

Use of Two C Arm in Hip Fracture Surgery “The Sooner, The Better”

Kashif Abbas^{1*} and Alexander Schuh²

¹Department of Orthopedic Surgery, Southampton University Hospitals NHS Trust, Pakistan

²Department of Orthopedic Surgery, Klinikum Neumarkt, Germany

Keywords: Traditionally intertrochanteric (IT) fractures

Introduction

Traditionally intertrochanteric (IT) fractures are being managed with extra medullary fixation devices. Recently intramedullary nailing has been successfully introduced for stable and unstable IT fracture. Use of intramedullary nail requires visualisation in two dimensions

for correct portal of entry into the canal. Back and forth movement of the C arm in anteroposterior (AP) and lateral position is sometimes associated with loss of correct localization of the insertion point in either plane. To overcome this we have made a practice of using two C arm, positioning them in one plane each (Figure 1) before incision. Surgeon than stands at the top end and work through the gap between X -ray tube and patient, after draping the image intensifier tube with sterile drape (Figure 2). Entry point is then confirmed in both plane simultaneously (Figure 3) which is followed by proximal hand reaming and nail preparation and insertion (Figure 4).



Figure 1



Figure 2



Figure 3

***Corresponding author:** Kashif Abbas, Consultant orthopedic Surgeon, Pakistan, Tel: 00923002955041; E-mail: kashah_pk@yahoo.com

Received October 21, 2015; **Accepted** January 27, 2016; **Published** February 04, 2016

Citation: Abbas K, Schuh A (2016) Use of Two C Arm in Hip Fracture Surgery “The Sooner, The Better”. *Surgery Curr Res* 6: i101. doi:[10.4172/2161-1076.1000i101](https://doi.org/10.4172/2161-1076.1000i101)

Copyright: © 2016 Abbas K, et al. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.



Figure 4

The adoption of this method has turned out to be very effective in reducing overall surgical time and efforts. In our setting average time from incision to closure is 20 minutes. The only drawback is a requirement of additional C arm in a theatre and working through narrow window between fluoroscope tube (lateral plane) and patient.

Citation: Abbas K, Schuh A (2016) Use of Two C Arm in Hip Fracture Surgery "The Sooner, The Better". Surgery Curr Res 6: i101. doi:10.4172/2161-1076.1000i101

OMICS International: Publication Benefits & Features

Unique features:

- Increased global visibility of articles through worldwide distribution and indexing
- Showcasing recent research output in a timely and updated manner
- Special issues on the current trends of scientific research

Special features:

- 700 Open Access Journals
- 50,000 editorial team
- Rapid review process
- Quality and quick editorial, review and publication processing
- Indexing at PubMed (partial), Scopus, EBSCO, Index Copernicus and Google Scholar etc
- Sharing Option: Social Networking Enabled
- Authors, Reviewers and Editors rewarded with online Scientific Credits
- Better discount for your subsequent articles

Submit your manuscript at: www.omicsonline.org/submission/