

Comparing with the Consensus

Hip Fracture Anaesthesia at Hampshire Hospitals Foundation Trust

A Arasaratnam, K Camden Smith, G Daniel

Introduction

Proximal femoral fractures continue to be a major cause of mortality and morbidity, with approximately 77,000 occurring in the UK annually [1]. The provision of anaesthesia for this group of patients continues to pose a major challenge as we strive to formulate the optimal anaesthetic to promote intra operative stability and post operative outcome. The expert consensus opinion produced by the AAGBI in 2011 [2] provided key guidelines for the management of proximal femoral fracture. Through our audit, we aimed to assess how our patient group compared to the national average pre and post operatively and if the anaesthesia provided adhered to the guidelines set.

Aspects of AAGBI 2011 Proximal Femoral Fracture Guidelines

- Surgical repair of hip fractures should occur within 48 hours of admission to hospital
- Surgery and anaesthesia must be undertaken by appropriately experienced surgeons and anaesthetists
- All patients with hip fracture should be considered for spinal/epidural anaesthesia
- Proposed spinal mixtures should include lower intrathecal bupivacaine, with fentanyl as the co administered opioid of choice

Methodology

Data on patients receiving operative neck of femur fracture management was collected over a 3 month period between May – July 2013. This included: Basic demographic data, ASA grade, the time frame in which patient received their operation, operating clinicians, the type of anaesthetic given (alongside the choice of drugs if neuroaxial block was proposed), post operative length of stay, return to previous functional ability and mortality.

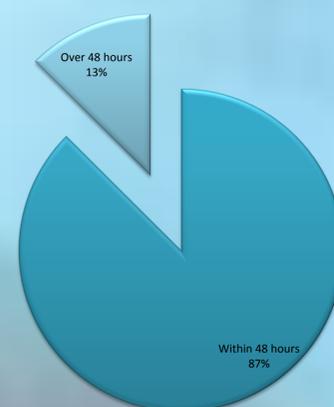
Results

Patient group: 39 patients were captured over a 3 month period with an average age of 83.4 years (range 61-92) and a female:male ratio of 30:9 . The ASA percentage grading was ASA1 (5%), ASA2 (21%), ASA3(62%), ASA 4(12%).

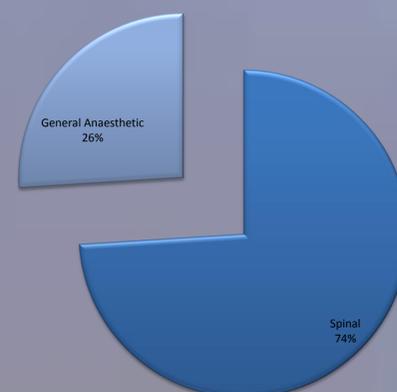
Operative details: 87.5% patients received their operation within 48 hours of admission. A spinal anaesthetic was conducted in 74% of patients, with general anaesthesia conducted in the remaining 26%. Consultant led anaesthetic care was provided in 84% of cases, and consultant led surgical care in 79% of cases. The most commonly utilised spinal mixture was the “Modified Peterborough Mixture”, a recipe consisting of plain bupivacaine, fentanyl and 0.9% sodium chloride

Post operative details: The range of post-operative stay was 4-52 days, with a median stay of 17.9 days. By day 30, 59% of patients had returned to their original habitat, 23% required higher level of care than previous and details were unrecorded in 18% of patients. At day 30, it was also noted that with regards to functional ability indoors, 16% had returned to their original function, 41% had some deterioration in function and 41% had unrecorded details. Post operative mortality was 5%.

Percentage patients receiving operation (%)



Anaesthetic technique (%)



Discussion

Many positive indicators arise from this audit, with a high proportion of patients receiving their operation within 48 hours. An equally high percentage of senior clinician presence was noted on the anaesthetic and surgical side. Spinals were highly favoured over general anaesthesia with the most commonly used mixture in concordance with current thinking. Post-operative outcomes remain a target for improvement and further aims include continuing to approach hip fracture care in a holistic, multi-disciplinary manner with an aspiration to improve patient outcome