

Conclusion: This study has shown an association in the incidence of hip fracture in the more deprived population. There was no association with SES and mortality following hip fracture at 30 days or 1 year. Preventative programs aimed at reducing the risk of hip fractures need to be targeted towards the more deprived population to produce an impact on hip fracture incidence and mortality.

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1B.20

The socio-economic cost of reoperation following initial surgical management of proximal femoral fractures

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Background: Proximal femoral fractures continue to be the most common reason for orthopaedic trauma admission. With an ageing population the incidence of this fracture is predicted to rise. Few studies have examined the socio-economic impact of complications requiring surgery following initial surgical management of proximal femoral fractures.

Aim: The aim of this study was to calculate the cost of further surgical intervention following initial surgical management of patients with proximal femoral fractures. Additionally, we evaluated potential risk factors for complications that arose from within our cohort as well as discharge location and mortality rates of these patients compared to a matched control group.

Method: This was a retrospective matched cohort study of all proximal femoral fractures presenting to the Trauma unit at the John Radcliffe Hospital over a 5-year period. Data had been collected in a standard manner prospectively by an independent audit assistant. The total cost of treatment for each patient was calculated by separating the treatment costs into its components and obtaining unit costs from local finance departments. Mortality data was retrieved 1 year after admission from the Office of National Statistics.

Results: 2360 proximal femoral fractures were identified in 2257 patients. Of this group 144 (6.1%) required further surgical intervention due to a complication of the primary procedure either on the same admission (56 patients) or subsequent one (88 patients). Mean age at time of fracture was 82.59 years old with 81.6% of those patients female. Mean cost of treatment in those cases with complications was £18,731 compared to £8575 for uncomplicated cases ($p=0.00$) with a mean length of stay of 62.8 days and 32.7 days respectively ($p=0.00$). One year mortality was significantly different between the two groups ($p=0.053$).

Discussion: The socio-economic impact of complications following treatment of proximal femoral fractures is important in this current economic climate. Greater awareness and understanding is warranted. Recognition of potential risk factors for complications may allow earlier detection of potential cases and thereby reduce their number and in turn the socioeconomic cost.

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Can I.V. paracetamol reduce the opiate usage in acute fracture neck of femur patients? A district general hospital experience

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Purpose: The number of patients in the United Kingdom being admitted with Neck of Femur Fractures (NOF) is increasing each year. Primary first aid for these patients includes adequate analgesia. The commonest forms of analgesia are opioids and in some units regional blockade. However, both have limitations. Regional block is skill dependent while opiates are known to have many side effects.

Paracetamol is an analgesia that is safe and has an excellent side effect profile within standard doses. Intravenous paracetamol has a far higher predictable bio-availability than oral, within standard dosage. This study is to assess the suitability of using intravenous Paracetamol as an alternative.

Method: Prospective study: a change in protocol resulted in all NOFs admitted under the care of the senior author being prescribed regular intra-venous paracetamol within standard dosage. PRN opioids were available for breakthrough pain. NOFs admitted under the care of other consultants remained on the established protocol. Opioid usage and pain scores (scale 0–10) were measured.

Results: Results of 72 patients were collected, 44 in intravenous paracetamol group and 28 in the control group, having regular opiates and oral paracetamol. There is a 65% reduction in opiate usage in the intravenous paracetamol group (P value = 0.015). There is only a 0.5 difference in average pain score between the two groups (P value = 0.173).

Conclusion: The use of regular intra-venous paracetamol results in a significant reduction in the need for opioid analgesia. The pain relief within this group was comparable to that in the control group. The side effects of opioids are dose dependent, a reduction in their usage therefore improves both pre and post-operative morbidity by reducing the side effects. A simple change in analgesia protocol to a safer, more predictive agent can result in an improved pre/post-operative period.

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Fibular locking nail in the treatment of fragility fractures of ankle

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Introduction: Osteoporosis is the most common disease of bone and its incidence is rising rapidly as the population ages. Fragility fractures of the ankle are a challenging orthopaedic problem, as they are difficult to treat by conventional fixation due to poor bone quality, compromised soft tissues and inherent instability. Fibular locking nail is a minimally invasive procedure and safe.

Aim: The aim of this study was to assess the functional outcome of fragility fractures of ankle treated with a fibular locking nail.

Materials and methods: A retrospective review of 24 patients with fragility fractures treated with a fibular locking nail from January 2005 to December 2007 was carried out. The fibular nail used in our study was Biomet S.S.T. (Stainless Steel Taper) Small Bone Locking Nail for fibula. The Olerud and Molander Scale (OAMS) was used to assess the functional outcome at the end of 1 year. The domains of the OAMS were pain, stiffness, swelling, stair-climbing, running, jumping, squatting, support and activities of daily living.