



AB126. 44. The impact of operative times on hip fracture outcomes

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Background: Longer operative times have been associated with increased postoperative complications. Shorter operative times have been associated with lower infection rates. To date, there is limited research investigating the effect of operative times on hip fracture outcomes.

Methods: All hip fracture surgeries carried out in St. Vincent's University Hospital (SVUH) between August 2012 and July 2018 were analysed using the Regional Hip Fracture Database. The type of surgical intervention and the intraoperative time was recorded for each hip fracture surgery performed. Statistical analysis was carried out using Stata (Stata for Mac IC 13.1) to identify correlations between intraoperative times and hip fracture outcomes.

Results: In total, 1,587 hip fracture surgeries were analysed. The two most common surgical interventions performed were short intramedullary nailing (n=468) and bipolar hemiarthroplasty (n=458). The mean operative time was 59 minutes for all surgeries performed. Consultant surgeons had significantly lower operative times for hip fractures compared to specialist registrars and registrars ($P<0.05$). Consultant surgeons also had a significantly higher rate of successful day one postoperative mobility ($P<0.05$).

Conclusions: Operative times impact on the day one postoperative mobility rates of hip fracture patients. Consultant surgeons have significantly lower operative times and significantly higher day one postoperative mobility rates. We recommend the presence of a consultant surgeon for all hip fracture operations performed by non-consultant hospital doctors (NCHDs) in order to optimise outcomes for hip fracture patients undergoing surgical intervention.

Keywords: Hip fractures; mobility; operative times; surgical outcomes

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