Acetabular fractures in older adults

Balance joint reconstruction, stability and mobilisation.

TRAUMAPLASTY / ADULT TRAUMA

Choose among nonoperative care, fixation and acute arthroplasty through specialist assessment of both fracture and patient.

01 Understand the joint

Review CT for displacement, femoral-head position, articular impaction, columns and available bone stock. Dome impaction and pre-existing joint disease can affect reconstructability and prognosis.

02 Understand the patient

Establish mobility, cognition, physiological reserve and the ability to follow a rehabilitation plan. Discuss pain, independence and the burden of repeated operations. Age alone is not a treatment algorithm.

03 Compare the options

Selected minimally displaced, congruent injuries may be managed without surgery and with supported mobilisation. Fixation aims to restore and retain the native joint. Acute replacement, sometimes with fixation, may suit selected poorly reconstructable injuries.

04 Plan loading & follow-up

Agree how the cup or fracture construct will obtain stability. Specify weight-bearing, thromboprophylaxis, rehabilitation and review. Explain uncertainty and possible later conversion or revision to the patient.

WATCH POINT Evidence is heterogeneous and selection matters. No single reconstructive option is best for every older patient.

DISCUSS WITH THE TEAM

Which feature makes joint preservation or replacement more appropriate in this individual case?

READ THE SOURCES

[1] Geriatric acetabular fractures: treatment options (2024), clinical review.

Educational summary for clinicians. Apply local protocols and patient-specific judgement.