CONCLUSION
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1. External fixation is a method for clinically problematic cases
2. Useful in poly trauma patients
3. This method of external fixation, A.O Tubular external fixator system is a most useful, simple and safe to use for initial treatment of open and Complicated fractures of the limb
4. Useful in comminuted fracture and fracture with bone loss where bone length is to be maintained
5. Useful in treating infected and gap non-union
6. The apparatus is light in weight and sufficiently compact to fit under loose clothing
7. We need only a few components to construct a variety of configuration of fixator tubes, steinmann pins, schanz screws, adjustable clamp, connecting bar and connecting clamp
8. The use of the external fixation has reduced the time of hospital stay
9. The external fixation frame avoid damage to vital anatomical structures, allow easy access to the injured area and it meets the mechanical demands of the patient and the injury
10. This method of external fixation inflicts minimal surgical trauma
11. The use of the external fixator is technically easy and allows early walking, it has advantage over the other methods of stabilization in that the fragments are not disturbed and therefore are less likely to be divitalized
12. It is performed as a simple, stable, light-weight, and versatile system, this is in contrast to techniques employing cast immobilization which prevents easy access and treatment of the wound and immobilize the contiguous joints while not adequately immobilizing the fracture and surrounding tissue
13. External fixation does not represent a concept in competition with internal fixation and traditional closed methods of treatment, but rather a modality for certain high risk and difficult clinical situations
14. During fixation angular deformation and rotatory or shortening of femur can be corrected easily by adjusting the apparatus
15. Permits early ambulation which improves the muscle tone and general condition of the patients
16. Useful in cases where early ambulation is desired
17. Rigid immobilization enhances soft-tissue healing as well as bony healing too
18. It permits easy nursing care.
19. Pin tract infection in not a major problem, as has been described in the past, it can be avoided by proper skin care and pre-loading of pins or screws. Loosening of pin can be avoided by pre-drilling the hole and insertion of pin by T-handle
20. By restoring early function of the body, and return to work
21. Useful in cases where secondary procedure like skin grafting; or bone grafting is to be done.
22 Early, routine bone grafting with the device in situ is an alternative to avoid delayed union and non-union.

23 Dynamization of frame enhances bony union and consolidation of bone.

24 Stabilization of closed fractures by external fixation takes an intermediate position between conservative and surgical treatments.

25 The use of external fixator avoids any implantation of large foreign bodies into the environment of fracture yet providing better stability and joint movements.

26 It minimizes the psychological trauma and increases confidence to the patient.

27 Patient's stay is minimized and there is less economic loss.

28 Absolute rigid fixation is not necessary for union, adequate stabilization could be provided by tubular fixator.

29 It facilitate the postoperative rehabilitation and allows uncomplicated healing of an extensive fracture.