

We involved and educated our coding staff and created a 'tick box' sticker to be placed on every revision hip operation-record and completed by the operating surgeon.

Our subsequent tariff uplift for these procedures has been significant.

Conclusion: Joint replacement surgery is being performed in an ever younger and more active population. Patients are increasingly likely to outlive their prosthesis and periprosthetic fracture rates are set to continue rising.

In the modern NHS, surgeons must have a good understanding of complex tariffs. Coding staff is a notoriously poorly paid and undervalued component of any Hospital Trust, and invariably lack the surgical experience to interpret complex procedures.

Trusts must take measures to ensure such large tariff uplifts are not missed for complex procedures.

We explain the tariff process and discuss how improvements can easily be achieved.

Keywords: Periprosthetic; Hip; Cost; Coding

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Four-score years and ten: The fracture epidemiology of the super-elderly

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Introduction: The epidemiology of adult fractures is changing rapidly. The longevity of the population continues to extend with increasing incidence of fragility fractures.

Methods: A retrospective review of all orthopaedic trauma patients over the age of 89 years attending Edinburgh Royal Infirmary in 2000 was performed. All inpatients and outpatients were included. These patients were identified using a prospectively compiled database held by the senior author (CCB). Patient notes were used to confirm place of residence, mobility, co-morbidity, management, length of admission and place of discharge (if applicable).

Results: 236 fractures (4% of all fractures) were identified. There were 209 (89%) female patients. All were secondary to low energy trauma. **Table 1** demonstrates residence and mobility for 6 fracture types. 124 (53%) of patients had no or one co-morbidity, the commonest being dementia and hypertension. Of the 133 neck of femur (NOF) fractures 11 (8%) died as inpatients, and only 5 (8%) returned home with the other 61 needing step-up care or rehabilitation. The average length of stay in hospital for NOF fractures was 13 days.

Conclusion: The majority of patients are female and reside at home, being independent or using a stick to mobilise and have limited co-morbidity. Few patients return directly home following a NOF fracture.

Keywords: Epidemiology; Elderly; Fracture; Femur

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Table 1

Residence and mobility according to fracture type.

Fracture	No.	Residence (%)			Mobility (%)		
		Home	Res ^a	NH	Indep ^b	Stick	Zimmer
Prox humerus	19	10 (53)	2 (11)	7 (37)	12 (63)	1 (5)	6 (32)
Distal radius	32	19 (59)	4 (13)	9 (28)	9 (28)	7 (22)	16 (50)
Pubic rami	8	6 (75)	2 (25)	0	1 (13)	3 (38)	4 (50)
NOF	133	66 (50)	16 (12)	41 (31)	29 (22)	49 (37)	55 (41)
Tibia	6	0	0	6 (100)	0	0	6 (100)
Ankle	3	3 (100)	0	0	3 (100)	0	0
Total	201	104(52)	24 (12)	63 (31)	54 (27)	60 (30)	87 (43)

^a Residential home.

^b Independent.