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CLINICAL AUDIT OF ANKLE FRACTURE MANAGEMENT IN THE ELDERLY

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INTRODUCTION: Ankle fractures in the osteoporotic patient are challenging injuries to manage, due to a combination of poor soft tissue, peripheral vascular disease and increased bone fragility, often resulting in more complex fracture patterns. I aim to audit current practice and introduce change by producing recommendations to help improve long-term functional outcomes.

PATIENTS AND METHODS: A retrospective 3-week audit was conducted reviewing the results of ankle fracture management in 50 patients aged between 50-80 years. Patients admitted for either manipulation under anaesthesia (MUA)/application of the cast or open-reduction and internal fixation (ORIF) were considered. Medical notes, including discharge summaries were used for data extraction.

RESULTS: From the 50 patients included within the cohort, forty-two patients (84%) underwent surgical intervention, with eight patients (16%) managed non-operatively. Malunion (63%) and failed fracture fixation (25%) were more commonly reported in patients managed non-operatively. Surgery performed by trainee surgeons was unlikely to prolong theatre time with no statistical significance observed with the consultant led cohort ($p=0.380$). However, incidence of fracture malunion and failed fixation was significantly higher following surgery without consultant supervision in the junior trainee group ($p=0.043$).

CONCLUSIONS: Poor bone quality and associated co-morbidity can present technical difficulties when managing patients surgically. However, our results have shown considerably improved anatomical reduction rates following internal fixation in eligible patients, irrespective of age or gender.

Biography

Langhit Kurar is a trainee orthopaedic surgeon, specialising in major joint fixation including trauma and is the local trainee representative at Darent Valley Hospital in Dartford, UK. He has presented published work on both ankle fracture management and clinical research on syndromic disease at both national and international level spanning 10 countries. His research has been funded by the University of Bristol and has paved the way to novel treatment regimen for Apert and craniosynostosis syndromes. His educational profile includes published work on undergraduate and postgraduate revision tools. He has organised international conferences as well as adopted numerous managerial roles within his district including academic, teaching, and British Medical Association positions.

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