Background: Primary tumours of the spinal cord are rare. Lesion may be extradural or intradural. Intradural lesions are usually slow growing. In patients with low-grade tumours treatment aims to prevent further neurological deterioration.

Aims: To assess surgical management of spinal tumours at Salford Royal NHS Foundation Trust (SRFT) in accordance with national guidelines.

Methods: We identified patients diagnosed with spinal tumours treated surgically at SRFT over a 12 month period. Of the 40 patients, 17 with extradural spinal tumours were excluded. Using a proforma a retrospective casenote review of the 23 patients with a surgically treated intradural tumour was undertaken. We looked particularly at tumour morphology, length of inpatient stay and post operative complications.

Results: Median age at presentation was 60. Commonest location of tumour was thoracic (13/23), 17/23 tumours were extramedullary. All tumours were benign and treated surgically without adjuvant therapy. Complete tumour excision occurred in 21/23 cases. 7/23 experienced complications. Average inpatient stay was 11 days.

Conclusions: The majority of cases are treated successfully with prevention of worsening of neurological function. There were no major complications. We recognise the limitations in our study however we identified several potential areas of improvement in current practice.
an issue. There is limited evidence regarding the most appropriate treatment for subtrochanteric nonunions. It has been reported that subtrochanteric nonunions treated with the condylar blade plate are associated with good healing rates. Supportive methods in the treatment of nonunions include the use of the Reamer/Irrigator/Aspirator (RIA) system, human recombinant osteogenic protein-1 also known as rhBMP-7 and biocompatible materials such as hydroxyapatite (HA).

**Case Presentation:** We report the case of a patient with a subtrochanteric fracture originally treated using a Trochanteric Gamma nail which failed to a nonunion and fracture of its proximal end. The nonunion was revised with removal of the broken trochanteric Gamma nail, application of a condylar blade plate, ipsilateral RIA autografting, rhBMP-7 and HA injectable cement, with success and healing.

**Conclusion:** The essential requirements for success when revising a non-united fracture is to provide anatomical reduction, mechanical stability, bone defect augmentation and biological stimulation to achieve healing. The combination of a condylar blade plate, the use of the RIA system, HA and rhBMP-7 provided the above requirements.

**POST-OPERATIVE DRESSING OF TOTAL HIP AND KNEE REPLACEMENTS: COMPARISON OF THE JUBILEE DRESSING METHOD TO A STANDARD ADHESIVE DRESSING**

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Primary total hip arthroplasty (THA) and total knee arthroplasty (TKA) are common orthopaedic operations. Frequently reported wound complications are infection, persistent leakage and blistering. This prospective, randomised study compared the Jubilee method (absorbent hydrofiber inner layer and viscoelastic hydrocolloid outer layer) to a traditional adhesive dressing. Infected revision arthroplasty procedures were excluded. 124 patients over a 9 month period underwent total hip or knee arthroplasty by two consultants. 62 patients had the jubilee method dressing (35 THA, 27 TKA), and 62 patients received an adhesive dressing (35 THA, 27 TKA). The average length of hospital stay was 9 days for both groups. Wound blistering was reduced using the jubilee method (8%) compared to the standard adhesive dressing (15%). Leakage was decreased using the jubilee method at 5% compared to 15%. The number of dressing changes prior to discharge was significantly less, with 62% of patients using the jubilee method requiring only one dressing change. 87% of adhesive dressings requiring more than one change. Subjective assessment of wound inflammation showed no difference. No patient developed an infection. The hydrofiber/hydrocolloid dressing combination showed significant clinical improvement compared to the adhesive dressing. The authors advocate this wound dressing for primary hip and knee arthroplasty procedures.

**PAEDIATRIC DISTAL FOREARM FRACTURES: AN AUDIT OF LOCAL RE-DISPLACEMENT RATES**

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Fractures of the distal forearm account for a third of all fractures in children. The most commonly reported complication is residual deformity. This can lead to poorer functional outcomes. Deformities can remodel over years, but this capacity for remodelling is reduced with increasing age. Deformity at the time of presentation is minimised by manipulation. A re-displacement after the initial procedure may require a re-manipulation. Our aim was to find out re-manipulation rates here in Leicester and to compare them with national figures. The data would also be used to compare angular deformities between the different grades of surgeon and between different interventions (MUA and K-wire fixation). A retrospective log book review, over a 6 month period, identified 65 children matching our criteria. Radiographs were reviewed for evidence of re-manipulations and the calculation of angular deformities. During this time, no child required a re-manipulation. Mean angular deformities were not affected by the grade of surgeon (Consultant = 4.7 ± 1.92, Registrar = 4.0 ± 0.88), but MUAs did lead to greater deformities when compared to K-wire fixation (MUA = 42% of deformities >10°, K-wire = no deformity >10°). Re-manipulation rates in Leicester were favourable when compared to national figures. The study also shows that an MUA with K-wire stabilisation results in less residual deformity.

**STANDARDS OF CARE FOR FRACTURED NECK OF FEMUR – ARE WE ON TARGET?**

E. Leong, O. Jarral, P. Housden. William Harvey Hospital

**Introduction:** Hip fracture is a common, serious and costly injury. Quality of care varies around the country and secondary prevention is often neglected. Two significant developments aiming to improve the management of hip fractures include the British Orthopaedic Association (BOA) Blue Book and the National Hip Fracture Database (NHFD).

**Methods:** Six standards of care were identified from the BOA Blue Book. 131 hip fracture patients at the William Harvey Hospital (WHH) were identified between July 2009 and December 2009 and compared with national statistics from the NHFD.

**Results:** 50% were transferred to an orthopaedic ward within 4 hours. Average time nationally was 7.8 hours. 66% were operated within 48 hours, compared with 75% nationally. 95% had pressure ulcer risk assessment, compared with 96% nationally. 81% had antiresorptive therapy, compared with 62% nationally. 89% had a falls risk assessment, compared to 46% nationally. 100% received orthogeriatric input at WHH.

**Discussion:** Standard of care at the William Harvey hospital is variable. The NHFD is a powerful tool in monitoring performance and standardising care across the county. Trusts can easily compare their performance with national statistics. Improvements can be gained from education and multidisciplinary liaison and involvement

**JOINT LINE LEVELS IN TOTAL KNEE REPLACEMENT**

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**Introduction:** Long term success of Total knee Replacement (TKR) depends on restoration of the normal alignment of the lower limb. Mal-alignment of the tibial tray is a fundamental cause of prosthesis failure, component loosening and leads gait abnormalities due the resultant shift in centre of gravity.

**Method:** We looked into a novel way of measuring post op joint line levels accurately using the ‘Binns Barium Ball method’, in 45 consecutive cruciate retaining TKRs placed using a femoral mechanical axis of 4 degrees. A post operative weight bearing AP X-Ray of the knee was used along with an adjacent horizontal plane marker. The tibial component angle was measured using IMPAX computer based X-Ray viewer.