

Distal Femur Fx

Fix vs Replace

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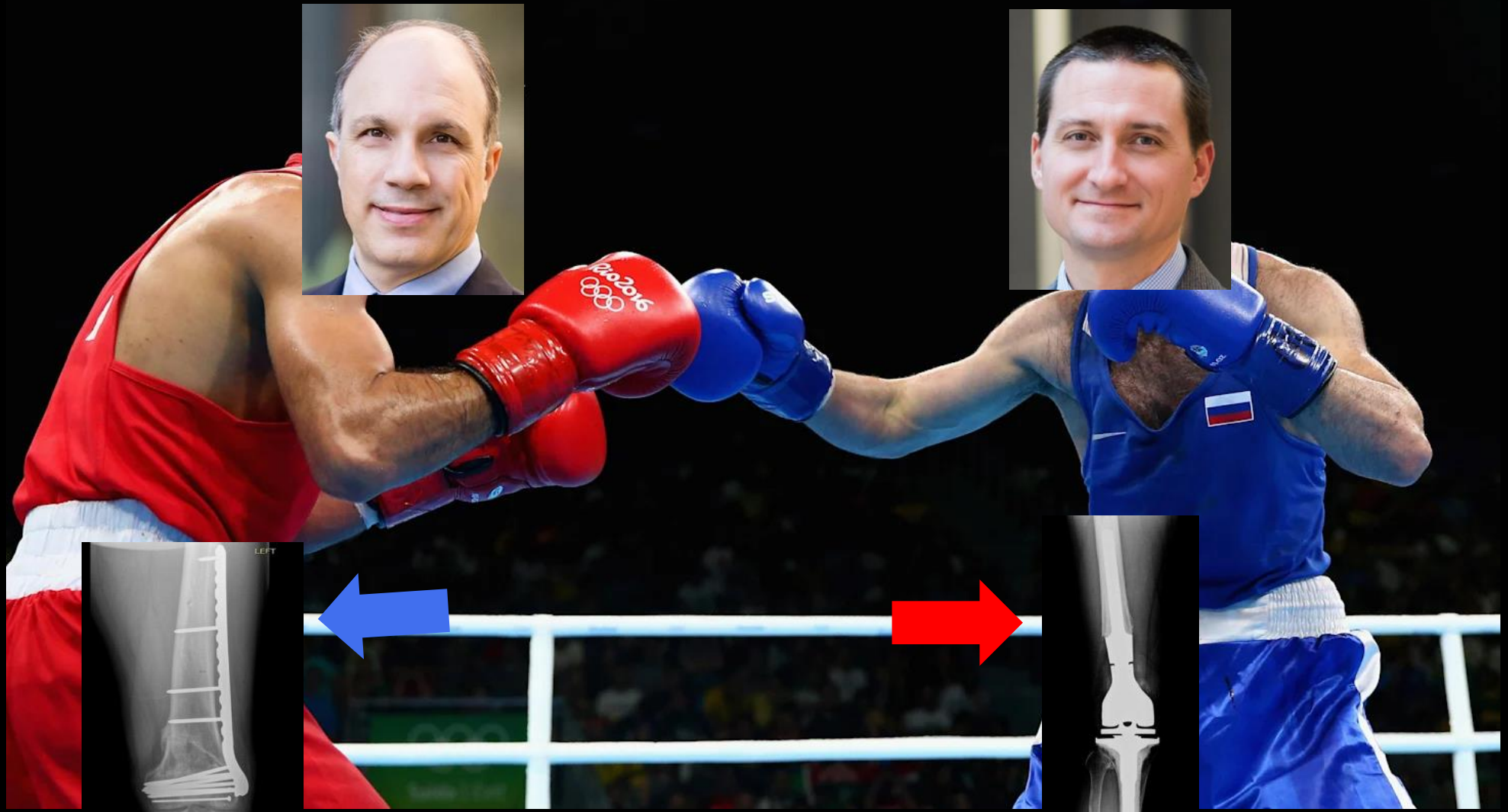
University of California, San Francisco



Fix vs Replace



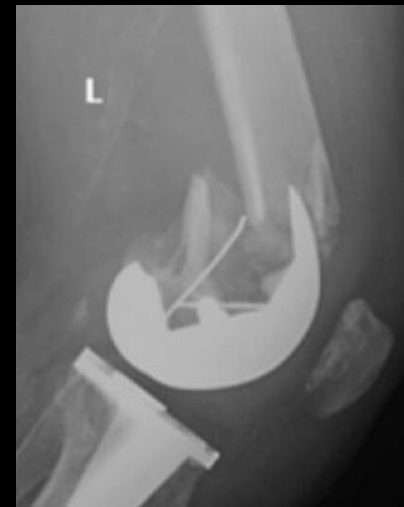
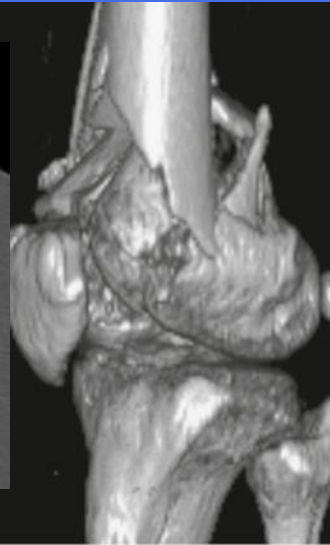
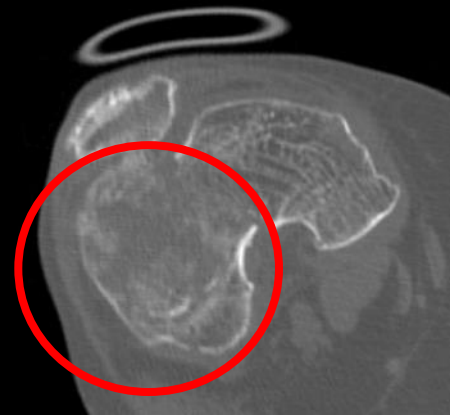
Debate: Fix vs Replace



Factors

□ Fracture pattern

- *Native*: very comminuted articular, very distal
- *Periprosthetic*: not much bone, Loose component

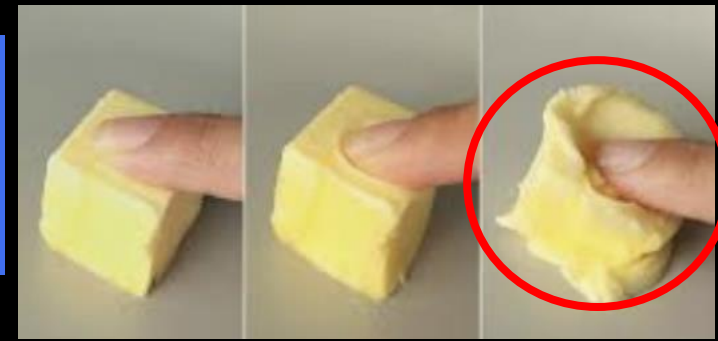


Factors

- Bone quality
 - Severe osteoporosis

- Age: >75-80

- WB: baseline borderline ambulator



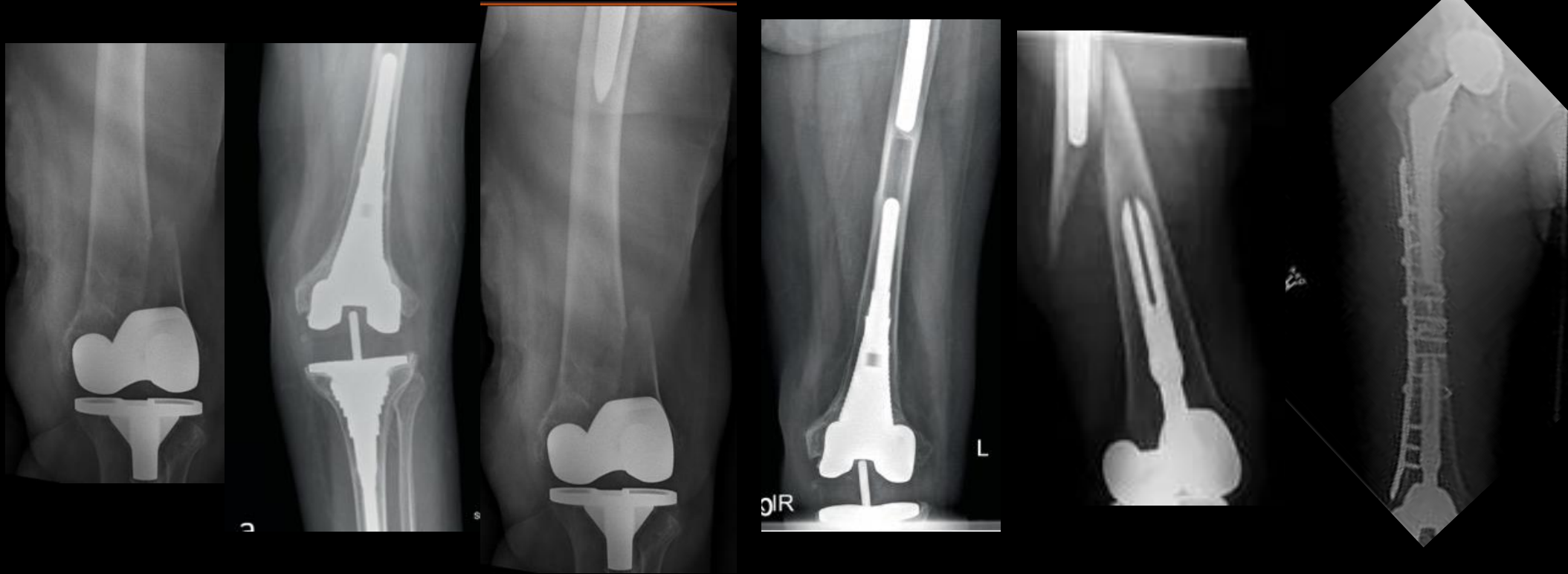
Why Fix ?

- Preserve your Bone & Joint: Better FUNCTION
- Low Risk of INFECTION
- Good chance of healing
- Can WB
- Bail out: DFR



Why Fix?

- No risk of catastrophic peri DFR fx



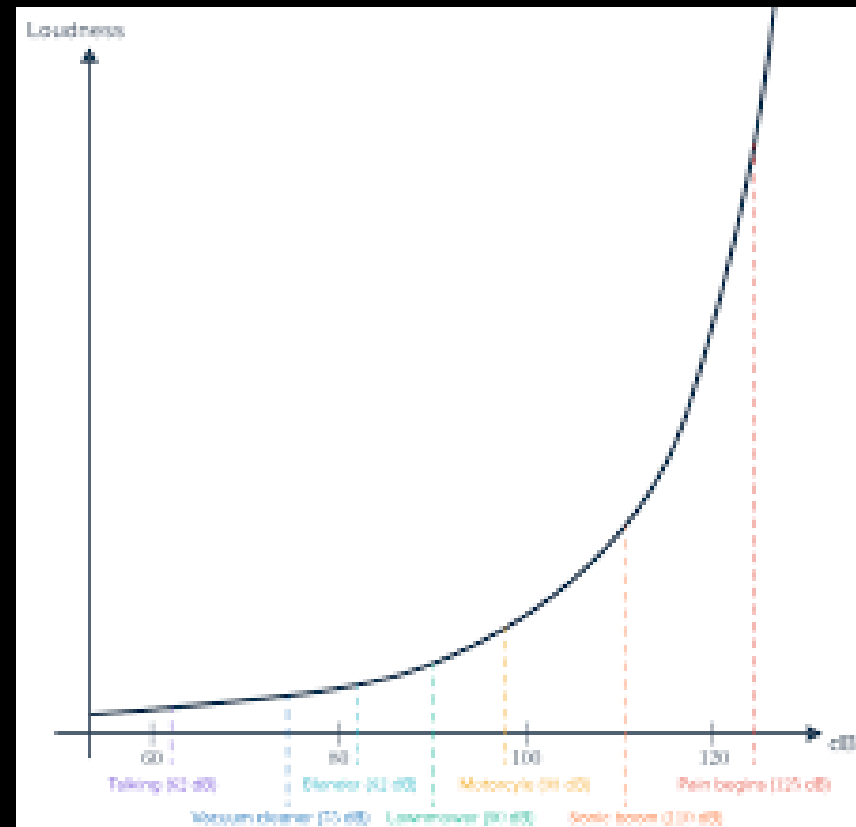
Why not to DFR ?

- Don't work as well as NATIVE joint
- Risk of Infection 15-19%/10 yrs
- Loosening
- Peri DFR fx: Very Hard to manage
- Bail out: High AKA!



Why not to DFR ?

- Like a time bomb
- All risks INCREASES with time!
 - Infection
 - Loosening
 - Peri DFR fx



Why not DFR?

- 66 yo
- Chronic draining wound



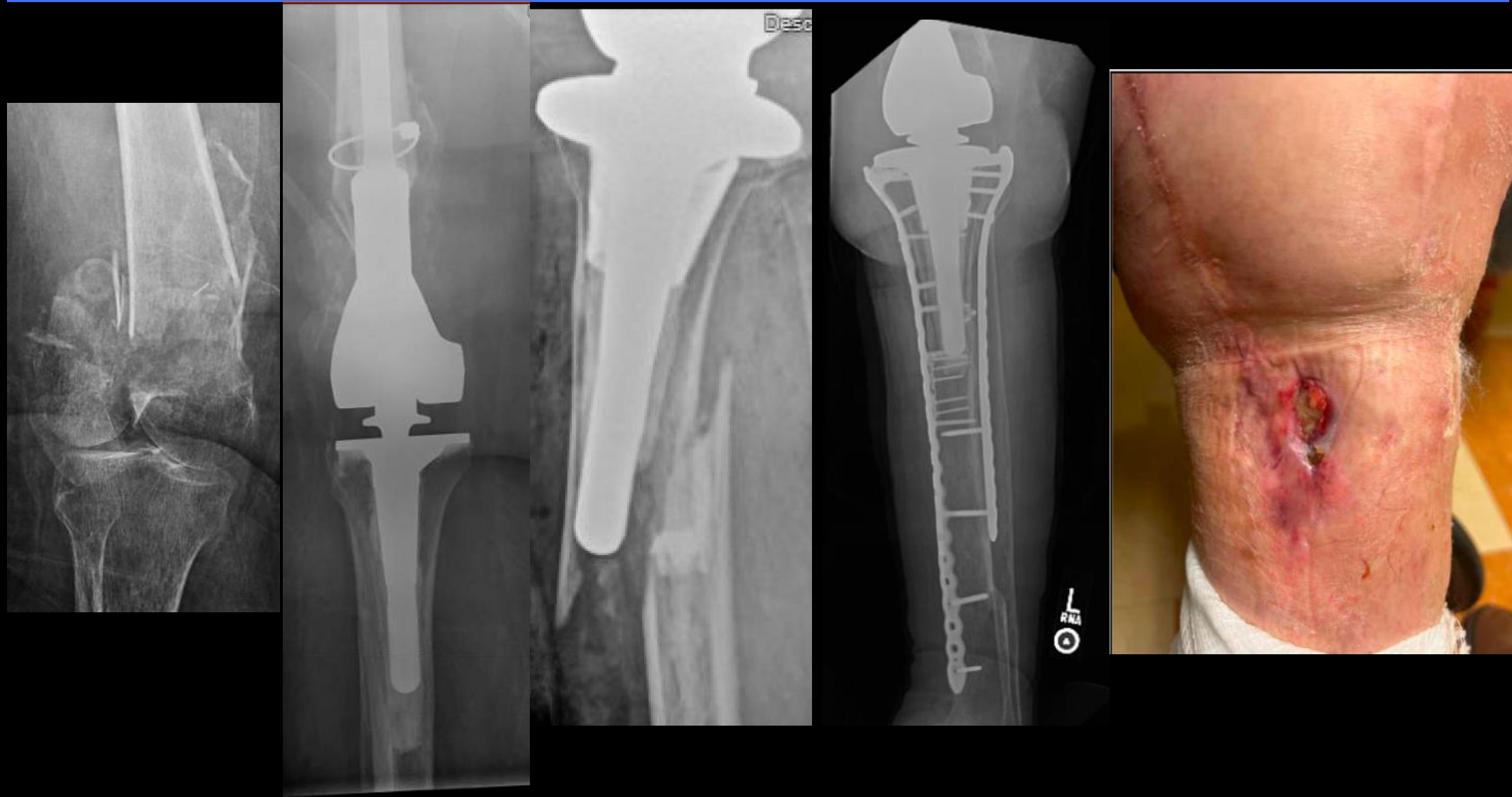
Why not DFR?



Why not DFR?



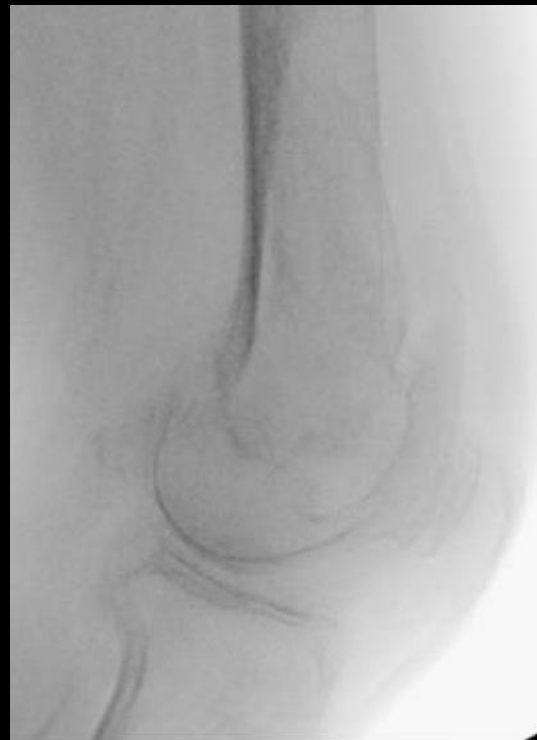
Why not DFR?



64 yo: Fix vs Replace



□ a

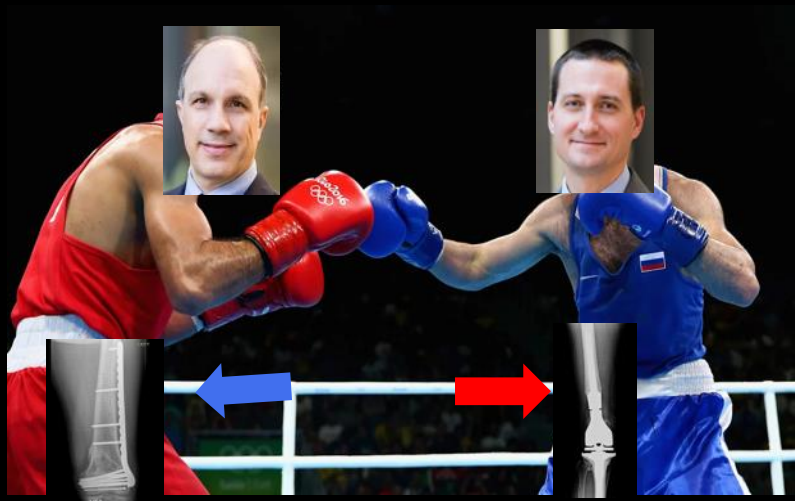


64 yo: I can Fix it!



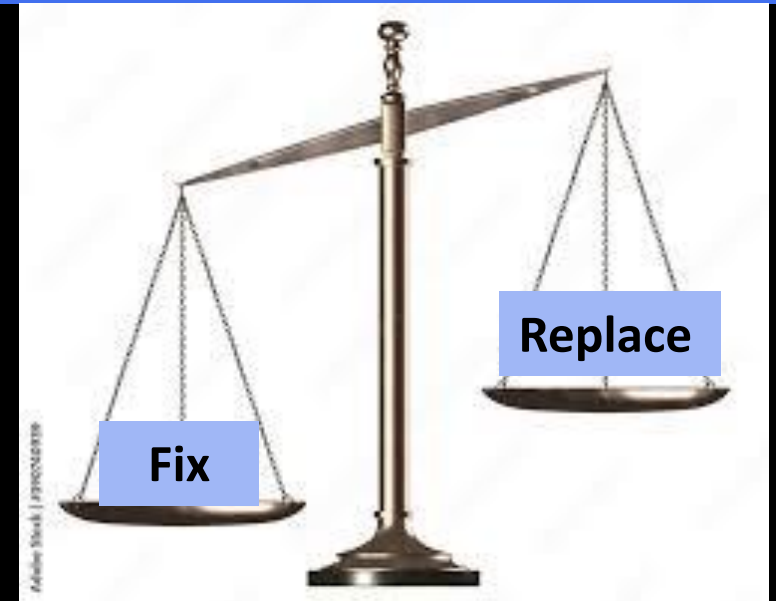
Desc: XR FEMUR MINIMUM C
ACI
Study I

NO Debate: I can fix it!



Take Home Messages

- ❑ Fracture pattern
- ❑ Bone quality
- ❑ Age



- ❑ Unless severe comminution, very short distal segment, butter bone, > 75 yo →

FIXATION

THANK YOU



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