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Abstracts

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14,792 load cycles (±2,088) in the augmented group ($p = 0.002$). When comparing early onset failure (8,250 load cycles) varus collapse in the augmented group was significantly less, 0.46° (±0.6) compared to 3.23° (± 1.7) in the non-augmented group ($p = 0.01$). No significant correlation was found between BMD and cycles to failure.
Conclusion: This biomechanical study shows that cement augmentation of the LISS-PLT plate screws in proximal extraarticular tibia fractures lowers significantly secondary varus displacement.
Disclosure: No significant relationships.

O083

A SCORECARD FOR HIP FRACTURE CARE

J. Waddell[1], *R. Mcglasson*[2], *G. Austria*[3]

[1]Orthopaedic Surgery, University of Toronto, Toronto, ON, Canada, [2]Surgery, Sunnybrook Health Sciences Centre, Toronto, ON, Canada, [3]Cancer Care Ontario, Access to Care, Toronto, ON, Canada

Introduction: Quality of care for patients with hip fractures varies widely. We have devised a scorecard which can track outcomes for hip fracture patients.
Materials and methods: Based on a previously used scorecard to study outcomes for elective hip and knee replacement surgery a scorecard for hip fracture patients has been designed. It measures length of time between injury and presentation to the emergency department; emergency department to admission to the ward; time to the operating room and time to discharge from acute care to home or convalescent care. These statistics are collected for all hospitals in the province providing hip fracture care and are reviewed quarterly.
Results: The hip fracture scorecard has improved the quality of care for hip fracture patients and has improved the outcome for these patients. The average time to surgery is now less than 48 h for over 90 % of patients in the province. An increasing number of patients are being discharged home or discharged to a structured rehabilitation program with eventual discharge home within 28 days of admission. These improvements are province-wide.
Conclusion: A quality measurement tool is useful in improving outcome for patients with hip fractures. Although relatively small in number in comparison to other diagnostic groupings hip fracture patients represent an enormous financial burden to the healthcare system; in addition they impose a burden to society if patients are unable to return to their pre-fracture level of independence and have to move to a home for the aged. A hip fracture scorecard improves these numbers.
Disclosure: No significant relationships.

O084

DEVELOPMENT, IMPLEMENTATION AND PRELIMINARY RESULTS OF A CLINICAL PATHWAY "PREVENTION OF RECURRENT FRAGILITY FRACTURES"

A. Sermon[1], *M. Herteleer*[2], *S. Boonen*[2]

[1]Traumatology, University Hospitals Gasthuisberg, Leuven, Belgium, [2] University Hospitals Gasthuisberg, Leuven, Belgium

Introduction: As the incidence of osteoporosis and of osteoporosis related fractures is increasing, the role of the orthopaedic surgeon in the treatment of osteoporotic fractures is well known. However, very little is known about the role of the orthopaedic surgeon in the treatment of the underlying osteoporosis and in the prevention of osteoporotic fracture recurrences. In this study, a clinical pathway focusing on the prevention of osteoporotic fracture recurrences, is presented.
Materials and methods: In a first part of the study, the development and the implementation of a clinical pathway in the traumatology department of a university hospital is presented. In a second part, a retrospective review is performed on the patients included during the first 18 months after implementation of the pathway.
Results: 207 patients were included with a mean age of 81.3 years. In 81.6 % of the patients, the administration of calcium and vitamin D was started during their hospitalisation. In 89.4 % of the patients, information on osteoporosis and fracture recurrence prevention was provided. 85.5 % of the patients received an appointment to come to the geriatric one day clinic for further treatment of their osteoporosis. The compliance of these patients to show up at the consultation was 75.1 %.
Conclusion: A high compliance rate was noticed to this newly developed clinical pathway introducing osteoporosis detection and treatment starting from a traumatology ward. High numbers of patients and caregivers could be reached. However, more sensibilisation of all people involved and objectivation of process outcomes is needed.
References:
1. J Bone Joint Surg Am. 2008;90(11):2346–53.
Disclosure: No significant relationships.

O085

GERIATRIC TRAUMA: A SURVEY OF RECENT 4 YEARS

A.F.K. Gok, M. Üçüncü, E. Sivrikoz, F. Yanar, H. Yanar, K. Günay, R. Guloglu, C. Ertekin

General Surgery, Istanbul School of Medicine, İstanbul, Turkey

Introduction: Available data on modern age geriatric trauma is limited. We aimed to review the geriatric trauma cases admitted in our institution to identify specific characteristics of this population.
Materials and methods: All geriatric (≥65 years) trauma cases admitted to a level I trauma facility from 01/2009 to 09/2012 were reviewed. Patient characteristics, admission physiology, trauma mechanism, co-morbidities, operative management and non-operative interventions were abstracted. Outcomes included: hospital LOS, ICU LOS, mechanical ventilation LOS, morbidity and mortality.
Results: Over 45 months period, a total of 89 patients were admitted: mean age 73.3 ± 5.9 years, 57 (64 %) male, 88 (98.9 %) blunt mechanism, 36 (40.4 %) multi-trauma, 7 (7.9 %) GCS ≤8, mean revised trauma score (RTS) 11.4 ± 2.0, aspirin use 12 (13.5 %) and Coumadin use 5 (5.6 %). Operative intervention was required in 16 (18.0 %), chest tube in 5 (5.6 %) and tracheostomy in 3 (3.4 %) patients. 25 patients (28.1 %) required blood product transfusion. Mean hospital LOS was 9.7 ± 18.9, mean ICU LOS 3.8 ± 14.7 and mean ventilation LOS 3.1 ± 13.7 days. Morbidity occurred in 18 (20.2 %) and mortality in 10 (11.2 %) patients.
Conclusion: Geriatric patients present almost inclusively due to blunt injury with every fifth patient being on anti-coagulation. Every third patient required transfusion during hospital stay.
Disclosure: No significant relationships.