Hip fractures in young patients should be treated with reduction and internal fixation despite the high risk of avascular necrosis. In elderly patients, treatment options include internal fixation, endoprosthetic replacement, and bipolar or total hip replacement (THR).

In a meta-analysis, Lu-Yao et al\(^1\) reported no significant difference in mortality between these treatment methods. The need for reoperation at 2 years was 35% for the internally fixed group. Between 3 and 6 years, 16% of the unipolar group and 12% of the bipolar and THR group required further surgery. Some patients in the THR group had a 22-mm head, which tends to prejudice the outcome.

This article outlines guidelines and management of hip fractures in the elderly.

**Subcapital Fractures**

The undisplaced or valgus impacted fracture can be stabilized with cannulated screws. A risk of avascular necrosis exists, but the insertion of screws is quick, simple, and cost effective.

Displaced fractures are treated with prosthetic replacement. If the patient is not a community walker (ie, seldom leaves the house), a non-cemented Moore type endoprosthesis can be used. It should not be cemented, as if revision is required for acetabular erosion, removal of a well-fixed implant from poor quality osteoporotic bone is a major challenge. If a bipolar
or THR is used, the stem should be cemented.

The advantage of a bipolar is that it is inherently stable, reducing the risk of dislocation. The disadvantage is that pain relief is unpredictable and acetabular erosions can occur. In theory, a bipolar can be converted to a fixed socket. This is easier to do if the head is mod-

ular and it is also easier if a short head is used in the index operation to allow an increase in offset and length for increased stability at revision.

If the surgeon is experienced and the conditions are right (ie, on a regular operating list, not in the middle of the night), THR is more reliable in providing pain relief. The problem with THR is that in the absence of complications, THR would be expected to fare better, the evidence is not clear-cut.

Although it seems logical, that in the absence of complications, THR would be expected to fare better, the evidence is not clear-cut.

**References**


