


Hip Fracture Fixation With Nails Thoughts, Techniques and Tips



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COI Disclosure

ZimmerBiomet: Consultant, Inventor, Trauma, ETEX, Knee Creations
Smith & Nephew, Nails and Plates, Memphis, TN
Intellectual Property Contracts

Textbook Contracts: Hip Fractures: Techniques in Orthopaedic Surgery 2nd Ed, Lippincott
Williams and Wilkins, Surgical Treatment of Orthopaedic Trauma 2nd Ed, Thieme
Publishers, New York, Rockwood and Green's Fractures in Adults 8th Ed, Lippincott
Williams and Wilkins.

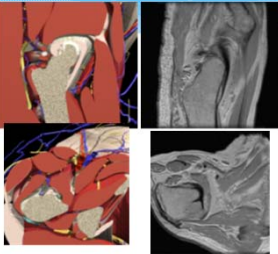
Next 20 Years What We Will Learn

- * **How To Differentiate Fractures**
- * **How To Reduce Fractures**
- * **How To Functionally Stabilize Fractures**
- * **How to Monitor Fracture Healing**
- * **How To Optimize Patient Recovery**

The Proximal Femur Is NOT as Solid As We Think


*Medullary Canal Begins Below Lesser Trochanter in Young Patients
Above Lesser Trochanter in Old*

With Nail Techniques, A Path Must Be Created Through This Cancellous Bone



The Proximal Femur IS NOT A Solid Structure

- Subtrochanteric
- Perthrochanteric
- Femoral Neck



Harty, M. The Calcar Femorale* and The Femoral Neck. JBJS 1957
Garden. Structure and Function of The Proximal Femur. JBJS 43B 1961
*Adam's Arch: Bartonicek

Four Major Components Horizontal and Vertical Columns Femoral Head and Shaft

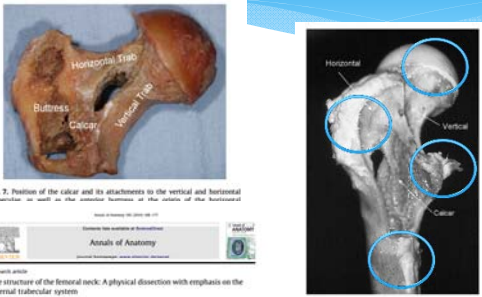


Fig. 7. Position of the calcar and its attachments to the vertical and horizontal trabeculae as well as the anterior femoral neck of the distal of the horizontal.

Fig. 8. 3D CT scanned upper femur.

Research article:
The structure of the femoral neck: A physical dissection with emphasis on the internal trabecular system
Alan Hammer*

Narrowing of Antero-Superior Column With Age & Osteoporosis

Fig. 8. Anterior 'shift' of the mass of the upper horizontal trabeculae with increasing osteoporosis. The wooden rod demonstrates the orientation of the 'neutral layer' with respect to the axis of the femoral neck.

Fig. 11. Drawing showing the courses of the horizontal and vertical trabeculae in the femoral head and neck.

Modern Failure Model UniCortical Single Screw Permits Rotation

Rotation Combined With Sliding=Bone Erosion

↓

Instability

↓

Collapse

↓

Distortion of Hip Mechanics

↓

Pain, Disability and Death

Cephalomedullary Nail Constructs

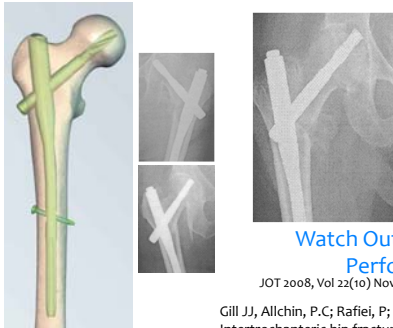
Y-Nail Class (Dynamic Compression) (Impaction)	Gamma Class (Dynamic Compression) Single Large Lag Screw Large Head Nail	Reconstruction Class (Dynamic Compression) Two Lag Screws Small Head Nail	InterTan Class (Linear Compression) Two Integrated Screws Trapezoid Nail
Küntscher Y-Nail TFN (Synthes)	Gamma Nail (Stryker-Howmedica) IMHS (Smith&Nephew)	Reconstruction Nail (Smith&Nephew) TFN Russell Classification Rockwood&Green2010	InterTan Nail (Smith&Nephew)

Küntscher/Pohl Y-Nail 1940's



The illustration shows a hip joint with a Y-shaped nail inserted into the femur. To the right is a black and white portrait of a man, likely the inventor of the nail.

2001 Impaction Type Nails



Impaction Nails
Insert Tip >10mm from Joint

Watch Out For Medial Perforation

JOT 2008, Vol 22(10) Nov/Dez 2008, 731-6


Gill JJ, Allchin, P.C; Rafiei, P; Reddy, K; Schutt, R C, Jr. Intertrochanteric hip fractures treated with the trochanteric fixation nail and sliding hip screw. *J Surg Orthop Adv.* Summer 2007;16(2):62-66.

Courtesy Dr. Ruecker


Functional And Radiographic Outcomes Of Intertrochanteric Hip Fractures Treated With Calcar Reduction, Compression, and Trochanteric Entry Nailing

Paul O; Barker JU; Lane JM; Helfet DL; Lorch DG
J Orthop Trauma 2012 Mar;26(3):148-54



- * 30 Patients Level IV Study.
- * CONCLUSIONS: Satisfactory Functional Outcomes With Near-normal Gait Restoration Can Be Achieved In Cases Of **Intertrochanteric Hip Fractures** With An Emphasis On Calcar Reduction And Compression After Fixation With Trochanteric Entry Nail.




Gamma Nail Class 1, 2, 3 1986-2011 Grosse & Kempf



- *1980's: Gamma Nail 10 Degree Proximal Bend Lat Port
 - Drs. Arsène Grosse & Ivan Kempf
- *Initially for Pertrochanteric Fractures
- *Subsequent Design Changes G3 Newest



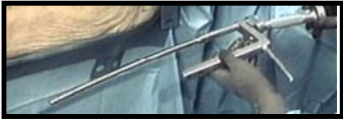
A. Grosse



I. Kempf

Reconstruction Nail Class Russell, Taylor and Brumfeld 1985

Reconstruction Nails: (Double Lag Screw)
First Integral Variable Section Modulus Cannulated
Intramedullary Stainless Steel Nails
Smaller Head Diameter




Primary Indication Subtrochanteric Hip Fracture

14 Nov-16

2004 InterTan Class Russell, Sanders, Grusin, Faber, Mimes, Ferrante

Designed to Increase Hip Fracture Stability
Trapezoidal Cross Section
Integrated Proximal Compression Screws
Flat Lateral Side to Relieve Trochanteric Stress
5 Degree Lateral Bend
Short and Long



Smith & Nephew, Memphis

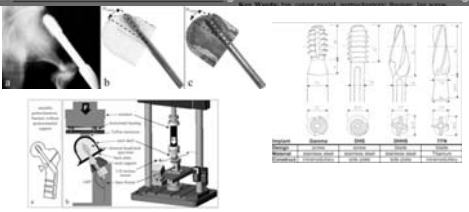
Rotational Instability Leads To Cut-Out

ORIGINAL ARTICLE

JOT 18:36:361-368, 2004

A Laboratory Model to Evaluate Cutout Resistance of Implants for Pertrochanteric Fracture Fixation

Mark B. Summers, MS,* Christoph Roth, MS,† H. Hall, MS,† Benjamin C. C. Kam, MD,‡ Larry W. Ehmke, MS,* James C. Krieg, MD,* Steven M. Mailey, MD,* and Michael Bollang, PhD*



Single Screw Instability

Varus Collapse 8.5+/-7.7 Degrees
Rotation 7.2+/-6.4 Degrees

- Clinically Realistic Multiplanar Loading Vectors Significantly Affects Implant Migration, And Therefore Should Be Considered When Evaluating The Fixation Strength Of Hip Screw Implants.

Ehmke, L.W., et al., Lag screws for hip fracture fixation: Evaluation of migration resistance under simulated walking. J Orthop Res, 2005. 23(6): p. 1329-35.

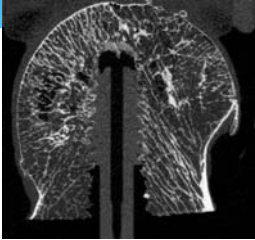
KU LEUVEN



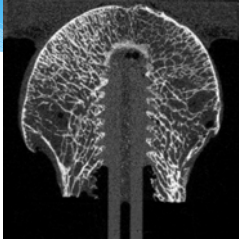
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<http://harryvanlenthe.com>



Visualization of implant failure



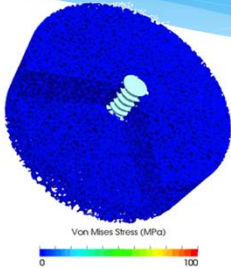
low bone mass:
direct failure at the interface



high bone mass:
support of peri-implant bone

Mueller et al. (2013). MedEngPhys, <http://dx.doi.org/10.1016/j.medengphy.2012.07.009>.

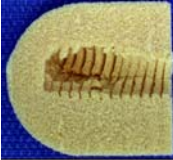
Computational Analyses Of Implant Failure




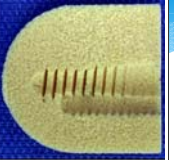
Von Mises Stress (MPa)

0 100

Courtesy: Harry van Lenthe, KU Leuven


gamma 3


helical blade



intertan

	SINGLE LAG SCREW	HELICAL BLADE	INTERTAN
SAMPLE 1	4100	9500	DID NOT CUT OUT
SAMPLE 2	28900	52000	DID NOT CUT OUT
SAMPLE 3	12700	17800	DID NOT CUT OUT
AVERAGE	15233	26433	N/A
STD. DEV.	12593	22527	N/A

ORS Russell et al 2010

Construct Testing Femoral Head Rotation and Varus Collapse Single Vs Integrated Screws

- * Santoni, Brandon G. PhD; Nayak, Aniruddh N. MS; Cooper, Seth A. MD; Smithson, Ian R. MD; Cox, Jacob L. MD; Marberry, Scott T. MD; Sanders, Roy W. MD
- * Comparison of Femoral Head Rotation and Varus Collapse Between a Single Lag Screw and Integrated Dual Screw Intertrochanteric Hip Fracture Fixation Device Using a Cadaveric Hemi-Pelvis Biomechanical Model
- * Journal of Orthopaedic Trauma:
* April 2016 - Volume 30 - Issue 4 - p 164-169




Surgical Technique New Directions

1. Fracture Visualization
2. Entry Portal
3. Trajectory Control Of Reamers/Nail
4. Implant Matching
5. Implant Stability

Classic Supine Position Leg Positioning

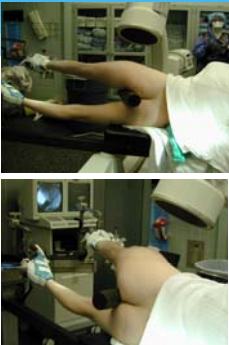
- > Flexion 0-40 Degrees
- 31-IT-0-15 Degrees
- 31-ST-30-40 Degrees
- 32 FS 10-30 Degrees
- 33 SC 0 Degrees
- > Adduction 0-20 Degrees
- > Rotation 0-+15 Degrees



Bad Set Up:
C-Arm Wrong Axis
Distal Fragment Flexed
Leg Extended


Classic Lateral Position

- * Hip Flexion 30-40 Degrees
- * Adduction -10-0-+10
- * Rotation
 - * 15-30 Degree Internal Rotation Of Foot
- * Best For Short Proximal Fragments And Reverse Obliquity Pattern
- * OTA/AO A3 Types




Supine Positioning

- * Supine
 - Flex Leg 30-40 Degrees
 - Abduction 0 Degrees
 - Rotation 0-15 Degrees ER
 - Position C-Arm In Reference To Hip
 - Not Ideal For Piriformis Portal
 - Trochanteric Portal More Efficient



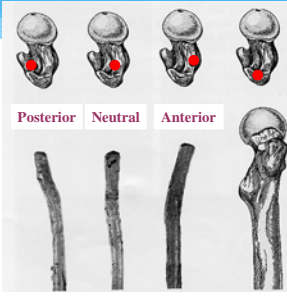
Petrochanteric Operative Pearls

- * Exposure
 - Radiographic Visualization in Correct Plane
- * Place C-Arm Beam Perpendicular to Femur



Importance of Entry Site

- *Nail entry site dictates the ultimate placement of the implant
- *Starting points are made in reference to the neutral axis:
 - * Anterior vs. Posterior
 - * Medial vs. Lateral
 - * Piriformis vs. Trochanteric

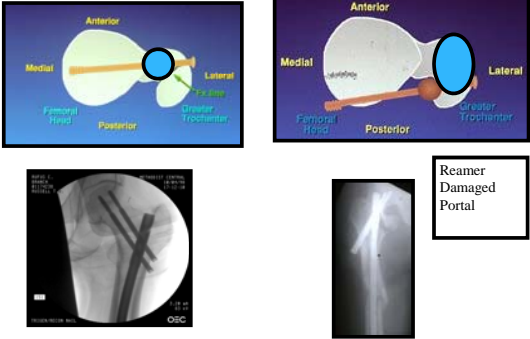


Posterior Neutral Anterior

Johnson et al., *J. Ortho. Trauma*, 1(1):1-11, 1987

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Nail Containment In Proximal Femur

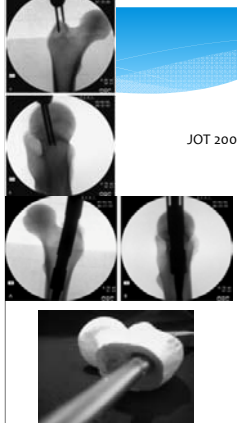


Reamer Damaged Portal

Avoidance of Malreduction of Proximal Femoral Shaft Fractures With the Use of a Minimally Invasive Nail Insertion Technique (MINT)

Thomas A. Russell, MD, Robert E. Kim, MD, David Stoneham, BS, Jose Cohen, MD, and Richard Davies, MD

JOT 2008



OBJECTIVE: To determine the rate of malreduction in proximal femoral shaft fractures treated with intramedullary (IM) nails, with and without the use of a minimally invasive nail insertion technique (MINT).

DESIGN: Retrospective study.

SETTING: Level I trauma center.

METHODS: Between July 1, 2004, and June 30, 2005, 100 consecutive proximal femoral shaft fractures were treated with IM nails. The entry site of the IM nail was either proximal (P) or distal (D). The proximal entry site was defined as the distal femoral head, proximal femoral neck, or proximal femoral shaft. The distal entry site was defined as the distal femoral shaft. All fractures were managed with IM nails using a MINT technique. A MINT is defined as a minimally invasive nail insertion technique that uses a reamer to create a tunnel for the nail. The reamer is inserted through a small incision, and the nail is inserted through the reamer. The MINT technique was compared to the standard technique of nail insertion through a large incision.

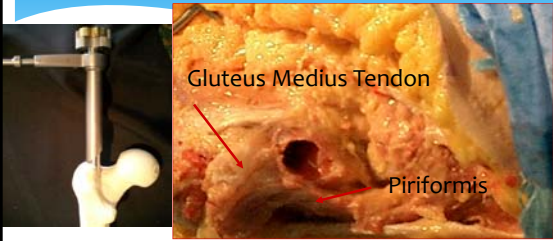
RESULTS: The frequency of malreduction was 10% for the entire group of patients. Malreduction occurred in 10% of fractures treated with the MINT technique and in 10% of fractures treated with the standard technique. The difference between the MINT and standard techniques was not statistically significant.

CONCLUSION: The frequency of malreduction was 10% for the entire group of patients. Malreduction occurred in 10% of fractures treated with the MINT technique and in 10% of fractures treated with the standard technique. The difference between the MINT and standard techniques was not statistically significant.

KEYWORDS: proximal femoral shaft fracture, intramedullary nail, minimally invasive nail insertion technique (MINT), malreduction.

INTRODUCTION: Intramedullary (IM) nailing of proximal femoral shaft fractures is accepted as the standard treatment for these fractures. Most proximal femoral shaft fractures are treated with IM nails. The proximal femoral shaft is a difficult area to treat with IM nails because of the complex anatomy of the proximal femur. The proximal femur is a complex structure with many important landmarks. The proximal femur is a complex structure with many important landmarks. The proximal femur is a complex structure with many important landmarks.

Medial Trochanteric Entry Precision Portal Placement

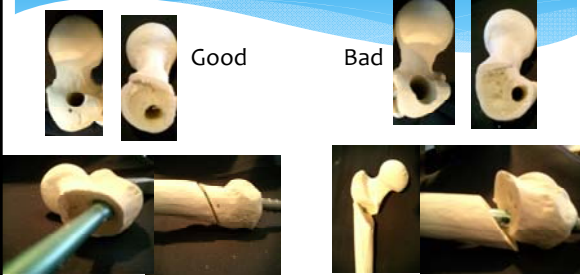


Gluteus Medius Tendon

Piriformis

Perez, Juhangir, Russell JOT 2008

Trajectory Control Portal Protection




Good

Bad

T.A. Russell 35 2010

Reduction Technique

- * Hibbs: 1900's 90-90 Traction
- * Proximal Fragment Flexes, Abducts and Externally Rotates
- * **Bring Distal Fragment To Proximal Fragment**



Rotators

Gluteus Medius

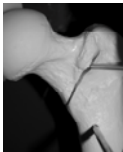
1963 Reduction The Key To Success

- * Sarmiento ,”Weight-bearing on the fractured extremity is safe only if the fracture, whether simple or comminuted, has been reduced so that there is an accurate fit of the fragments at the anteromedial cortex of the femur.
- * Failure to obtain such reduction because of the degree of comminution or technical difficulties precludes weight-bearing until bone union is complete.
- * Anatomical reduction of the medial and anterior cortices is of great importance since the stability of the fracture and the efficiency of the nail depend on the reduction of this portion of the bone”

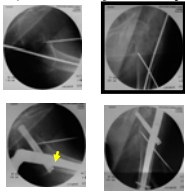
Sarmiento, A. Intertrochanteric Hip Fractures. JBJS 1963;45(4): 706-722

Anteromedial Reduction

Carr JB. The Anterior and Medial Reduction of Intertrochanteric Fractures: A Simple Method to Obtain a Stable Reduction. *Journal of Orthopaedic Trauma*. 2007;21(7):485-489
 Satoru Ookuma, Fumio Fukuda, et al.: The relationship of reduction and telescope in the stable 2 part femoral trochanter fracture, *Fracture Vol.31 No.2 2009*




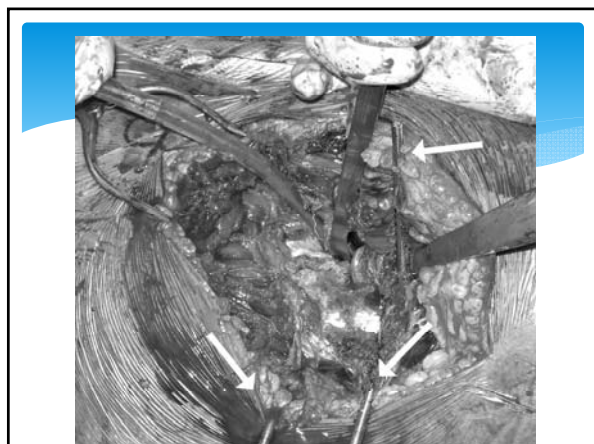
Reduction Method



Open Reduction Always An Option

- * Watson-Jones Approach
- * Key Deep Interval Is Origin Of Vastus Lateralis Muscle: Optimal Place For Cerclage Wire Or Clamp





Lateral Shaft Alignment

Nail Follows Path Of Reamer On Lateral Radiograph

Reamer Trajectory In Proximal Fragment Dictates Reduction

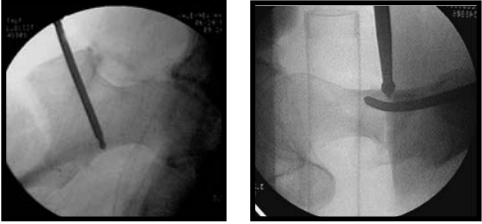
T.A.Russell 41 11/21/2016

Reduction Maneuvers

- * Fracture Table Manipulation
- * Percutaneous Reduction
- * TriGen Reducer
- * F Wrench (H.O.Thomas Wrench: Liverpool)
- * Femoral Distractor
- * Open Reduction

Reduction Tactics Percutaneous Reduction

*External Fixation Pin and Ball Spike Pusher
Reduces Flexion And External Rotation Proximal Segment*



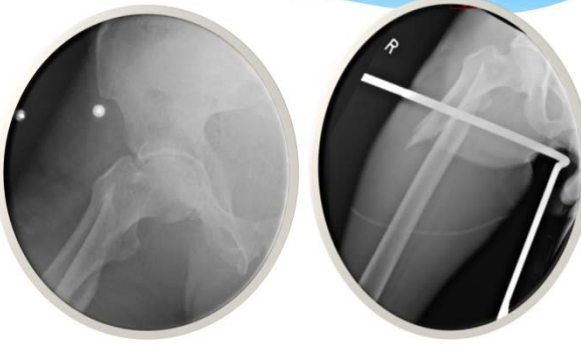
Courtesy M. Baumgartener

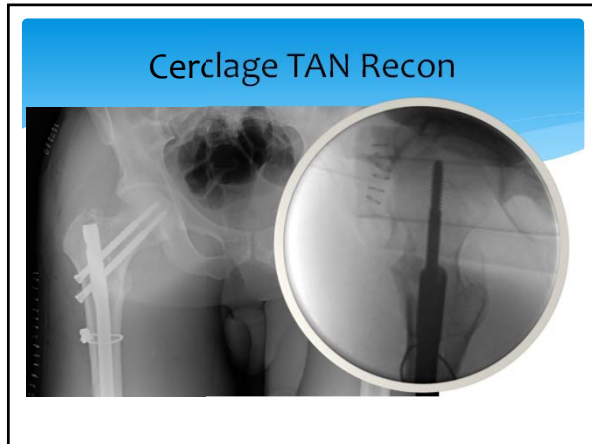
Pertrochanteric Operative Pearls

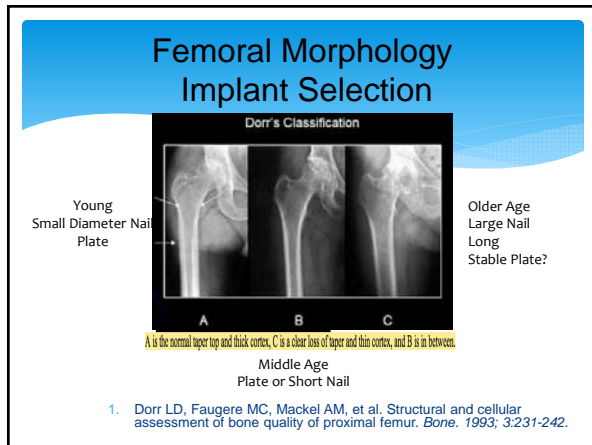
- * Reduction
 - * No Varus
 - * Approximate Anterior Cortex At Fracture Site
 - * Open or Percutaneous Joy Sticks As Needed
 - * Wire Cerclage?



RT 2A







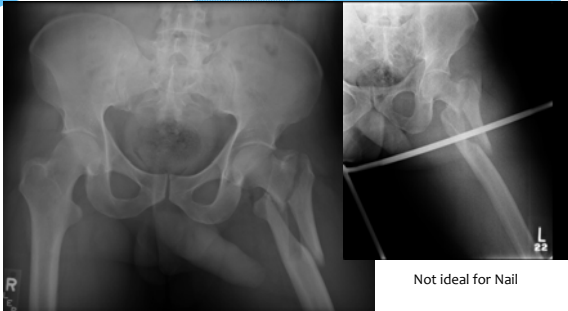


Long Vs. Short Nail

- * No Difference in Incidence of Peri-implant Failure With Short Compared to Long Nail $\leq 1\%$
- * Distal Locking Decreases Risk
- * Unlocked Nails Risk Increases to 10% at 5 Years
- * Cost of Implants Equivalent

Short Versus Long Cephalomedullary Nails for the Treatment of Intertrochanteric Hip Fractures in Patients Older than 65 Years. Kleweno et al JOT 2014
 Boone C, Carlberg KN, Koueiter DM, et al. Short versus long intra-medullary nails for treatment of intertrochanteric femur fractures (OTA 31-A1, A2). JOT. 2014
 Short Versus Long Intramedullary Nails in the Treatment of Pertrochanteric Hip Fractures: Incidence of Ipsilateral Fracture and Costs Associated With Each Implant. Lindvall et al JOT 2016
 Hou Z et al. Treatment of pertrochanteric fractures (OTA 31-A1 and A2): long versus short cephalomedullary nailing. JOT 2015


Unstable Proximal Femur Nail Containment Difficult



Not ideal for Nail

Proximal Locked Plate For Highly Unstable Fractures

The Lateral Decubitus Approach for Complex Proximal Femur Fractures: Anatomic Reduction and Locking Plate Neutralization: A Technical Trick
 Connelly C, Conolly MJ and Michael F Archdeacon, MD, MS



Connelly and Archdeacon JOT 2012

Streubel et al JOT 2012 37% Failure Rate In A3 Fx 3 Screw Synthes PFP

Future of Implant Design

- * Better Appreciate The Complexity of the Femur
- * Reduction and Implant Stability Improvements
- * Decrease Pain and Improve Early Functional Recovery
- * Augmentation of Optimized Nail Designs
