Our Mission

Operation of Online Open access journals and organizing scienctiand business events.

Our Vision

The Main Vision of OMICS Group is to make Healthcare and Scherithformation Open Access



Open Access Scientific Reports

Research Article

Open Access

Kane et al.1:1

Introduction

Hip fractures are one of the most common orthopaedic injuries a ecting the elderly population. In the United States, there are nearly 352,000 hip fractures annually, accounting for up to one third of orthopaedic hospital admissions [1,2]. Additionally, hip fractures account for almost three billion in Medicare spending each year [3]. ese numbers are only expected to increase as the American population ages. Nearly 22 percent of the US population will be older than sixty- ve years of age by the year 2030, accounting for nearly seventy million people [4]. Given the fact that one out of every three adults falls each year, and that nearly 90 percent of all hip fractures are due to falls, the number of these injuries will increase dramatically [1,5]. By the year 2050, it is estimated that the incidence of hip fracture will double to over 650,000 per year [1].

Increasing age and the presence of co-morbidities have been well established as negative risk factors for mortality following hip fracture [2,6-8]. e overall one year mortality rate following this injury ranges anywhere from 14 to 36 percent, and may reach 50 percent in the extremely old [7-10]. Patients that survive o en struggle to reach pre-injury levels of independence and mobility. Nearly 40 percent of patients are unable to walk independently and up to 60 percent require assistance up to one year later [6].

Although the health bene ts and increase in longevity from activity and exercise are well documented in the literature, the potential increase in hip fracture occurrence as a result of an increasingly active, elderly population must be taken into account [4,11,12]. Increasing mobility in a population with an increased incidence of bappru7Fdcreasing diagnosis were excluded from this study. Data collected for each patient included age, gender, fracture type, surgical procedure, time to surgery, delay to surgery >48 hours, complications, in-hospital mortality, and pre-existing co morbidities. Patients were divided into two main groups: those patients under the age of seventy- ve at the time of injury (Group A), and patients seventy- ve years of age and older (Group B). Although 2r041(frac>tienKeme44 TD [(p32(aee0(p3 043(monallr041(fraccept43(divided)]TJ 0 -1.23 0ns3(mon)-135th Philadelphia, PA 19106, USA, Tel: 570-294-0639; Fa½/02mt9-50346580912-mail: Patrick.w.kane@gmail.com

Received April 02, 2012; Published July 02, 2012

Citation: Kane P, Miller A, Bercik M, Orozco F, Ong A

Citation: Kane P, Miller A, Bercik M, Orozco F, Ong A (2012) Complications in the Elderly: How to Plan for your Hip Fracture Patient. 1: 108. doi: VFLHQWL ¿ FUHSRUWV

important for prescribing physicians to recognize when counseling patients on increasing physical activity. Patients with cardiovascular risk factors that might bene t from an exercise routine may also be at an increased risk of a cardiovascular event if they should happen to sustain a hip fracture. Post-operatively, great care should be taken to monitor for any signs and symptoms of a cardiac complication in this population.

Patients in our study had no signi cant di erence in the time or delay to surgery based on age. Although no in-hospital mortality di erence was found, our results suggest that older patients with signi cant cardiovascular risk factors may bene t from a longer period of medical optimization prior to surgery. A thorough, pre-operative cardiac clearance may help reduce the incidence of cardiovascular events in those at risk. e literature reports con icting evidence on the impact surgical delay can have on hip fracture outcomes [8,19-22]. While surgery within 48 hours of injury is the generally accepted standard for hip fracture treatment, some studies have shown equivalent outcomes for patients with delays greater than two days [8]. Patients with co morbidities, particularly cardiovascular, requiring a period of stabilization before going to the operating room had similar outcomes as patients who underwent surgery within the 48 hour time frame [8].

Demographic analysis of our study revealed a signi cantly greater percentage of female patients in the older age group. is gender distribution has been previously well documented in the literature. Women are roughly two to three times as likely to sustain a hip fracture then men and almost half of all women that reach age 90 have su ered a hip fracture in their lifetime [1,16]. Women over the age of 75 also have the highest prevalence of chronic disease and disability [14,15]. Physicians should be aware of these realities when recommending an exercise regimen, particularly in the female patient population. Creating a patient-speci c program with safety in mind may help to alleviate some of the burden hip fractures can have on elderly women.

Although more common in women, elderly patients across the board are at an increased risk for injury as well as post-operative complications resulting from hip fracture. While it is important for healthcare providers to continue to recommend physical activity, the results of .e5nue .e5nthe co 5,1.841 TJ T* [(03(.ts)-164(can)-la)have the healte [h-24ihip* [(compl)-3()-1401 patiePhysicihe he T* [(ha1e)

Citation: Kane P, Miller A, Bercik M, Orozco F, Ong A (2012) Complications in the Elderly: How to Plan for your Hip Fracture Patient. 1: 108. doi: