ORTHOPAEDICS

0014: OUTCOME OF RESULTS OF BASAL OSTEOTOMY USING THE CRESCENTRIC OSTEOTOMY FIXED WITH STAPLES TO OPEN WEDGE OSTEOTOMY FIXED WITH B-BOP LOW PROFILE PLATE
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Background: Basal osteotomy offers an optimal surgical solution for hallux valgus especially where primum varus is significant. We studied the results of crescentric osteotomy fixed with staples to open wedge osteotomy fixed with B-Bop low profile plate.

Method: The case-notes and radiographs of the patients assessed for the AOFAS forefoot scores, complications and radiological changes using the Hallux Valgus (HV) angle, Intermetatarsal (IM) angle and Metatarsal Length (ML).

Results: All patients had significant improvements in their outcomes with respect to AOFAS scores and the radiological parameters (p<0.05) in both groups. There was no significant difference in either group with respect to their postoperative HV angle, IM angles and AOFAS score. The first metatarsal shortening was noted with crescentic osteotomy. One patient developed metatarsalgia in crescentic osteotomy while one delayed union and one recurrence of deformity was reported in open wedge osteotomy.

Discussion: B-BOP is a technically easier, reproducible and allowing early mobility according to literature but at a higher cost. Our experience has shown equally good results can be achieved with crescentic osteotomy fixed with staples.

0017: SECONDARY PREVENTION OF OSTEOPOROTIC FRAGILITY FRACTURES – RESULTS FROM 5 YEARS WORTH OF AUDIT DATA

Aim: The aim of the audit was to assess our current bone protection prescribing rates compared to NICE guidelines and thus implement changes in order to reduce the incidence of fragility fractures in our elderly female population and thereby reduce costs of re-admission as well as the morbidity and mortality associated with fragility fractures in a vulnerable patient cohort.

Method: Prospective case note review of all female patients over 75 years of age who sustained a fragility fracture was undertaken. 6 audit cycles were performed from March 2007 - April 2011. Each audit cycle was over a 3-month period. Following each audit cycle various interventions were introduced in an attempt to improve prescribing rates.

Results: A total of 311 discharge summaries were reviewed over the 5 year period. The mean age of patients was 84 years. Fractured neck of femur is the commonest fragility fracture in our cohort (74%). Bone protection prescribing rates increased from 16% in 2007 to 92% in 2011.

Conclusions: In a multidisciplinary setting through various simple, cost effective interventions such as improved communication, bone protection posters, and junior doctor education programs we were able to improve our rates of bone protection prescribing.

0020: RADIOGRAPHS LATE IN THE FOLLOW UP OF UNCOMPLICATED DISTAL RADIUS FRACTURES – ARE THEY WORTH IT? CLINICAL OUTCOME AND FINANCIAL IMPLICATIONS
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Fractures of the distal radius constitute 18% of all human fractures. Any resulting loss of wrist joint congruity can quickly lead to secondary osteoarthritis. Eventually developing callus makes manipulation of displaced fractures impractical, challenging the role of routine radiographs in asymptomatic cases at this stage. We aimed to highlight objective parameters independent of radiographs performed late in the follow up of uncomplicated distal radius fractures. Our outcome measures were visible clinical deformity, range of wrist movement and grip strength. Two groups were devised; one containing patients with no radiographs taken more than two weeks post injury (a short term group), and one containing patients with radiographs taken five or six weeks post injury (a long term group). Sixty six cases were eligible for analysis - 27 in the short term...