Palliative Care Gets Hip: Hip Fracture Management in Patients with Advanced Disease (FR456)

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Objectives

- Recognize the surgical and nonsurgical treatment options for patients with hip fractures.
- Recognize how goals of care impact treatment decision about hip fracture management in patients with advanced disease.
- Identify a model for successful collaboration between orthopedic surgery and palliative care.

Hip fractures affect 340,000 patients per year and can signal a significant decline in health status, as one in five patients dies within 4 months of a hip fracture. Clarification of a patient’s goals and prognosis beyond quantifying surgical risk is an important perioperative step, as a hip fracture may be occurring during an end-of-life trajectory.

Operative management has traditionally been chosen for this injury, but identifying instances in which operative treatment may not be desired or beneficial is important. Current literature suggests that less than 10% of hip fractures are managed nonoperatively, and there is a significant deficit within the literature examining how these decisions are made or descriptions of optimal care when not pursuing surgery.

A multidisciplinary task force including palliative care and orthopedic surgery worked together at our academic institution to develop a clinical pathway for identifying patients with hip fractures who would benefit from a palliative care consult. The palliative care consultant worked to assess prognosis from underlying disease, delineate goals of care, coordinate multidisciplinary discussions to consider both operative and nonoperative management, and attend to the psychosocial and spiritual needs of patients and families.

Fifty-eight patients with hip fractures were managed with nonoperative care in a 2-year period following the start of the collaboration. A retrospective descriptive analysis of these patients, including qualitative analysis of reasons for nonoperative decisions, was performed and identified that treatment decisions fell grossly into two groups—those with restorative goals but wishing to avoid perioperative risk of surgery and those with comfort-directed goals in facing the end of their lives from underlying illness.

This session will review both surgical and nonsurgical management for hip fracture, explore the impact of goals of care on treatment decisions, and provide a guide for developing effective palliative care and orthopedic collaborations.