Hip fracture & acute arthroplasty

Connect the reconstruction with immediate function.

TRAUMAPLASTY / ADULT TRAUMA

Fracture pattern, pre-injury function, comorbidity and rehabilitation goals guide fixation versus replacement.

01 Prepare promptly

Use a coordinated hip-fracture pathway with orthogeriatric assessment, analgesia and correction of reversible problems. NICE recommends surgery on the day of, or day after, admission.

02 Identify the pattern

Distinguish intracapsular from extracapsular injury. For displaced intracapsular fractures in the older-adult hip-fracture pathway, replacement arthroplasty is recommended. Young-adult high-energy femoral-neck injuries need a different specialist discussion.

03 Choose the replacement

Consider total hip replacement when the patient walked independently outdoors with at most a stick, has no contraindicating condition and is expected to remain independent in daily activities beyond two years. Otherwise consider hemiarthroplasty.

04 Build recovery into care

Plan surgery to permit immediate unrestricted weight-bearing where possible. Use an individual rehabilitation plan, early mobilisation and coordinated follow-up. Include cognition, falls risk, bone health and living circumstances.

WATCH POINT The implant decision cannot be made from the radiograph alone. Operative fitness and functional expectations matter.

DISCUSS WITH THE TEAM

Does the chosen reconstruction fit the patient's likely activity, risks and recovery needs?

READ THE SOURCES

[1] NICE CG124: Hip fracture management (updated 2023), sections 1.2, 1.6-1.8.