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Background: Current guidelines suggest that total hip arthroplasties (THAs) should be performed for intracapsular hip fractures in patients with high pre-fracture function and low co-morbidity. Despite increasing rates of THA internationally, Ireland's rate remains low. This study aimed to explore hospital-level variation, factors, and outcomes associated with THA provision.

Methods: All cases of intracapsular fractures from the national Irish Hip Fracture Database (IHFD) between the years 2017 and 2020 were identified and guideline-based eligibility for THA defined. Multi-level logistic regression at patient and hospital-level was conducted to explore factors associated with the provision of THAs and the association of THA provision with six outcomes: time to surgery, day one mobilisation by (I) a physiotherapist and (II) any profession, 7- and 14-day mortality and discharge destination.

Results: In the IHFD there were a total of 7,597 intracapsular fractures between 2017 and 2020 [69% female; mean age, 79.9 years (standard deviation, 8.7)]. A total of 1,861 (24.5%) were defined as eligible for THA based on low co-morbidity and high pre-fracture mobility scores.



The proportion who received THAs among all patients with intracapsular fractures and those deemed "eligible" for THA was 6.8% (n=516) and 17.6% (n=328), respectively. There was variation in THA rate across hospitals in the IHFD, ranging in the "eligible" group from 6.8% to 31.6%. **Conclusions:** THA provision appears largely in line with current guidelines but there is significant hospital-level variation across Ireland.

Keywords: Total hip replacement; arthroplasty; early mobilisation; hip fracture; femoral fracture

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Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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