

Correspondence

Treatment of femur fractures in the elderly. Are we underestimating the length of stay in hospital?

To the Editor

I would like to comment on the article by Al-Omran and Saadat-Ali,¹ “Is early mortality related to timing of surgery after fracture femur in the elderly?” I have to congratulate the authors for their contribution to the relevant literature.

Femur fractures are among the most common type of injuries treated by orthopedic surgeons. However, the authors concluded that the mortality in the elderly is not related to the delay in surgery, they underestimate the length of stay in hospital. A previous study showed that a significant increase in length of stay was directly related with timing of surgery.² The patient with a fracture operated upon within 48 hours had a significant decrease in the length of stay compared to those operated upon after 48 hours.² In addition to this, the patient operated upon within a few days of the hip fracture had increased survival time and better life quality than those operated upon after the fifth day of the admission.^{3,4} In considering cost, performing hip surgery within 48 hours is more cost-effective than delaying surgery past the third day.⁵ In conclusion, the orthopedic surgeon should reduce unnecessary delays to surgery in terms of cost effectiveness and life quality.

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Reply from the Author

We read the comments on our published manuscript with interest. Unfortunately, the reader has quoted

the title wrongly as “Treatment of femur fractures in the elderly. Are we underestimating the length of stay in hospital” instead of “Is early mortality related to the timing of surgery after fracture femur in the elderly.”¹

Early fixation of fractures in the golden period of the first 24 hours is ideal and reduces the risk of complications. However, when it comes to elderly patients early fixation may not be possible due their related co-morbidities. Recently, Majumdar et al⁶ concluded that the timing of surgical fixation of hip fracture was not associated with early mortality. This study further compliments our results.

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