

LET THE RAIN WASH AWAY ALL THE PAIN OF YESTERDAY - HEMIARTHROPLASTY REVISION

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Introduction: Hip fracture is one of the most serious consequences of falls in the elderly, with a mortality of 10% at one month and 30% at one year. Elderly patients with hip fractures have complex medical, surgical, and rehabilitation needs, and a well-coordinated multidisciplinary team approach is essential for the best outcome.

Discussion: This is the case of a 90 year old lady who sustained a low energy fall at home and presented with right hip pain. X-rays showed a right neck of femur fracture and she underwent a right Thompson hemiarthroplasty uneventfully. However, postoperative radiographs showed a perforated stem, which necessitated revision surgery. The revision surgery was done under spinal anaesthesia, with the surgical site cleaned and draped in the usual manner. Incision was made over previous operation site via lateral approach. During removal of the stem noted abundant leakage of bone cement from proximal medial aspect of femur, which is where the perforation occurred. An Austin-Moore prosthesis was chosen this time due to its narrower and longer design. Post implantation of stem limb length and stability was assessed. Patient recovered well and started wheelchair ambulation on day 2.

Conclusion: Hemiarthroplasty is a commonly used treatment for displaced femoral neck fractures in the elderly. After surgery in older adult patients, inappropriate pain control and poor rehabilitation can lead to delirium, dramatically decreased cognitive function, and delayed recovery, leading to socioeconomic losses. Early mobilization after a surgical hip procedure is important to reduce complications and death.