

Letter to the editor

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Letter to the editor

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Dear Editor-in-chief

Dear Prof. Dr. Ingo Marzi

With great interest we have read your article containing recommendations on hip fractures. Please allow us the following comments.

As part of a joint effort of hospitals in Basel, Switzerland, we have developed, agreed upon, and implemented a pathway for geriatric hip fracture patients. This process included a detailed review of various guidelines on the treatment of this group of patients which was drafted by specialists in emergency medicine, anaesthesia, geriatrics, orthopaedics, nursing, and nutrition. The recent recommendations by the European Society for Trauma and Emergency Surgery (ESTES) Study Group [1] have, therefore, attracted our attention. Could this be the next step towards adequate reflection on the multidisciplinary approach in a treatment guideline of hip fractures amongst the elderly?

As an orthopaedic trauma surgeon you might feel “at home” when reading these recommendations detailing the

well-known discussion on indications for orthopaedic hip surgery and associated implants, focusing on the surgeon. In our opinion, the next step should broaden the discussion beyond the specific type of implant used. The “surgical part” of the treatment must ensure that there is only one surgical intervention, which allows full weight-bearing mobilization 1 day postoperatively using whatever plate, nail or prosthetic device that works best in the surgeon’s hand to achieve this goal.

However, acknowledging the fact that hip fracture is generally more of a geriatric syndrome than a typical trauma case may widen our perspective. We favour the approach of expert groups putting multidisciplinary over internationality. As a result, we would expect recommendations that cover not only fracture classifications, but also comment on the role of a comprehensive geriatric assessment that enables a junior resident to draw a comprehensive picture of the patient, instead of an isolated picture of the fracture. Additionally, we would like to see illustrations on exactly where to place the pain catheter in case of a planned anterior approach for total hip replacement in a geriatric hip fracture patient.

Furthermore, we strongly advocate the need for continuing medical education (CME)-accredited courses covering interdisciplinary knowledge taught by geriatricians, anaesthetists, emergency physicians and orthopaedic trauma surgeons. We consider this to be of utmost importance, particularly as the treatment of geriatric fracture patients increasingly occurs in local or regional hospitals, closer to patients’ homes and their social support network. As such, we cannot expect that all representatives of the multidisciplinary team are present at all sites at all times. Instead, as a university hospital we see it as our task to

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implement a model of comprehensive care, to document related outcomes, and finally to determine the degree of multidisciplinary know-how in all collaborating team members. The specific healthcare system should propose solutions for the general implementation of these requirements anywhere, including rural areas, or in healthcare systems with only few geriatricians.

We look forward to report on the accomplishments achieved with our Basel pathway, and hope this contribution will help to reinforce the momentum needed for the next step.

Compliance with ethical standards

Conflict of interest N. Suhm, R. Bingisser, R. W. Kressig, T. Meyer, L. A. Steiner, A. Kopp Lugli, C. Kiss, M. Jakob and N.F. Friederich declare that they have no conflict of interest in reference to this letter to the editor.

Reference

1. Wendt K, Heim D, Josten C, Kdolsky R, Oestern H-J, Palm H, Sintenie JB, Komadina RC. Copuroglu: recommendations on hip fractures Eur J Trauma Emerg Surg, published online July 14, 2016. doi:[10.1007/s00068-016-0684-3](https://doi.org/10.1007/s00068-016-0684-3).