

OUR EXPERIENCE IN USING MINIMALLY INVASIVE SURGICAL TREATMENT METHODS FOR FEMORAL FRACTURES

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Fractures of the trochanteric region of the femur are an urgent problem of modern traumatology, which is associated with an increase in the number of patients with injuries to this localization. Given the severity of the general condition of patients, the severity of osteoporosis and other unfavorable factors, it is necessary to more widely introduce minimally invasive, low-traumatic methods for treating fractures of the trochanteric region of the femur in elderly and older patients. In 2023-2024, we performed 147 closed percutaneous osteosynthesis operations for fractures of the trochanteric region of the femur, including 98 (66.6%) men, 49 (33.4%) women.

All operations were performed under an electron-optical converter (EOC). Surgical interventions in 60 (40.8%) patients were performed under local anesthesia, 69 (46.9%) intravenous and 18 (12.23%) spinal anesthesia. Reposition of bone fragments was performed under EOP control; for a complete picture of the anatomical relationship of bones, X-ray films were taken in the direct and axial projection. After closed manual reposition, skin incisions were made in the subtrochanteric region and osteosynthesis was performed under EOP control. A bundle of Ilizarov pins (at least 4 pieces) were used as implants-fixators - in 76 patients, compression rods (at least 3 pieces) - in 23 patients and compression cannulated screws (at least 2 pieces) - in 3 patients and threaded pins (at least 3 pieces) - in 20 patients.

Limb immobilization was performed with a derotation plaster boot. Starting from the 2-3 days after the operation, patients were activated within the bed. Stabilization of fractures contributed to a decrease in pain in the first day after the operation, which significantly facilitated patient care and prevented the development of hypostatic complications. The treatment results were studied in 122 (83%) patients, good and satisfactory treatment results were obtained in 101 (76%) patients. In the group of patients with unfavorable outcomes, the following complications were observed: suppuration of soft tissues around the spokes was noted in 3 patients, migration of the spokes in 7 patients and fracture of the spokes and rods in 4 patients,

which led to early removal of the implants. Formation of a pseudoarthrosis of the proximal end of the femur was noted in 7 patients. Thus, in fractures of the trochanteric region of the femur, the introduction of atraumatic and modern minimally invasive methods of fixation of injuries made it possible to reduce the percentage of unfavorable outcomes and complications.

And in elderly and senile individuals, they were the main element in the prevention of hypostatic and thromboembolic complications.

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