

### Hemiprosthesis After Hip Fracture in Geriatric Patients with Dementia Increases Mortality and Lacks Functional Recovery

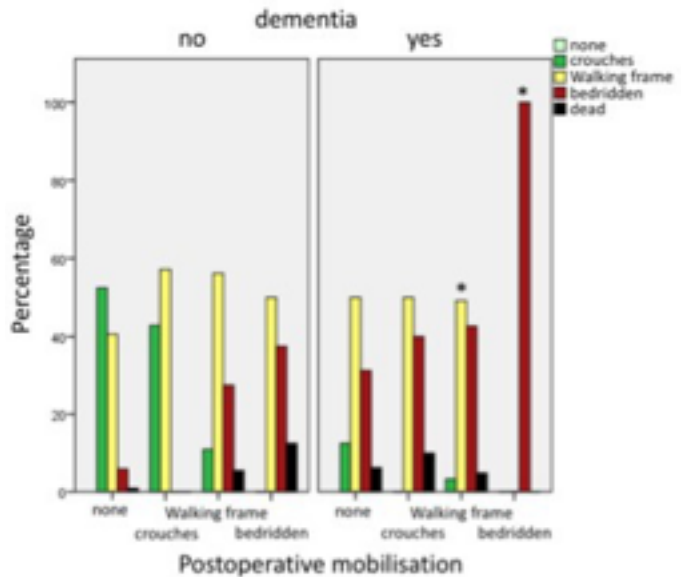
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**Purpose:** Operative timing, perioperative management, and postoperative rehabilitation are rising challenges in orthopaedic geriatric trauma. The aim of this study was to determine the outcome of patients with dementia or severe commodities treated with hemiprosthesis after hip fracture.

**Methods:** A retrospective chart review of 326 patients (mean age  $81 \pm 9$  years; 230 women and 96 men) with hip fractures treated between 2009 and 2014 with a hemiprosthesis was performed. Primary outcome measures were surgical and nonsurgical complication rates, best achievable mobilization, and mortality.

**Results:** Patients with dementia had 20-fold increased risk to be bedridden after surgery and 9-fold increased risk of dying. Furthermore, they needed significantly more revision surgeries because of surgical complications. Patients classified American Society of Anesthesiologists (ASA) IV and V had significantly lower postoperative mobilization levels with only 10% able to walk with crutches and 53% bedridden. They also had significantly more nonsurgical complications while dementia had no effect on nonsurgical complication rate.

**Conclusion:** Patients classified ASA IV and V or suffering dementia showed poor outcome after hip fracture treated with hemiprosthesis. Multidisciplinary approaches including surgeons, geriatricians, and psychiatrists are needed to improve the outcome of these patients. Minimally invasive alternatives to arthroplasty treatment should be considered for a selected group of patients.



The FDA has stated that it is the responsibility of the physician to determine the FDA clearance status of each drug or medical device he or she wishes to use in clinical practice.