

عنوان مقاله:

?Temporal Trends in Hip Fractures: How Has Time-to-Surgery Changed

محل انتشار:

مجله استخوان و جراحی عمومی، دوره 9، شماره 2 (سال: 1400)

تعداد صفحات اصل مقاله: 6

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خلاصه مقاله:

Background: Surgical fixation of hip fractures within ۲۴–۴۸ hours of hospital presentation is associated with decreased rates of postoperative morbidity and death, and recently, hospitals nationwide have implemented strategies to expedite surgery. Our aim was to describe how time-to-surgery and short-term complication rates have changed using the National Surgical Quality Improvement Program database from ۲۰۱۱ to ۲۰۱۷. Methods: We identified more than ۷۳,۰۰۰ patients aged ≥ 65 years who underwent surgical fixation. Poisson regression adjusting for comorbidities, surgery type, type of anesthesia, patient sex, and patient age was performed to quantify annual changes in time-to-surgery. Annual changes in ۳۰-day postoperative complications were analyzed using a generalized linear model with binomial distribution. Results: A significant decrease in time-to-surgery was observed during the study period (mean ۳۰ hours in ۲۰۱۱ versus ۲۶ hours in ۲۰۱۷; $P < 0.001$). Time-to-surgery decreased by ۲% annually during the ۷-year period (۰.۵ hour/year, ۹۵% CI: -۳۵, -۲۳; $P < 0.001$). The all-cause ۳۰-day complication rate also decreased annually (annual risk difference: -۰.۳۵%, ۹۵% CI: -۰.۵۰%, -۰.۲۰%; $P < 0.001$). For individual complications, we found significant decreases in deep infection (-۰.۲%, $P = 0.002$), reintubation (-۰.۳%, $P = 0.001$), urinary tract infection (-۲.۵%, $P < 0.001$), and death (-۱.۳%, $P = 0.03$). We found significant but small increases of pulmonary embolism (۰.۳%, $P = 0.03$) and myocardial infarction (۰.۱%, $P = 0.02$). Higher rates of complications were associated with increased time-to-surgery ($P < 0.001$). Conclusion: From ۲۰۱۱ to ۲۰۱۷, time-to-surgery for hip fracture decreased significantly, as did short-term postoperative rates of all-cause complications and death. Longer time-to-surgery was associated with increased number of complications. Level of evidence: III

کلمات کلیدی:

Complications, Hip fracture, National Surgical Quality Improvement Program, surgical fixation

