CONCLUSION
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After evaluating the results in the present series, it is evident that, inter-trochanteric osteotomy with bent Kessels plate fixation in femoral neck fracture may give excellent results if reduction of fracture is maintained during operation and post-operative physiotherapy course is followed properly.

The following conclusions were drawn :-

1. Inter-trochanteric osteotomy with bent Kessels plate fixation is suitable for intracapsular fracture neck femur preferably in cases below 60 years age.

2. It can be recommended for the cases of both, non-union and fresh intracapsular femoral neck fractures.

3. Operation should be conducted over fracture table to maintain the reduction at fracture table.

4. During introduction of plate into greater trochanter, gentle hammering should be done and greater trochanter pushed down by bone lever, as there is great risk of losing reduction.

5. Post-operative FFO boot and de-rotation bar was found effective because early knee mobilisation exercises could be started.
6. Patient should be allowed partial weight bearing soon after union of osteotomy, as shearing force after operation is converted to compression force and thus aid in union.

7. Union of fracture site depend upon retaining of reduction at fracture site.

8. This procedure is simple to perform and do not require special instruments or pre-operative x-ray facilities.

9. There is less incidence of avascular necrosis and joint stiffness in this procedure.

10. Advantage of this procedure is that whether fracture unites or not, patients have good functional results.

This procedure is best suitable for patients of our country, as it allows good movement over hip and knee and thus patient can carry out his daily work like defecation, taking meals and worship.