PARTIAL HIP DENERVATION IN INOPERABLE HIP FRACTURES

TONY NG  FHKCA FANCA FHKCA (PAIN MED), DIP PAIN MGT (HKCA) FHKAM
ASSOCIATE CONSULTANT, PAIN MANAGEMENT UNIT, A&IC,NTWC

WS CHAN, PHILIP PENG, PENELOPE SHAM, SUMIRE SASAKI, CM CHANG, ANGELA WY LEUNG, RENEE PL YIP, HF TSUI
WHY THIS DENERVATION?

• Not all fracture hip cases can be operated
• High morbidities from the prolonged bed-ridden status
• Suboptimal/unsustainable conventional measures in this vulnerable group
• Discharge challenge => public health burden

Reprinted with permission from Philip Peng educational series
Outcomes of alcohol neurolysis in fracture hips

- Jan to Sept 2017
- 20 cases
- Retrospective analysis
OTHER OUTCOMES & CONCLUSIONS

• Average LOS in acute wards: 14.1 days
• 12-day discharge rate: 55%
• Postoperative 30-day mortality: 11.5%
• 50% patients could sit out w/ tolerable pain within 5 days

• Long-term outcomes (4-6 months later)
  • 3 out of 20 patients could still walk with stick
  • > 50% were WC bound but comfortable

• CONCLUSIONS
  • This chemical hip denervation could be a safe and effective measure to handle the pain-related and rehabilitation-related challenges as a result of inoperable hip fracture.
  • Further study is warranted to delineate its role as a non-operative approach of high-risk/inoperable fracture hip management in future
THANK YOU