



AB140. 6. Do British randomised controlled trials influence Irish clinical practice?

Rosie McColgan, David Michael Dalton, Adrian Jesmond Cassar-Gheiti, Michael Edmond O'Sullivan

Department of Orthopaedics, University Hospital Galway, Galway, Ireland

Background: The Distal Radius Acute Fracture Fixation Trial (DRAFFT) was a randomised controlled trial performed in the United Kingdom (UK). The authors concluded that there was no difference between locking plate versus Kirschner-wire (k-wire) fixation in fractures of the distal radius. This trial had a significant impact on clinical practice in the UK. The number of patients treated with plate fixation fell from 75% to 48% before and after publication of the trial. The number of patients treated with k-wire fixation rose from 12% to 42%. Our aim was to assess whether DRAFFT affected clinical practice in Ireland.

Methods: Data was obtained from the Hospital Inpatient Enquiry system (HIPE). It was grouped into annual intervals from 2012 until 2017. All in-patient episodes involving emergency surgery for fractures of the distal radius were included.

Results: In 2012, before publication of DRAFFT, 38% of patients in Ireland were treated with plate fixation versus 49% with k-wire fixation. In 2017, after publication of DRAFFT, the proportion of patients who underwent plate fixation rose to 62% with a concurrent fall in the number who underwent k-wire fixation to 30%.

Conclusions: It appears that surgeons in Ireland do not change their practice in response to randomised controlled trials performed in the UK. National randomised controlled trials performed in the UK have a significant impact on practice in the UK, however they do not appear to influence practice in similar international populations.

Keywords: Distal radius; Distal Radius Acute Fracture Fixation Trial (DRAFFT); evidence-based medicine; randomised controlled trial

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