CONCLUSION
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The present study was conducted on 20 patients admitted in Orthopaedic ward of M.L.B Medical College Jhansi during the year December 2001 to August 2003. Open reduction and internal fixation of the extra capsular fractures of femur with DHS plate is being practiced for number of years. DHS plate for rigid internal fixation of intertrochanteric fracture has reduced the morbidity and mortality and helps in early mobilizations of the patient. Its sliding feature and blunt ends reduce the acetabular penetration and help to transfer the weight bearing forces to bone rather than implant itself.

Its availability in wide range of size, of plate & lag screw provides the greater feasibility of the DHS in different intertrochanteric fractures.

Although the number of cases included in this study was less and the period of follow up was short, the results were quite comparable or even better to previous studies described in the literature.

The following conclusions were drawn from the study:

1. Intertrochanteric fractures are most common in patients of 61 to 80 years of age group with slightly higher male to female ratio.

2. Injury due to slip on floor 50% & road traffic accidents (40%) are the most common cause of trauma resulting in an intertrochanteric fracture of the femur.

3. Most of the patients are elderly dependents classified under sedentary workers.
4 Intertrochanteric fractures are found with almost equal frequency on both the sides with a slight right sided preponderance.

5. Most of the patients (80%) who require surgery are of the class III & IV of Boyd & Griffin. Only 20% are Type I & II

6 Even the associated illnesses like DM, HT Hepatitis B, are not the contraindications for surgery if they are managed properly before surgery.

7. Approximately 30% of patients have associated injury to some other part of body

8. Most of the cases of intertrochanteric fracture present within one week of injury, to the hospital

9. Average hospital stay required for surgery is approximately 25 days

10. A proper preoperative assessment and planning, thorough knowledge of operative technique, and well equipped operation theatre (image intensifier or in the absence of it X-ray control for A-P and lateral roentgenograms) are necessary to avoid complications

11. DHS plate fixation is most suitable device for both stable and unstable trochanteric fracture.

12. DHS plate fixation is very useful to ambulate the patients of intertrochanteric fractures to avoid the hazards of recumbency.

13. When stable and rigid fixation is achieved and the patient is educated, post operative knee and hip movement and assisted weight bearing can be started as soon as pain permits
14 Average time required for radiological union is 14-16 weeks
15 The complications are negligible, major complications such as a lag screw cutout or implant failure are mainly due to faulty technique.
16 All the cases of –
- Unstable intertrochanteric or sub trochanteric fractures
- Comminuted intertrochanteric fractures
- Stable, oblique, and undisplaced intertrochanteric fractures above the age of 60 yrs should be internally fixed with Dynamic hip screws.