**Surgical Management of Displaced Intracapsular Neck of Femur Fractures in Swansea, UK**

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**Abstract**

**Introduction:** NICE and BOAST have provided guidelines for the management of intracapsular neck of femur fractures. We reviewed the surgical management of displaced intracapsular neck of femur fractures in our unit.

**Method:** Information was obtained from the local data provided to the National Hip Fracture Database. Data was retrospectively analysed over eighteen months (01/04/2014 – 31/10/2015). Patient demographics, medical co-morbidities, ASA grade, AMTS and mobility status were recorded. Prosthesis choice and the use of cement was also documented. Those undergoing total hip arthroplasty were reviewed for appropriateness in accordance with the NICE guidelines; mobilising independently and not cognitively impaired.

**Results:** A total of 400 patients with intracapsular fractured neck of femurs were admitted over eighteen months with 334 displaced and 66 undisplaced fractures. Of these, 332 patients underwent an arthroplasty procedure; 275 (83%) had a hemiarthroplasty (260 cemented, 15 uncemented) and 57 (17%) had a total hip replacement (THR). Of the THR group, there were 2 dislocations and 2 peri-prosthetic fractures.

According to the NICE guidelines 46% (n=154) of the total displaced intracapsular neck of femur fractures qualified for a THR. In accordance with the NICE guidelines, 7/57 patients who received a THR were inappropriate because of impaired cognition whilst 13/57 patients received a THR despite not being independently mobile.

**Conclusion:** Guidelines suggest the use of modern cemented stems and THR for independently mobile patients without cognitive impairment. We performed a relatively high proportion of THRs (17%), however only 63% (n=36) were deemed suitable by NICE guidance. Our results better from National average, but still there is room for improvement.