



“ DO /NOT DO IN ORTOGERIATRICS”

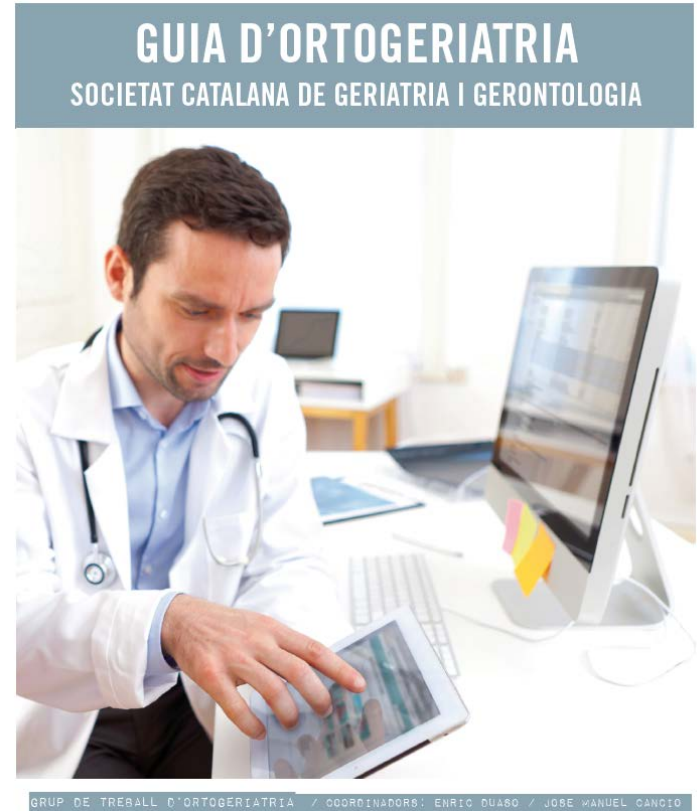
Grup de treball d'Ortogeriatrics

Societat Catalana de Geriatrics

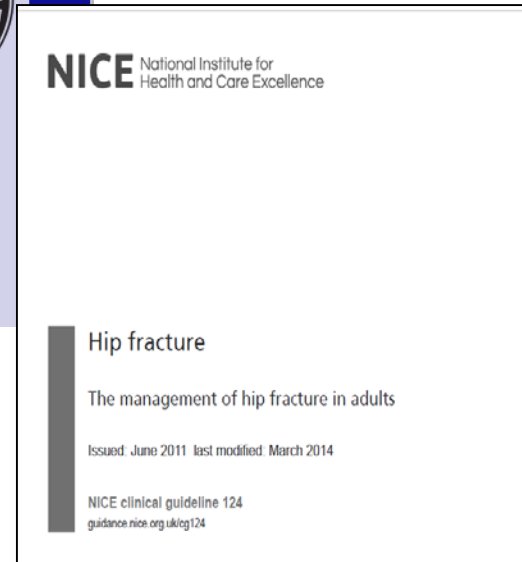
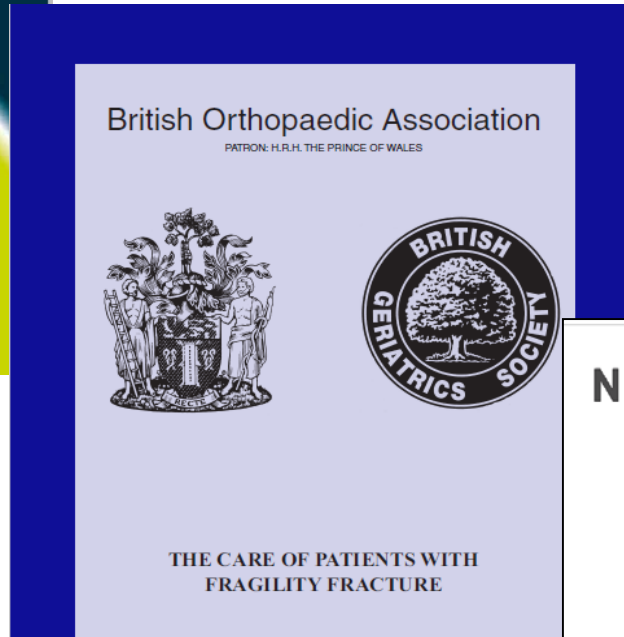
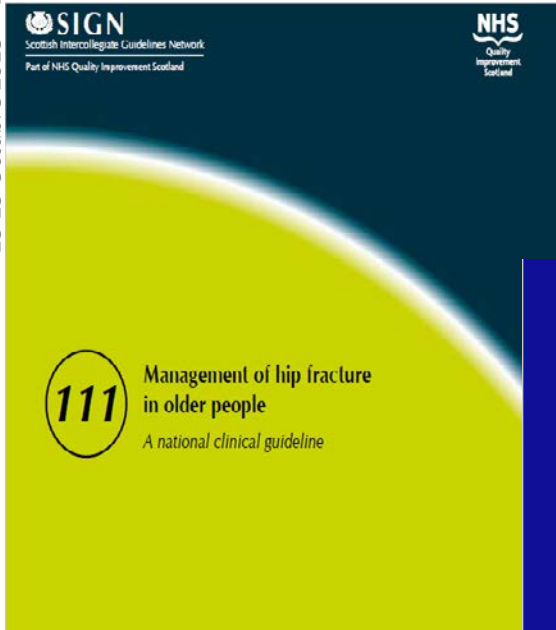
Dra Anabel Llopis. Hospital de Mataró . CSdM.

10 Octubre 2018

24^è congrés Societat Catalana de Geriatria i Gerontologia



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MANAGEMENT OF HIP FRACTURES IN THE ELDERLY

EVIDENCE- BASED CLINICAL PRACTICE GUIDELINE

**Adopted by the American Academy of Orthopaedic Surgeons
Board of Directors
September 5, 2014**

**Australian and
New Zealand Guideline
for Hip Fracture Care**
Improving Outcomes in
Hip Fracture Management of Adults

September 2014





Strength of Recommendation Descriptions

Strength	Overall Strength of Evidence	Description of Evidence Strength	Strength Visual
Strong	Strong	Evidence from two or more “High” strength studies with consistent findings for recommending for or against the intervention.	
Moderate	Moderate	Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.	
Limited	Low Strength Evidence or Conflicting Evidence	Evidence from one or more “Low” strength studies with consistent findings or evidence from a single moderate strength study for recommending for or against the intervention or diagnostic test or the evidence is insufficient or conflicting and does not allow a recommendation for or against the intervention.	
Consensus	No Evidence	There is no supporting evidence. In the absence of reliable evidence, the work group is making a recommendation based on their clinical opinion. Consensus recommendations can only be created when not establishing a recommendation could have catastrophic consequences.	



RNFC

- Pacients de ≥ 75 anys amb fractura de fèmur proximal.
- 7208 pacients
- 54 hospitals
- Edat mitjana 86,6 anys
- 75,4% dones



Orthogeriatric care: improving patient outcomes

- El model d'atenció ortogeriàtrica ha demostrat millorar la qualitat assistencial dels pacients ancians que ingressen per fractura de fèmur, disminueix el nombre de complicacions, la mortalitat i els costos i millora la recuperació funcional.

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MANEIG ORTOGERIÀTRIC

Evidence-based
recommendation

From admission, offer patients a formal, acute
orthogeriatric service that includes all of the following:

B

- regular orthogeriatrician assessment
- rapid optimisation of fitness for surgery

Es registra implicació de l'especialista clínic en
80,3 % per Geriatria i
13,5% per Medicina Interna.
En total 93,8% tenen comanejament .



BLOQUEIG NERVIÓS FEMORAL

PREOPERATIVE REGIONAL ANALGESIA

Strong evidence supports regional analgesia to improve preoperative pain control in patients with hip fracture.

Strength of Recommendation: Strong ★★★★★

Description: Evidence from two or more “High” strength studies with consistent findings for recommending for or against the intervention.

- The use of perioperative peripheral nerve blockade may be considered as part of the multimodal management of pain following surgery in hip fractures.

Evidence-based
recommendation

Consider adding nerve blocks if systemic analgesia does not provide sufficient pain relief, or to limit opioid dosage.

C

Es realitza bloqueig nerviós femoral
en el 16,8%

EVIDENCIA

AAOS

Existe una evidencia fuerte que apoya la utilización de bloqueos nerviosos

Guay 2017

Los bloqueos nerviosos periféricos reducen el dolor en 30 minutos

Callear 2016

Los bloqueos disminuyen la necesidad de analgésicos y el delirium

Ritcey 2016

Los bloqueos disminuyen la necesidad de opiáceos IV

Riddell 2016

Los bloqueos disminuyen el dolor y la necesidad de administrar opiáceos

Lees 2016

Disminuyen el dolor y la necesidad de opiáceos, la estancia y la mortalidad

“El bloqueo iliofascial es una técnica analgésica reproducible, efectiva y segura. Constituye un pilar fundamental en la estrategia analgésica de los pacientes con fractura de cadera en nuestro centro. Los otros dos pilares incluyen la analgesia precoz y la disminución de la demora para la intervención quirúrgica”

[P. Castillon, Revista Española de Cirugía Ortopédica y Traumatología
Volume 61, Issue 6, November–December 2017, Pages 383-389](#)



CIRURGIA PRECOÇ

SURGICAL TIMING

Moderate evidence supports that hip fracture surgery within 48 hours of admission is associated with better outcomes.

Strength of Recommendation: Moderate ★★☆☆

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

Evidence-based
recommendation

Perform surgery on the day of, or the day after
presentation to hospital with a hip fracture.

C

El 44% dels pacients són intervinguts abans de 48h.
La mitjana de demora quirúrgica és de 75 hores.



MOBILITZACIÓ PRECOÇ

- Offer patients a physiotherapy assessment and, unless medically or surgically contraindicated, mobilisation on the day after surgery.
- If the patient's overall medical condition allows, mobilisation and multidisciplinary rehabilitation should begin within 24 hours postoperatively.

La proporció de pacients mobilitzats les
primeres 24 h és del 56%



VTE PROPHYLAXIS

Moderate evidence supports use of venous thromboembolism prophylaxis (VTE) in hip fracture patients.

Strength of Recommendation: Moderate ★★☆☆

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

TRANSFUSION THRESHOLD

Strong evidence supports a blood transfusion threshold of no higher than 8g/dl in asymptomatic postoperative hip fracture patients.

Strength of Recommendation: Strong ★★★★★

Description: Evidence from two or more “High” strength studies with consistent findings for recommending for or against the intervention.



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NUTRITION

Moderate evidence supports that postoperative nutritional supplementation reduces mortality and improves nutritional status in hip fracture patients.

Strength of Recommendation: Moderate ★★★★★

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

OCCUPATIONAL AND PHYSICAL THERAPY

Moderate evidence supports that supervised occupational and physical therapy across the continuum of care, including home, improves functional outcomes and fall prevention.

Strength of Recommendation: Moderate ★★★★★

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.



PREVENCIÓ SECUNDÀRIA DE FRACTURES

CALCIUM AND VITAMIN D

Moderate evidence supports use of supplemental vitamin D and calcium in patients following hip fracture surgery.

Strength of Recommendation: Moderate ★★☆☆

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

OSTEOPOROSIS EVALUATION AND TREATMENT

Moderate evidence supports that patients be evaluated and treated for osteoporosis after sustaining a hip fracture.

Strength of Recommendation: Moderate ★★☆☆

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

Tractament de l'osteoporosi a l'alta: 32%

Tractament amb Calci: 46%

Tractament amb vitamina D : 67%



NOT DO

PREOPERATIVE TRACTION

Moderate evidence does not support routine use of preoperative traction for patients with a hip fracture.

Strength of Recommendation: Moderate ★★☆☆

Description: Evidence from two or more “Moderate” strength studies with consistent findings, or evidence from a single “High” quality study for recommending for or against the intervention.

A

The routine use of traction (either skin or skeletal) is not recommended prior to surgery for a hip fracture.



NOT DO

URINARY CATHETERISATION

The guideline development group found no good quality evidence on urinary catheterisation in hip fracture patients.

In general, catheterisation should be avoided, except in the following specific circumstances:

- in the presence of urinary incontinence
- on a long journey
- where there is concern about urinary retention
- when monitoring renal/cardiac function.



Urinary catheters should be avoided except in specific circumstances.



Moltes gràcies !

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