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Use of Two C Arm in Hip Fracture Surgery "The Sooner, The Better"

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Introduction

Traditionally intertrochanteric (IT) fractures are being managed with extra medullary fixation devices. Recently intramedullary nailing has been successfully introduced for stable and unstable IT fracture. Use of intramedullary nail requires visualisation in two dimensions for correct portal of entry into the canal. Back and forth movement of the C arm in anteroposterior (AP) and lateral position is sometimes associated with loss of correct localization of the insertion point in eitherplane. To overcome this we have made a practice of using two C arm, positioning them in one plane each (Figure 1) before incision. Surgeon than stands at the top end and work through the gap between X -ray tube and patient, after draping the image intensifier tube with sterile drape (Figure 2). Entry point is then confirmed in both plane simultaneously (Figure 3) which is followed byproximal hand reaming and nail preparation and insertion (Figure 4).

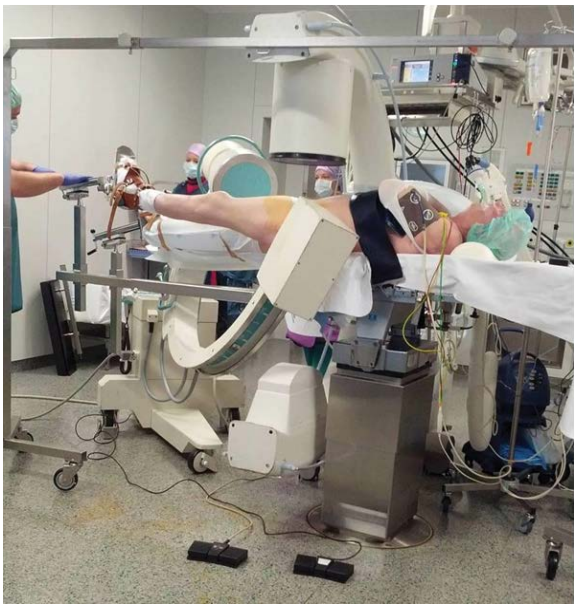

Figure 1

Figure 2

Figure 3

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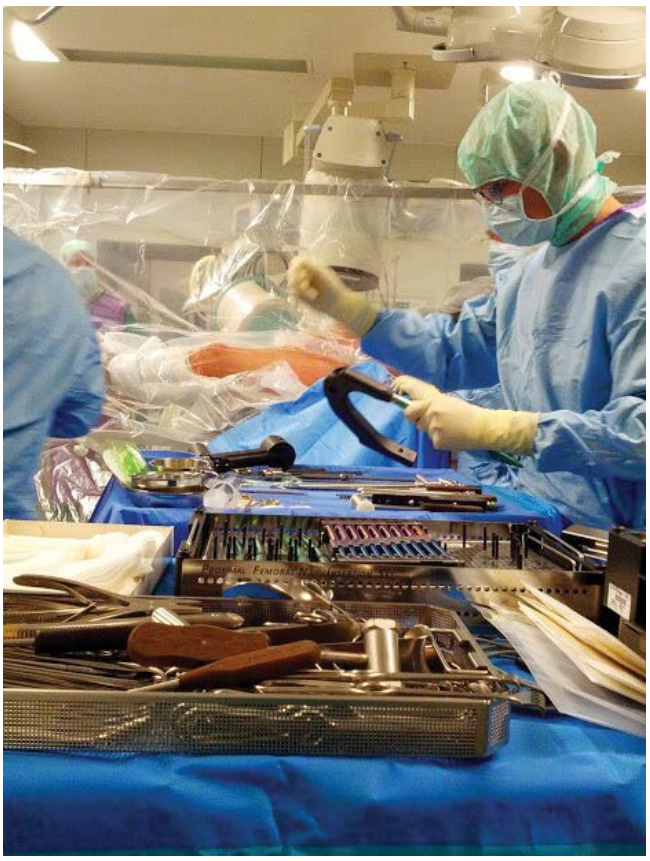

Figure 4

The adoption of this method has turned out to be very effective in reducing overall surgical timeand efforts. In our setting average time from incision to closure is 20 minutes. The only drawback is a requirement of additional C arm in a theatre and working through narrow window between fluoroscope tube (lateral plane) and patient.