CORRESPONDENCE

Fractured Neck of Femur—Internal Fixation Versus Arthroplasty

by Dr. med. Ernst Sendtner, Dr. med. Tobias Renkawitz, Dr. med. Peter Kramny, PD Dr. med. Michael Wenzl, Prof. Dr. med. Joachim Grifka in volume 23/2010

Additional Information Needed

The article recommended patterns of movement that should be avoided postoperatively. To give some more detail:

Basically it is the case that most patients—in spite of information provided—perform their usual customary movements without experiencing a dislocation. Actual dislocations usually happen for other reasons—for example, because of particular force or violence, unsatisfactory implantation techniques, or other special circumstances. Controlled movement patterns are not problematic, they usually do not result in luxation (including medical movement check-ups and physiotherapy). Irrational fears may result in an omission of necessary examinations and treatments—continued provision of rational information to the patient is therefore required.

For forensic reasons, the guidelines from the Association of the Scientific Medical Societies (Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften, AWMF) are more likely to be relevant for the prophylaxis of thrombosis, because often, the customary 11–14 day course of prophylactic treatment for venous thromboembolism is not given in the context of endoprosthesis of the knee.

The article does not explain geriatric aftercare in any factual detail. The primary indication is for orthopedic-traumatologic rehabilitation. Mostly, inpatient rehabilitation is relevant; because outpatient treatment is often not a realistic option in view of multiple comorbidities, age, and other pathologies that require inpatient treatment. Afterwards, geriatric rehabilitation may be indicated.

As a rule, it is recommended that one should proceed as follows in such cases: even while the patient is having surgery, immediate postoperative rehabilitation follow-up treatment (subsequent curative treatment) should be organized. Often, additional outpatient treatment is required; this is also the time to decide whether on the basis of a specific medical indication, short term or subsequent geriatric rehabilitation measures are indicated. All this requires careful medical advice and information for the patient.

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REFERENCES

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Conflict of interest statement

The author declares that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.

The authors of the article have chosen not to publish a reply.