were reviewed retrospectively from 1<sup>st</sup> January 2015 to 31<sup>st</sup> December 2017 at our institution. We reviewed age, gender, length of hospital stay, 1 month, 3 months and 6 months mortality rate.

### RESULTS:

During this period, there were 65 cases of neck of femur fracture. They were all due to low energy trauma. Thirty-five patients were managed non-operatively (54%). Female patients (n=21) outnumbered the male patients (n=14). Average age was 73 years. Duration of hospital stay varied from 2 to 14 days with an average length of stay of 6 days. Mortality rate at 1 month was 7%, at 3 months it was 18.5% and 22% at 6 months.

### DISCUSSIONS:

Non-operative management of neck of femur fractures essentially results in a pseudoarthrosis like a Girdlestone(1). The functional outcome of this procedure has been reported by Golda et al to have satisfactory outcome when used as a salvage operation for infected hip prostheses in the elderly population(2). In our small series, 6 out of 27 patients died within 6 months of injury. Our overall mortality rate at 6 months was 22%. This mortality rate is therefore not any worse than reported in literature for patients who were managed surgically. The moral concern however is the morbidity and mortality associated with non-operative treatment of femoral neck fracture and should include good

nursing care. A major limitation of our study is its retrospective nature where a significant number of patients were lost to follow up.

### CONCLUSION:

This study is too small to draw any conclusion. A prospective study with a comparative operative group is required to draw any definitive conclusion.

### REFERENCES:

1. Faraj AA. Non-operative treatment of elderly patients with femoral neck fracture. *Acta orthopaedica Belgica*. 2008;74(5):627-9.
2. Golda W, Pawelec A, Walczak J. Clinical results evaluation of the Girdlestone's procedure after hip arthrography. *Ortopedia, traumatologia, rehabilitacja*. 2001;3(1):68-70.