

How Do I Do It?

Acetabular Fractures

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Introduction

- Post Wall
 - Simple
 - Comminuted
 - Dome involvement
 - Marginal impaction
- Posterior column
- Posterior wall and column

Introduction

- Transverse fracture
- Both column Fracture

Posterior Wall Fractures

Fixation Methods

- **Kocher Langenbeck approach**
- **inspect joint surfaces**
- **lag screws oblique to retroacetabular surface**
- **supplement with buttress plate**
- **avoid dissection above sciatic notch**

Post Wall -Simple

- Kocher- Langenbach
- Lateral/Semi prone position
- Preserve capsular attachment to the fragment

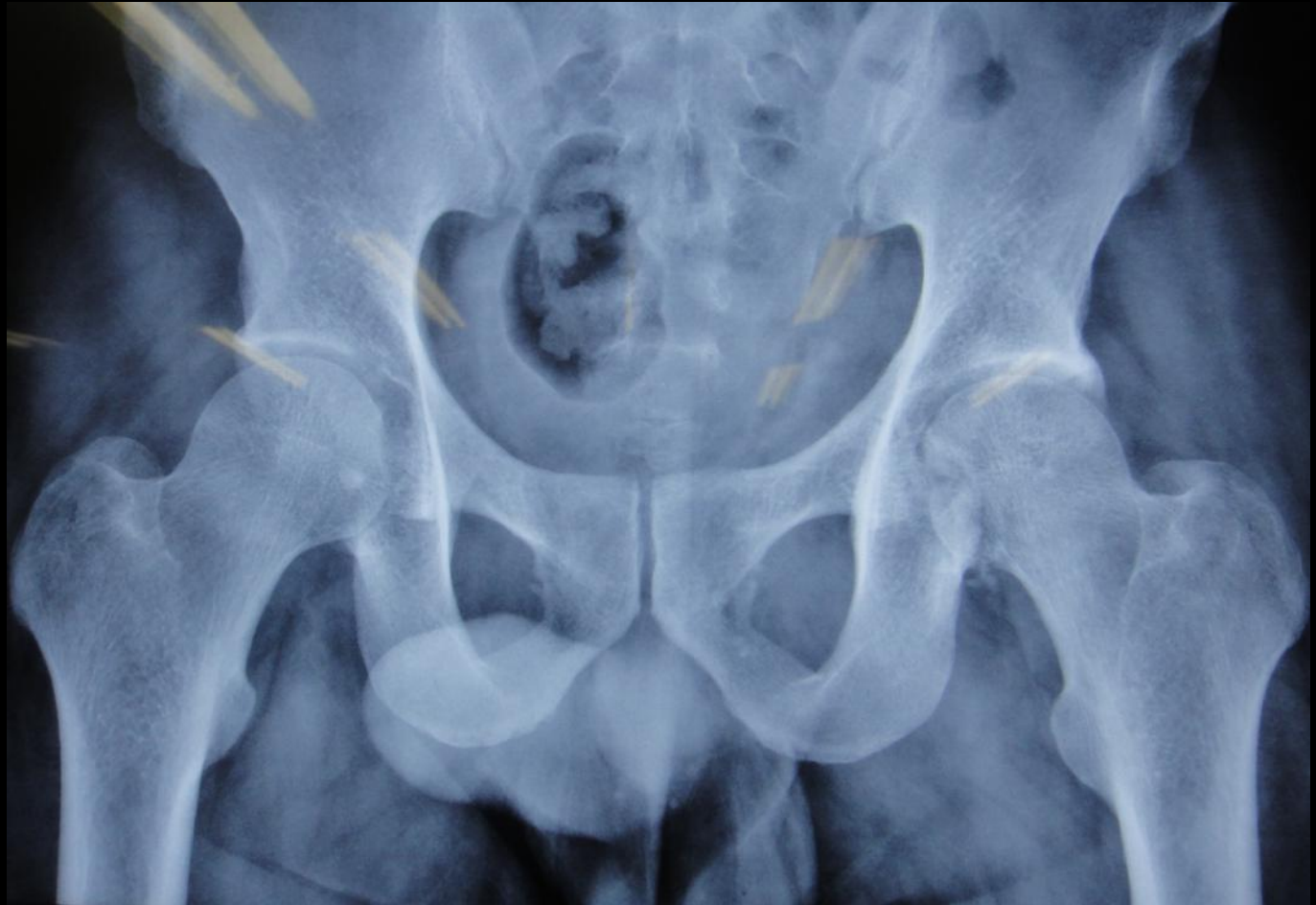
Post Wall -Simple

- Wash out the joint
- Remove fragments
- Reduce and temporarily stabilise fragment with K wires

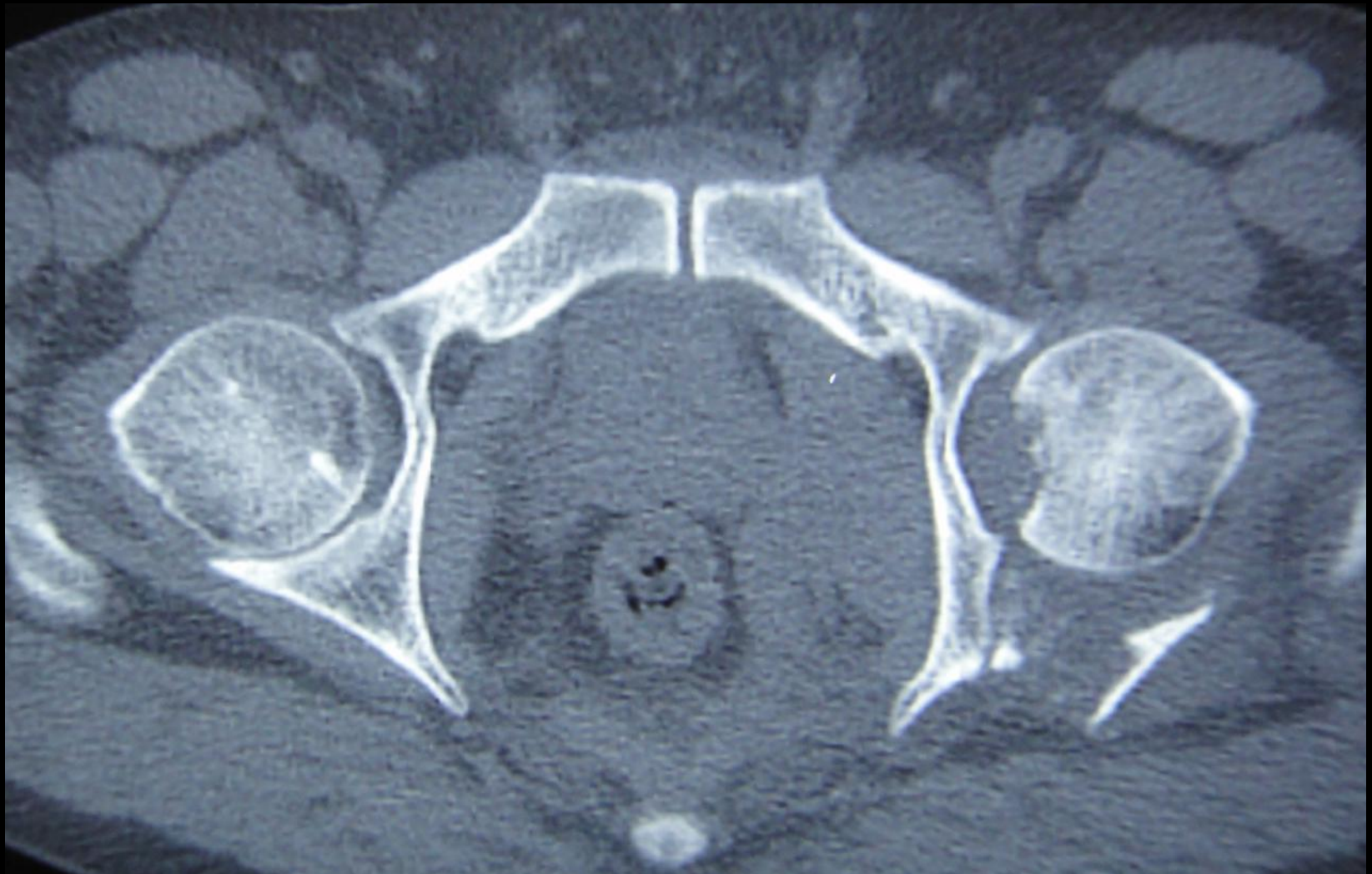
Post Wall -Simple

- Stabilise with lag screw
 - 3.5mm
- Post wall buttress plate
 - 3.5mm
 - Curved recon
 - Under contoured

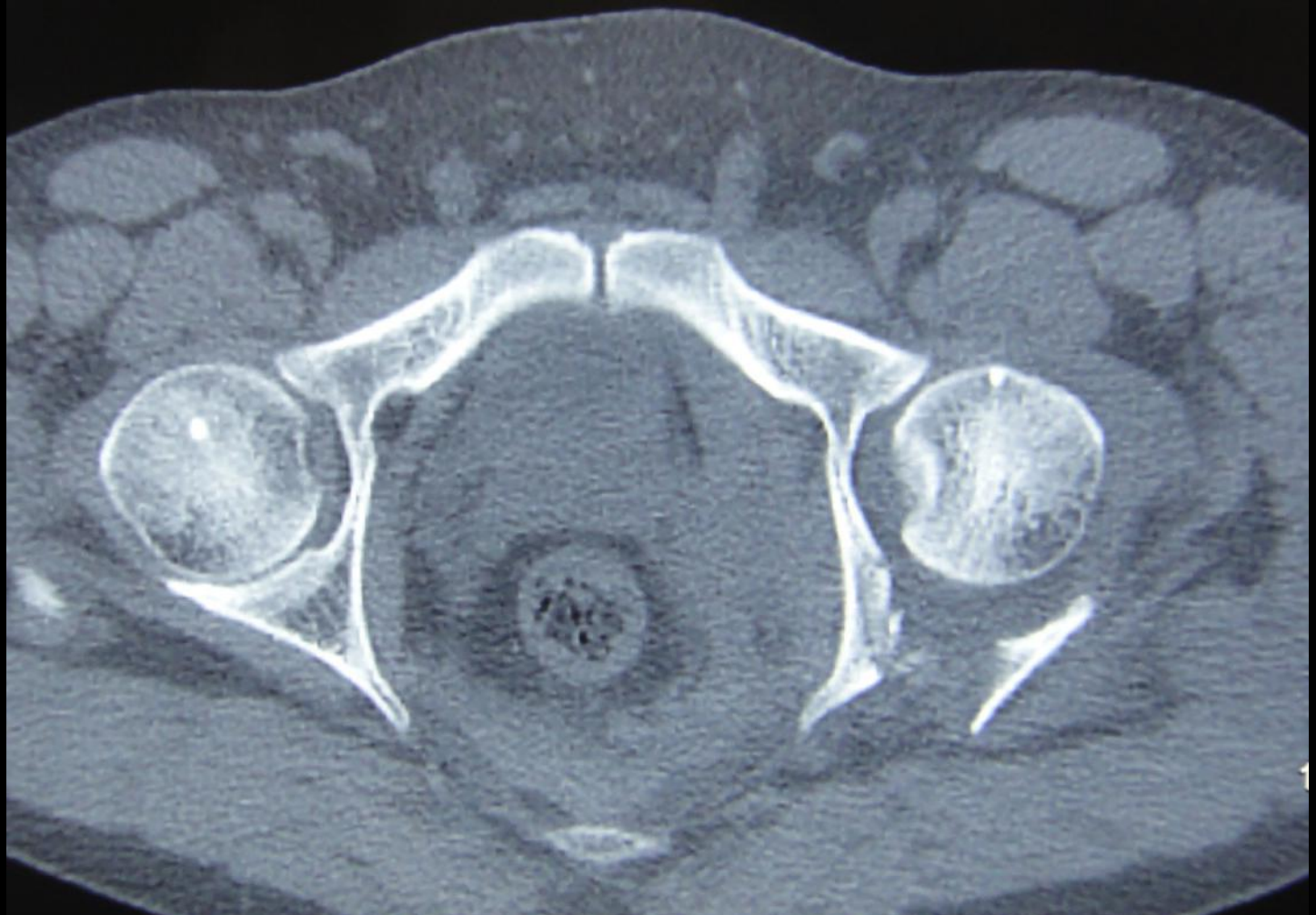
Post wall- simple with Pipkins I



Post wall- simple with Pipkins I



Post wall- simple with Pipkins I



Post wall- simple with Pipkins I

Lateral position

KL approach

Irrigate joint

Stabilise PW with
K wires



Post wall- simple with Pipkins I

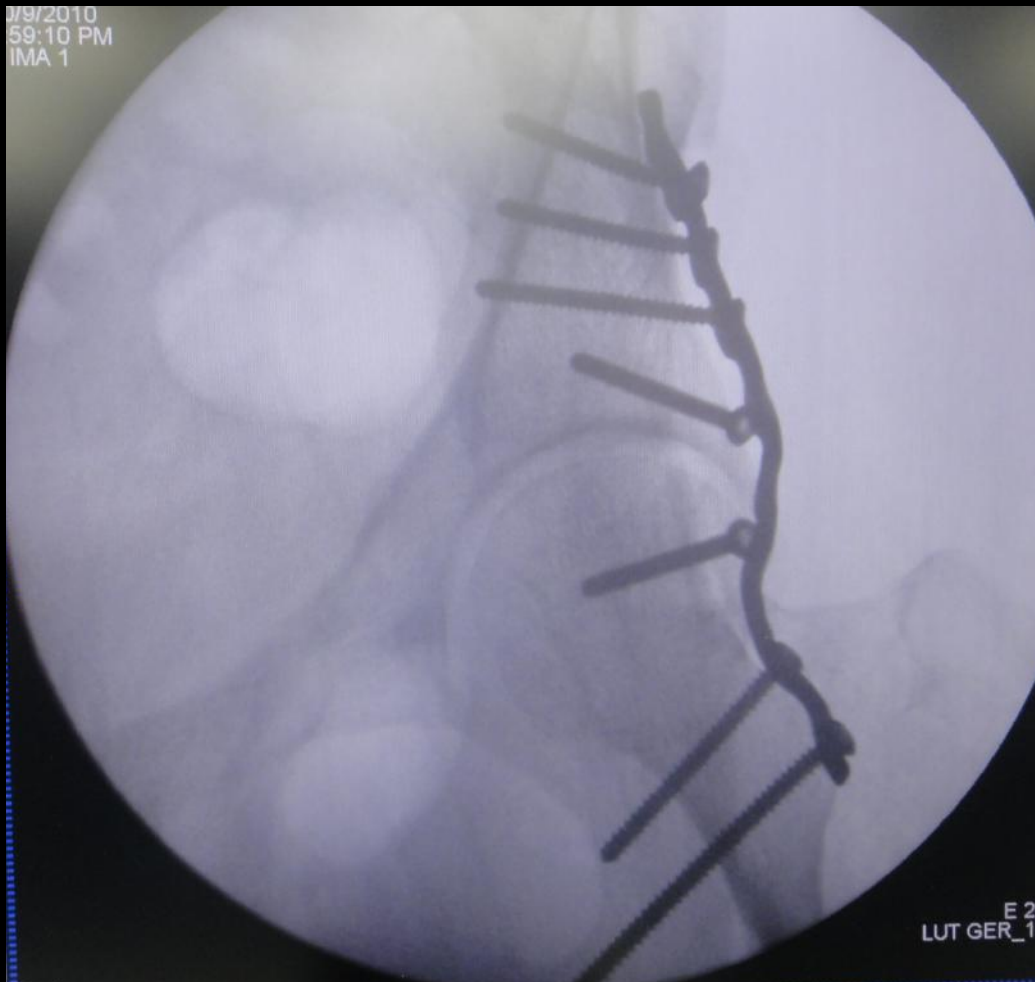
3.5 mm lag screws
for PW

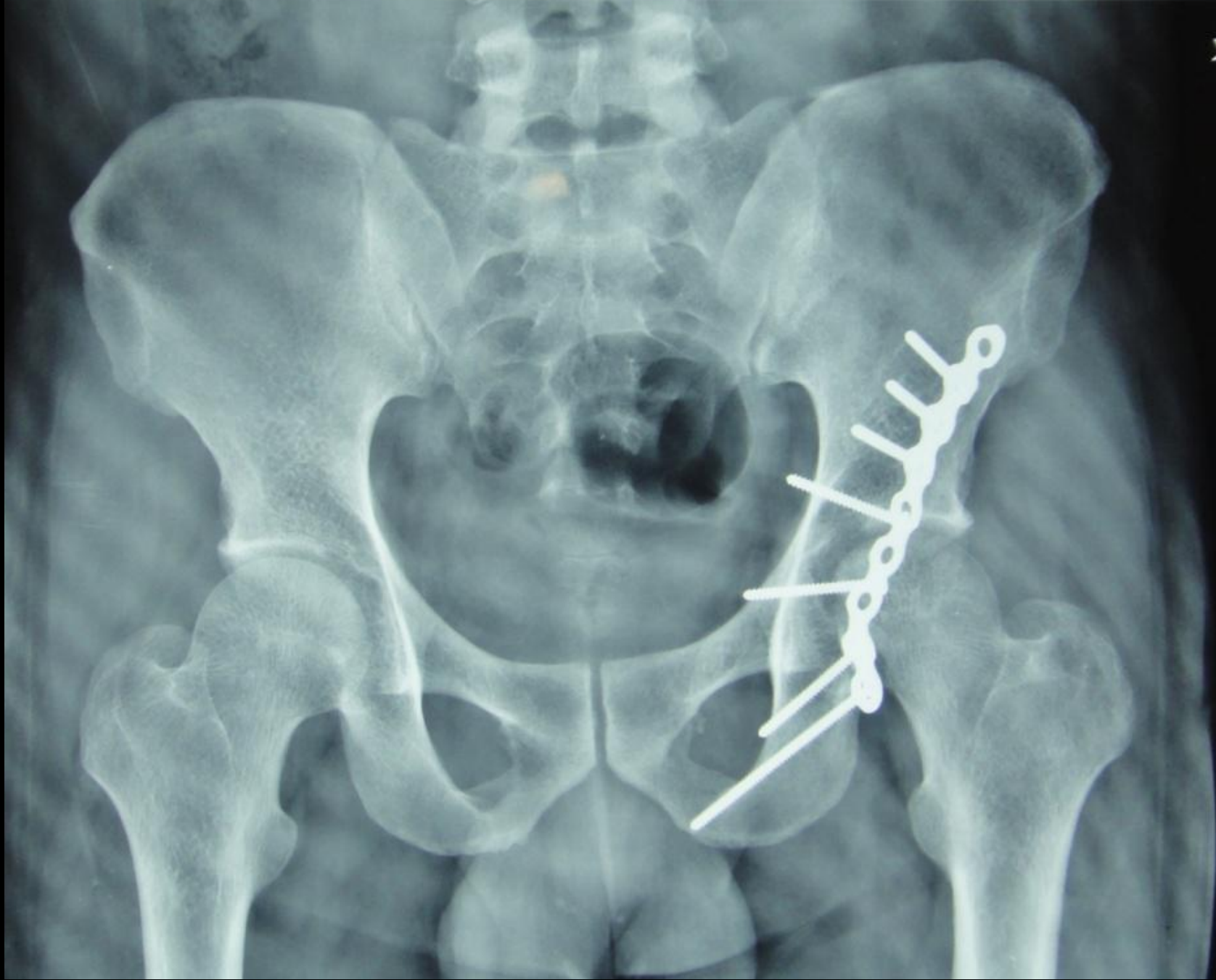
3.5mm recon plate

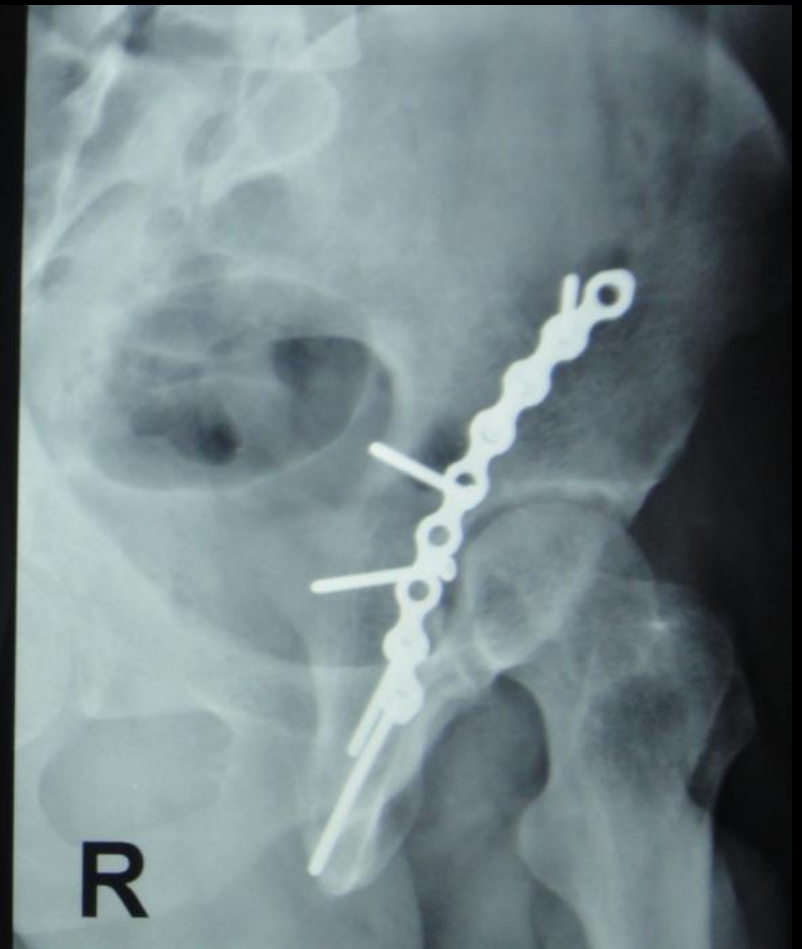
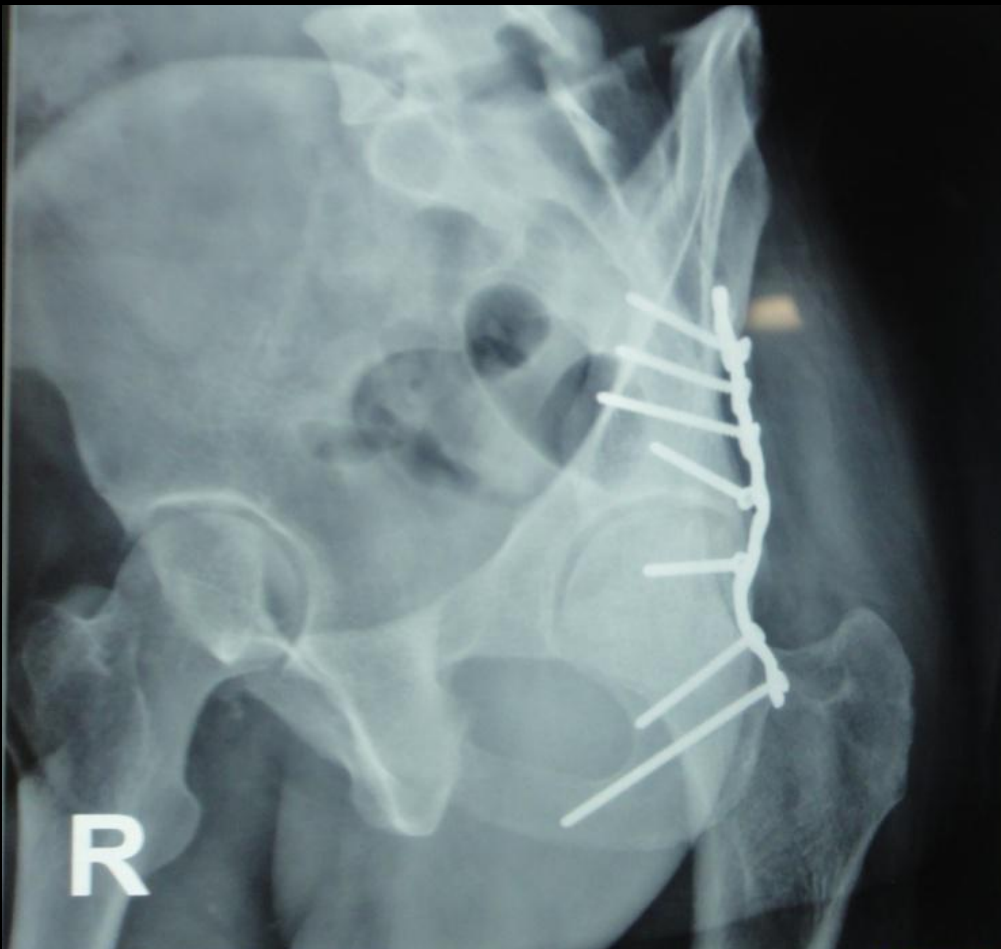
Undercontoured



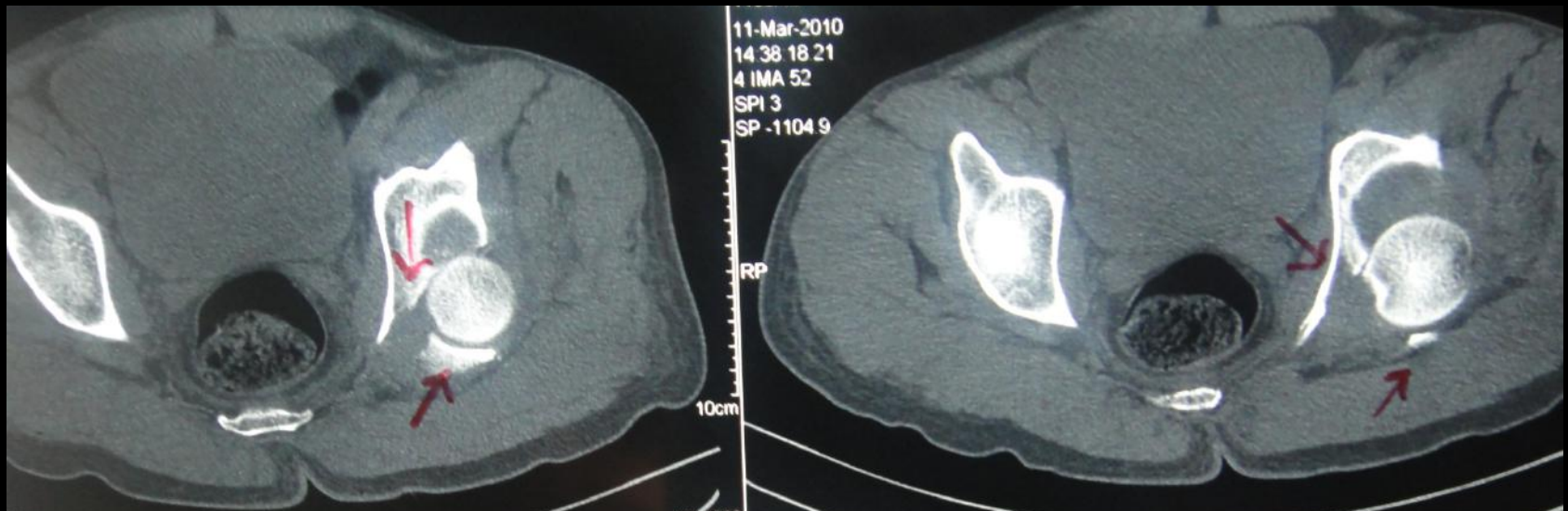
Post wall- simple with Pipkins I



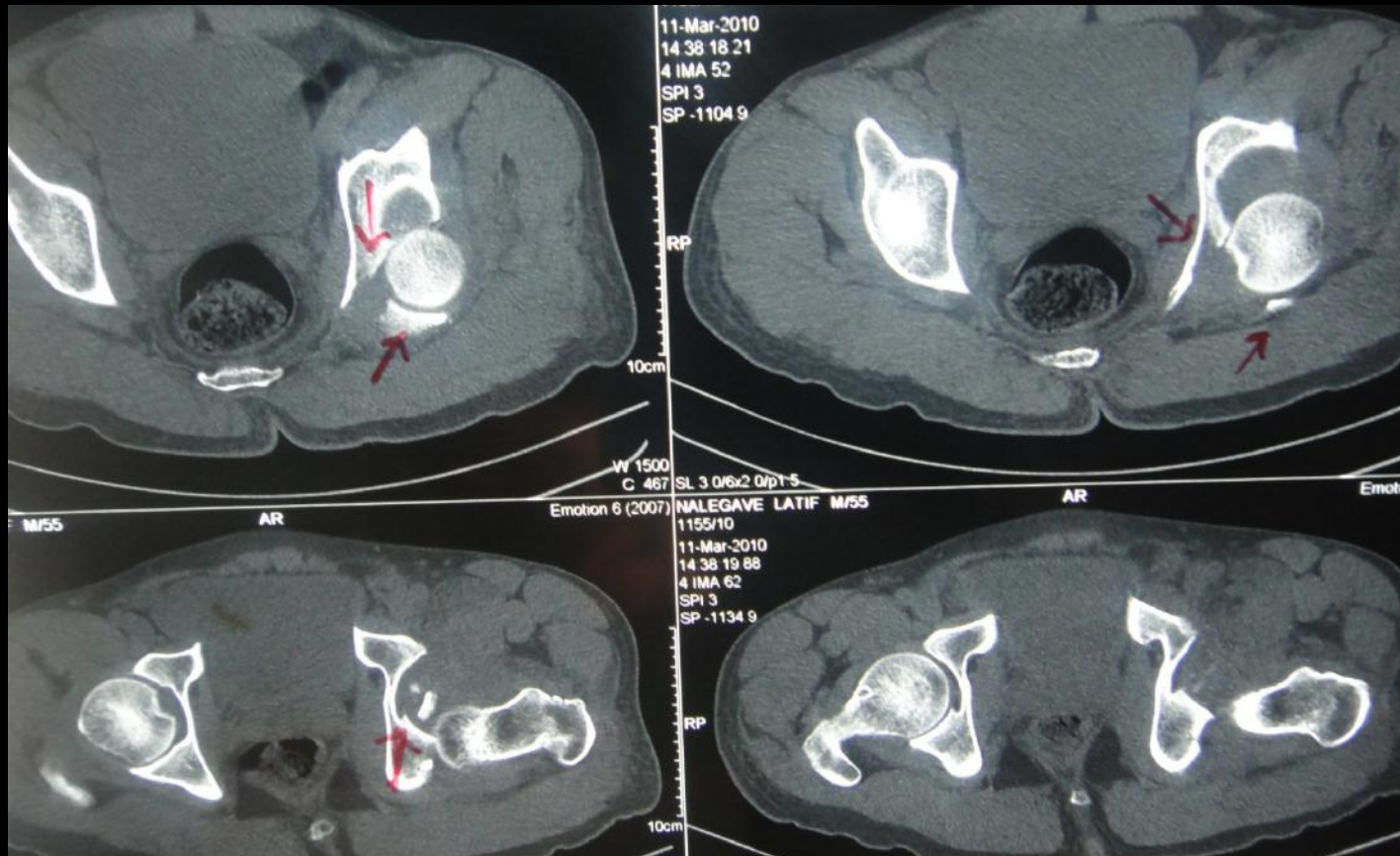




Post Wall Comminuted



Post Wall Comminuted



Spring Plate

One third tubular
plate

Cut through the
hole

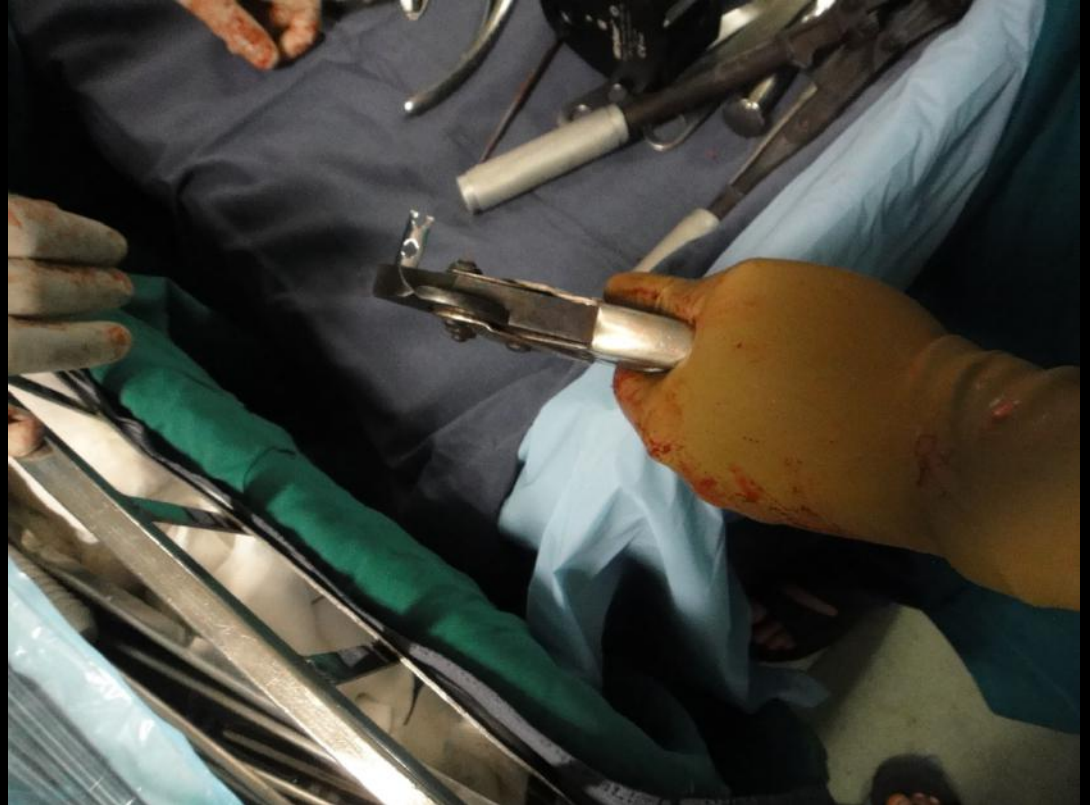
Leave long spikes



Spring Plate

Bend the spikes

Slight concave
contour to the
undersurface of
plate

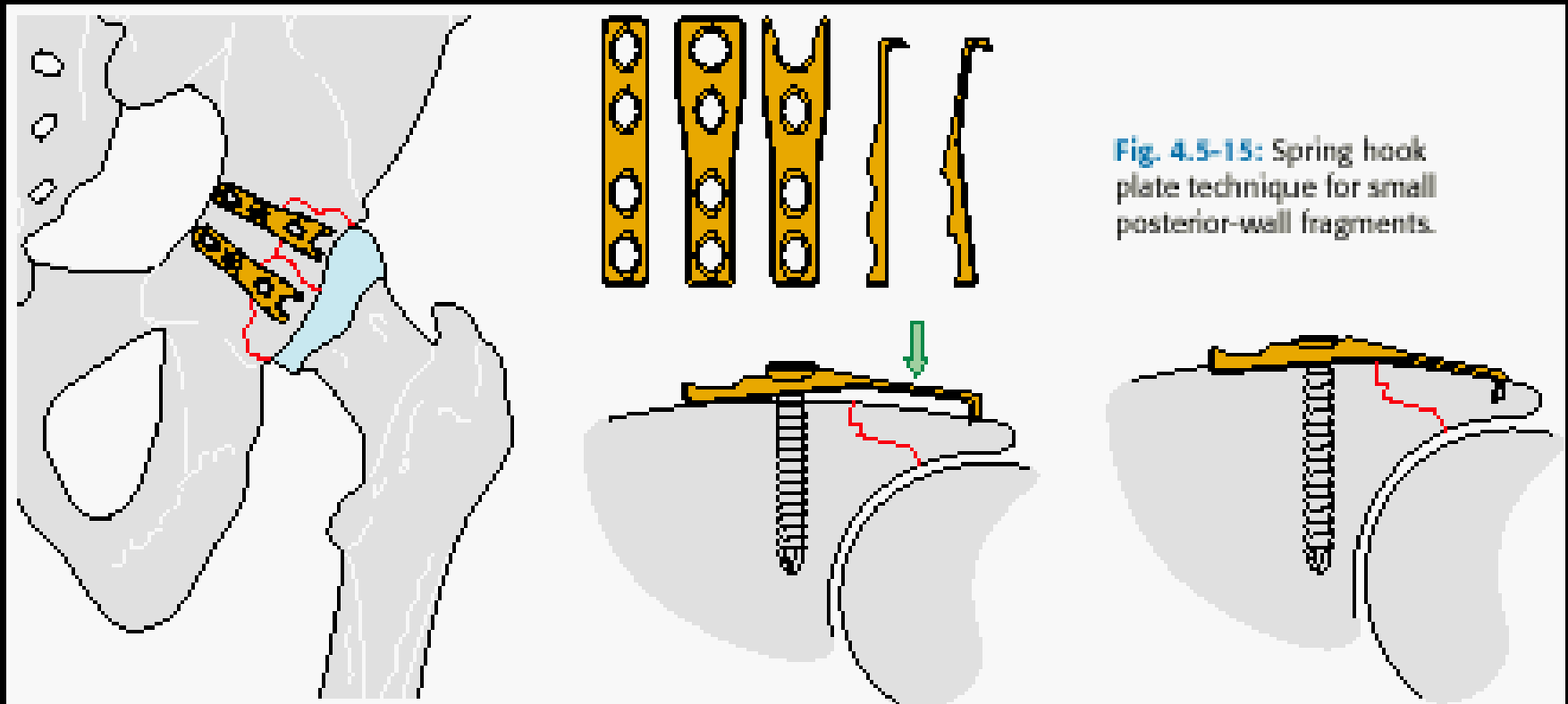


Spring Plate



Posterior Wall Fx

Fixation Methods

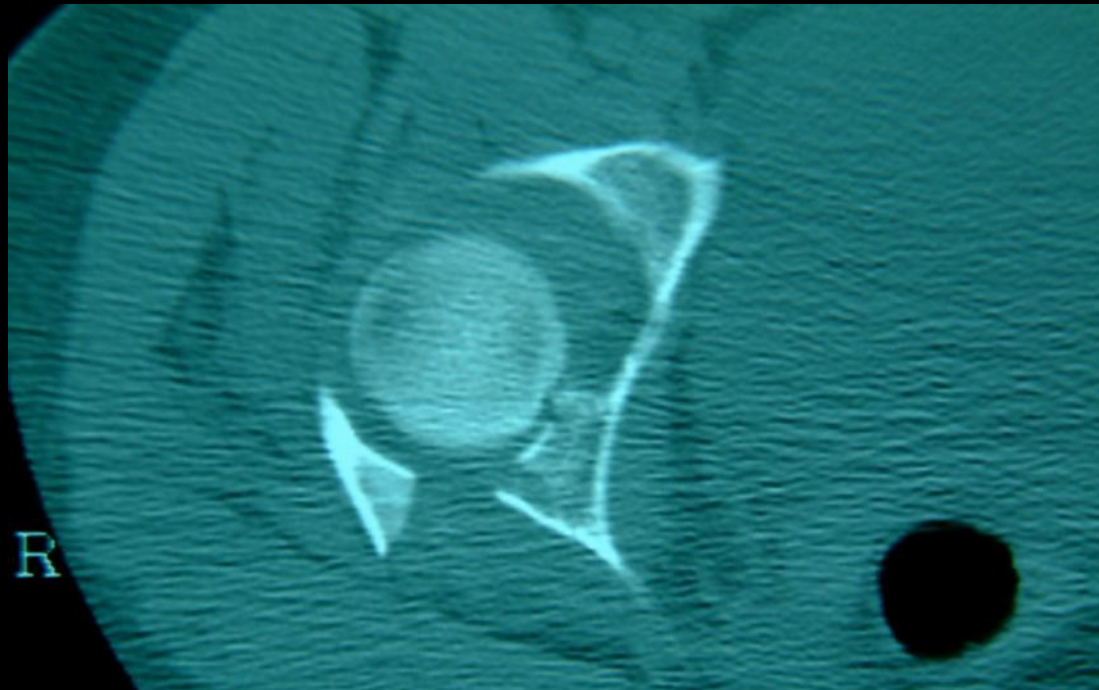


Spring plate buttressing wall fragments

Spring Plate



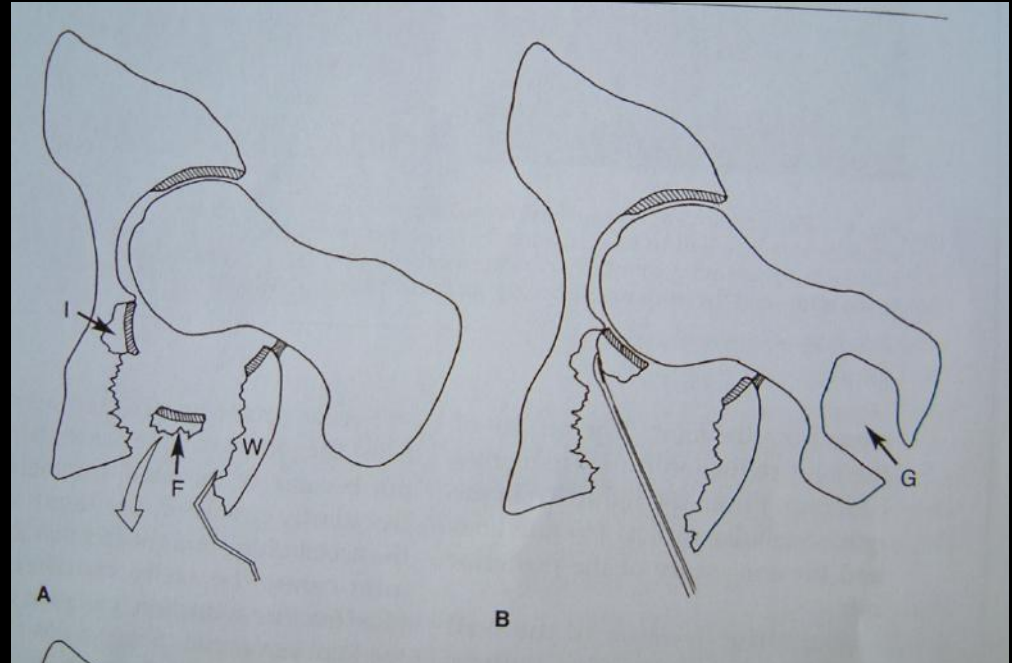
Post wall with Marginal Impaction



Technique- Marginal Impaction

Elevate the impacted fragment

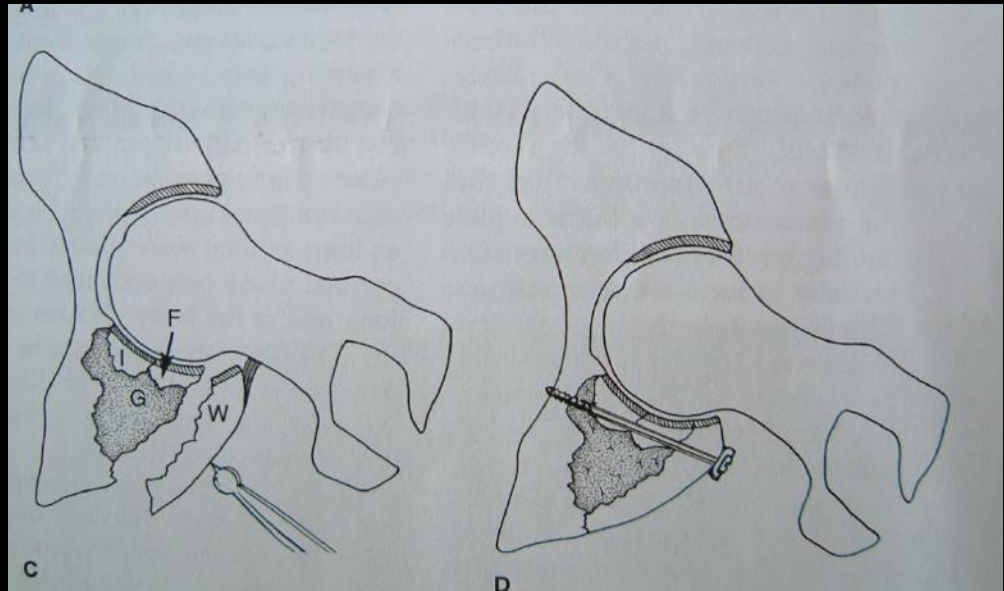
Femoral head is the template for reduction



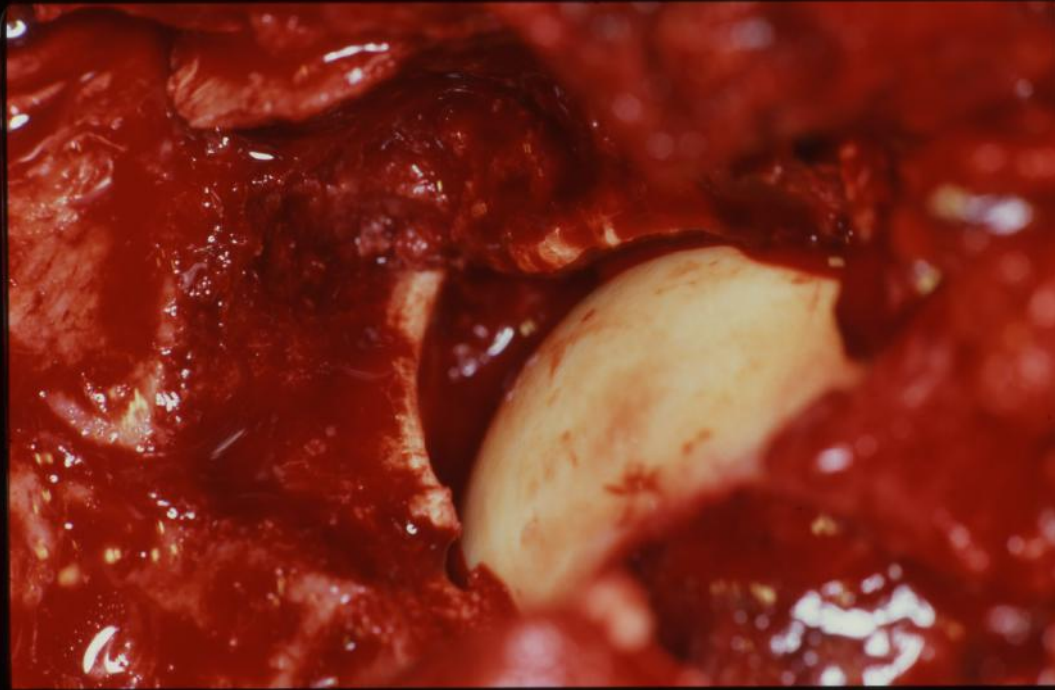
Technique- Marginal Impaction

Bone grafting for the defect

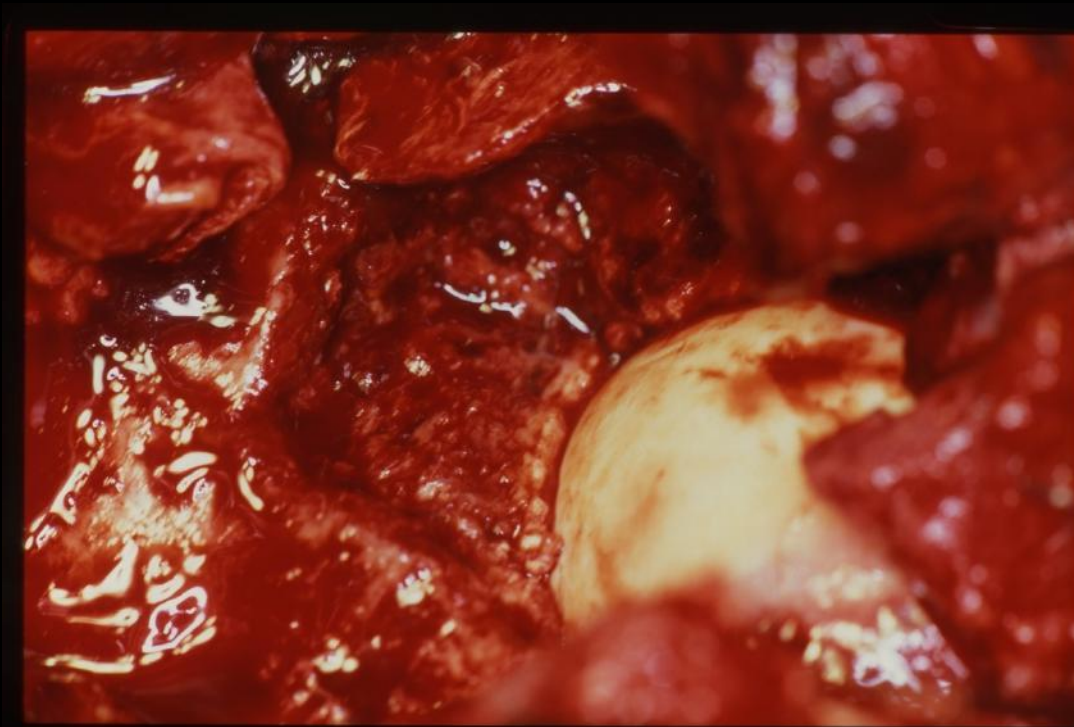
Lag screw fixation of PW



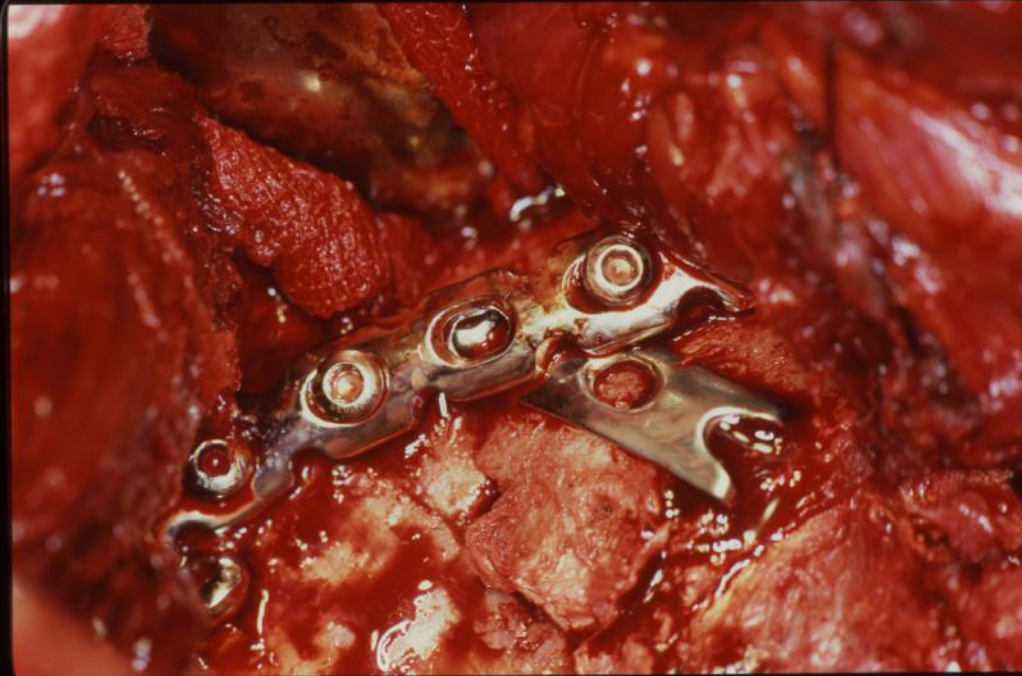
Marginal Impaction

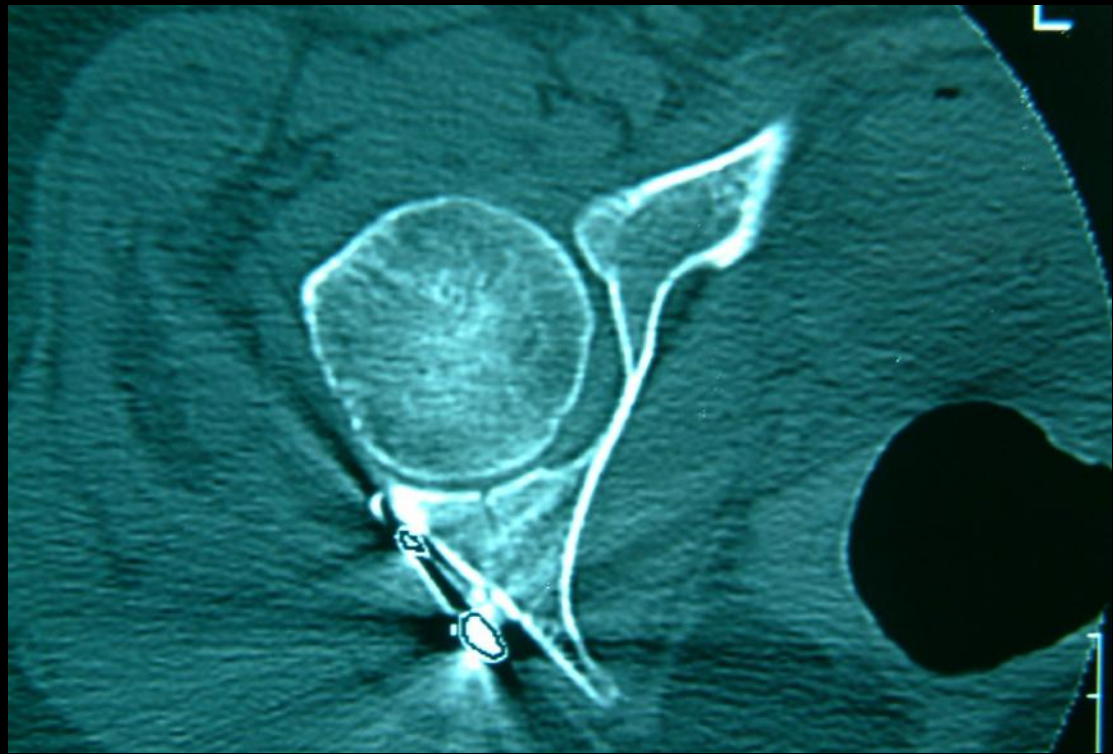


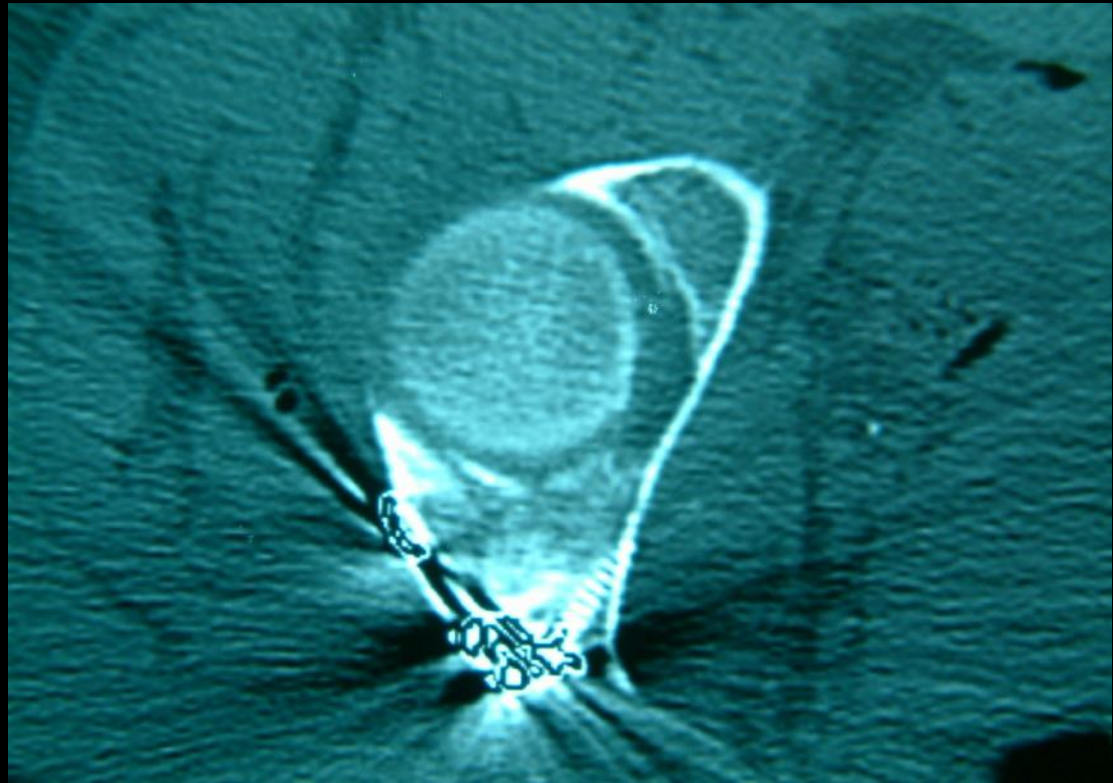
Marginal Impaction



Marginal Impaction

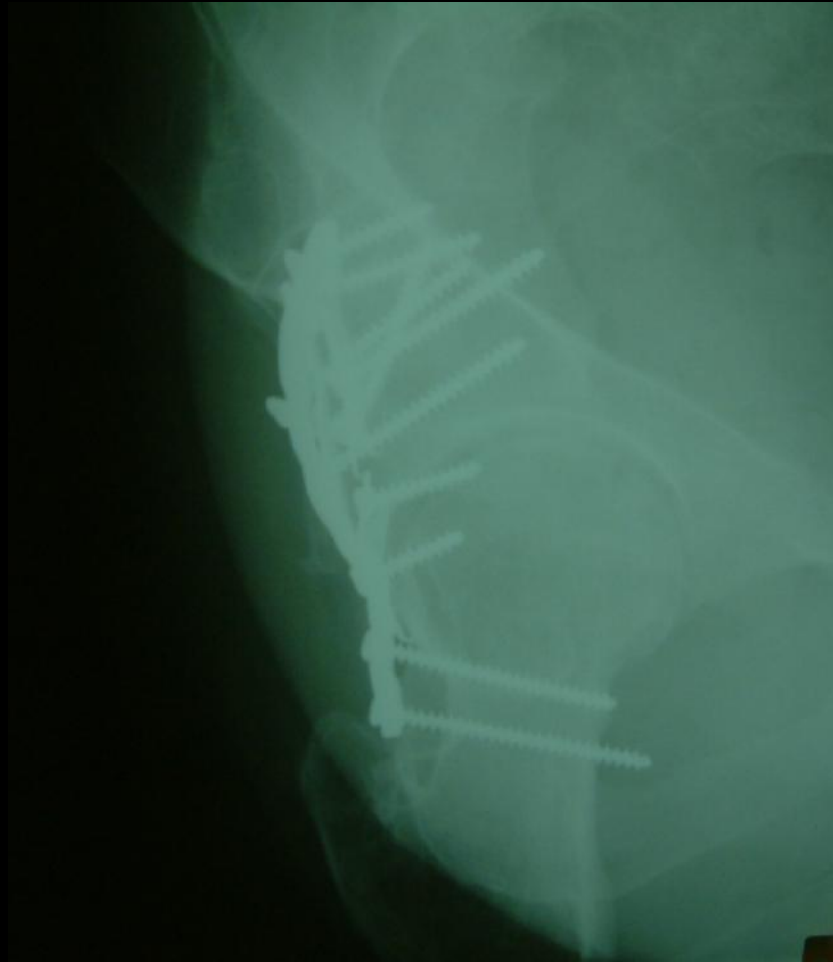


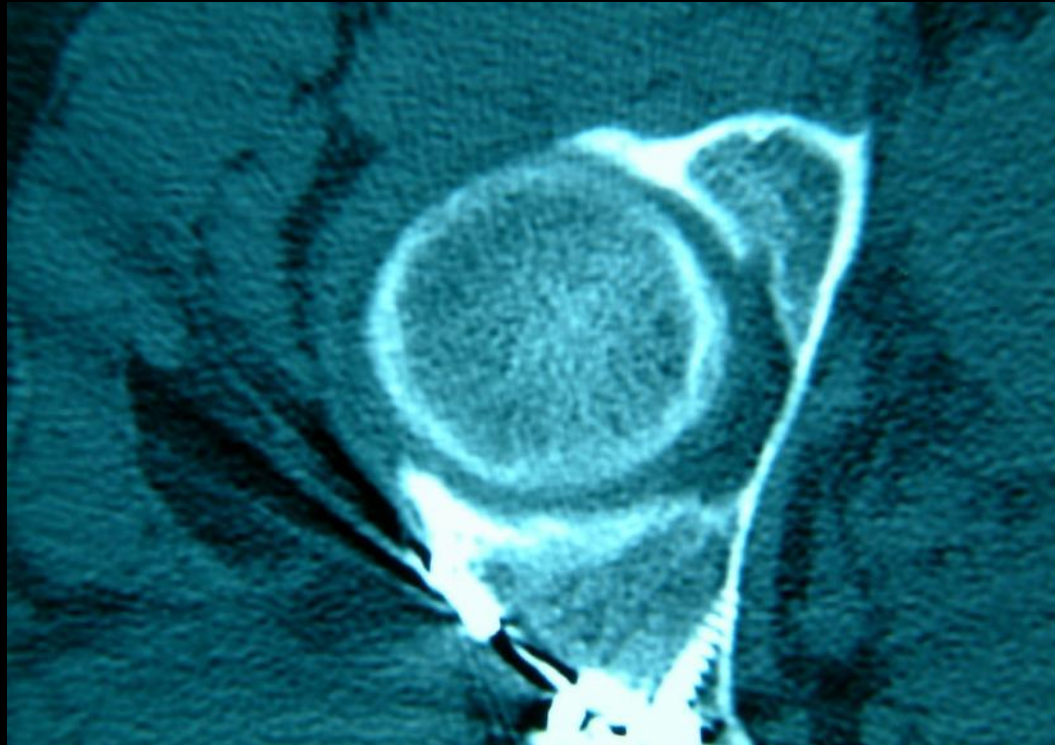


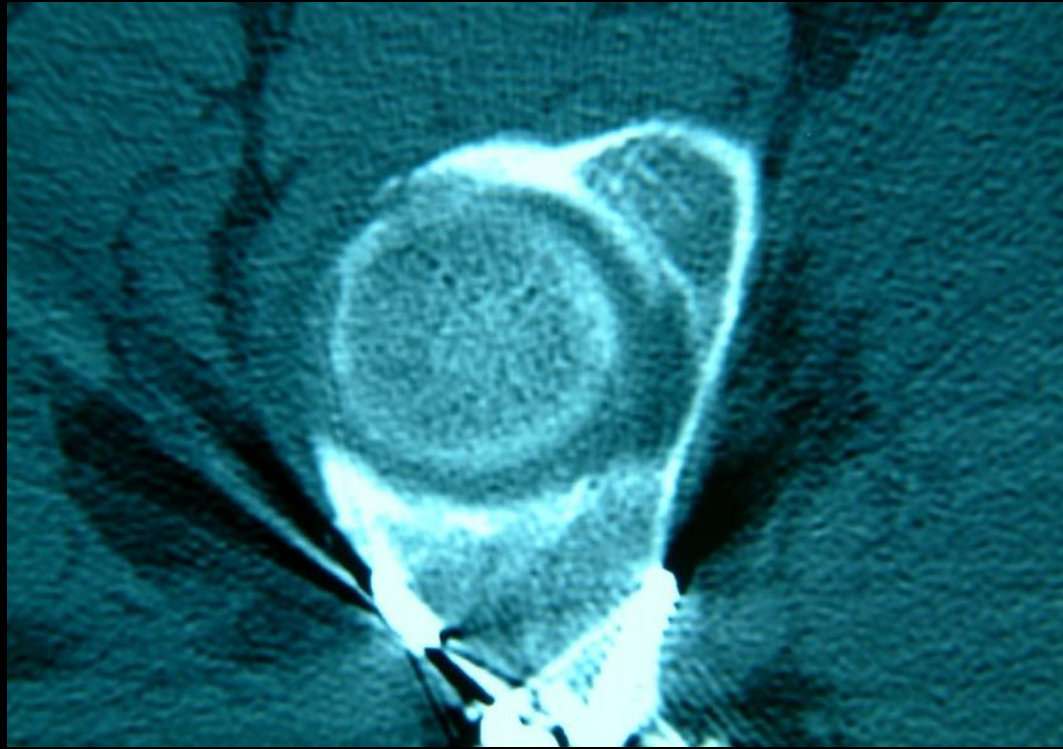








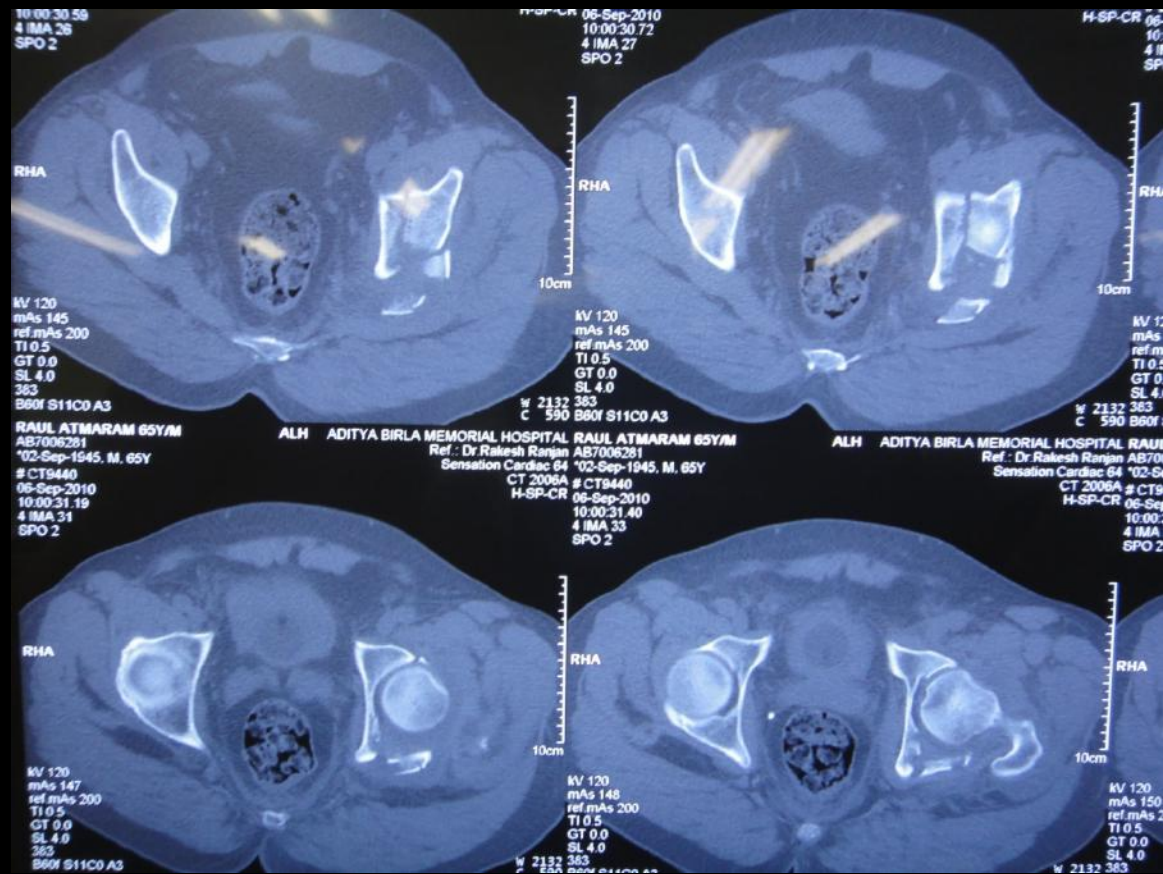




Transverse with Post wall



Transverse with Post wall



Transverse with Post wall

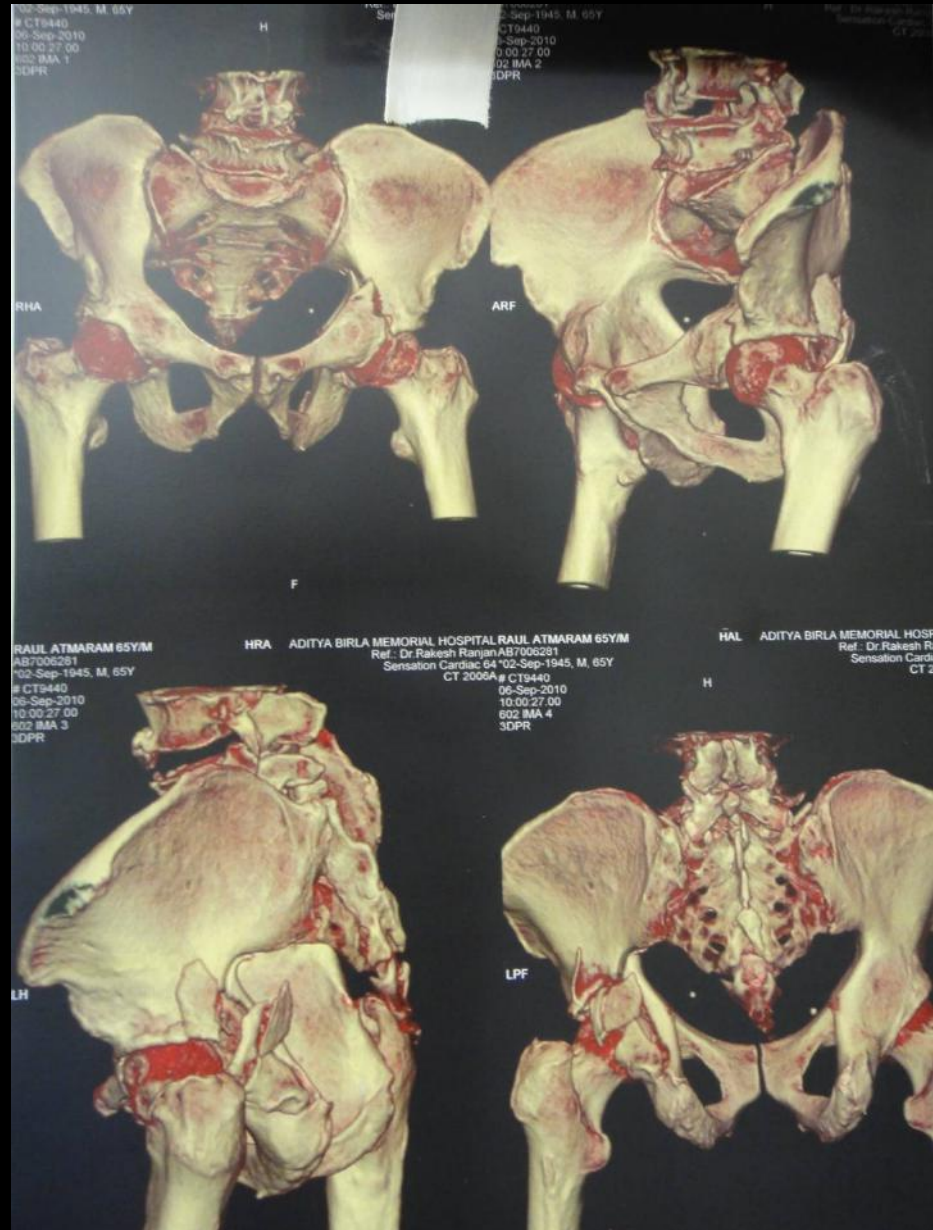


Transverse with Post wall

Comminuted post wall

Involvement of dome

Ganz trochanteric Flip



Ganz Trochanteric Flip

Mark post border
of vastus lateralis
and Gluteus
Medius

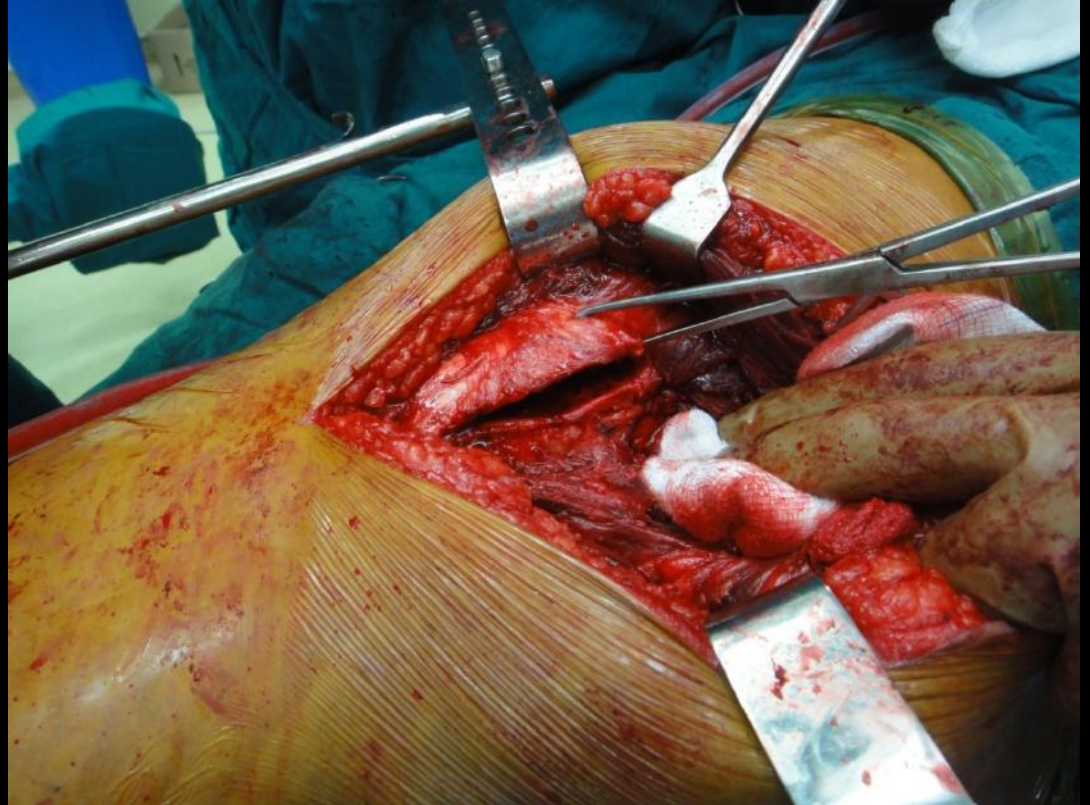


Ganz Trochanteric Flip

Pre-drill,

measure

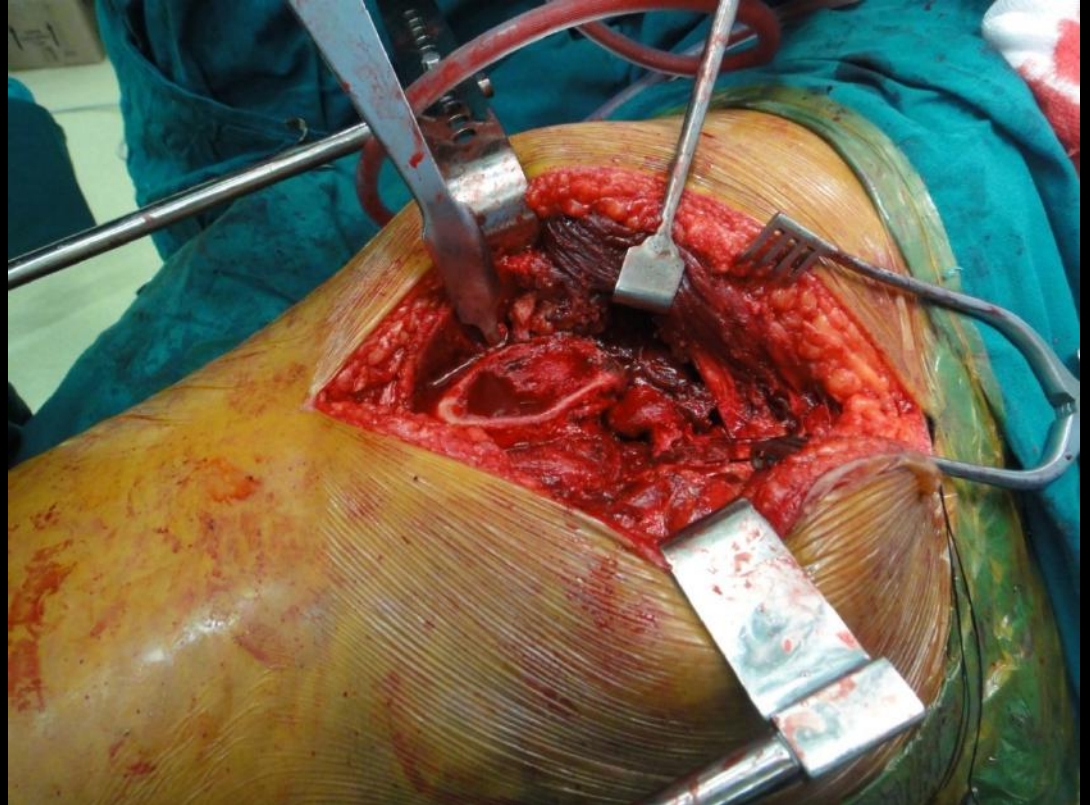
and tap for 6.5mm
screws



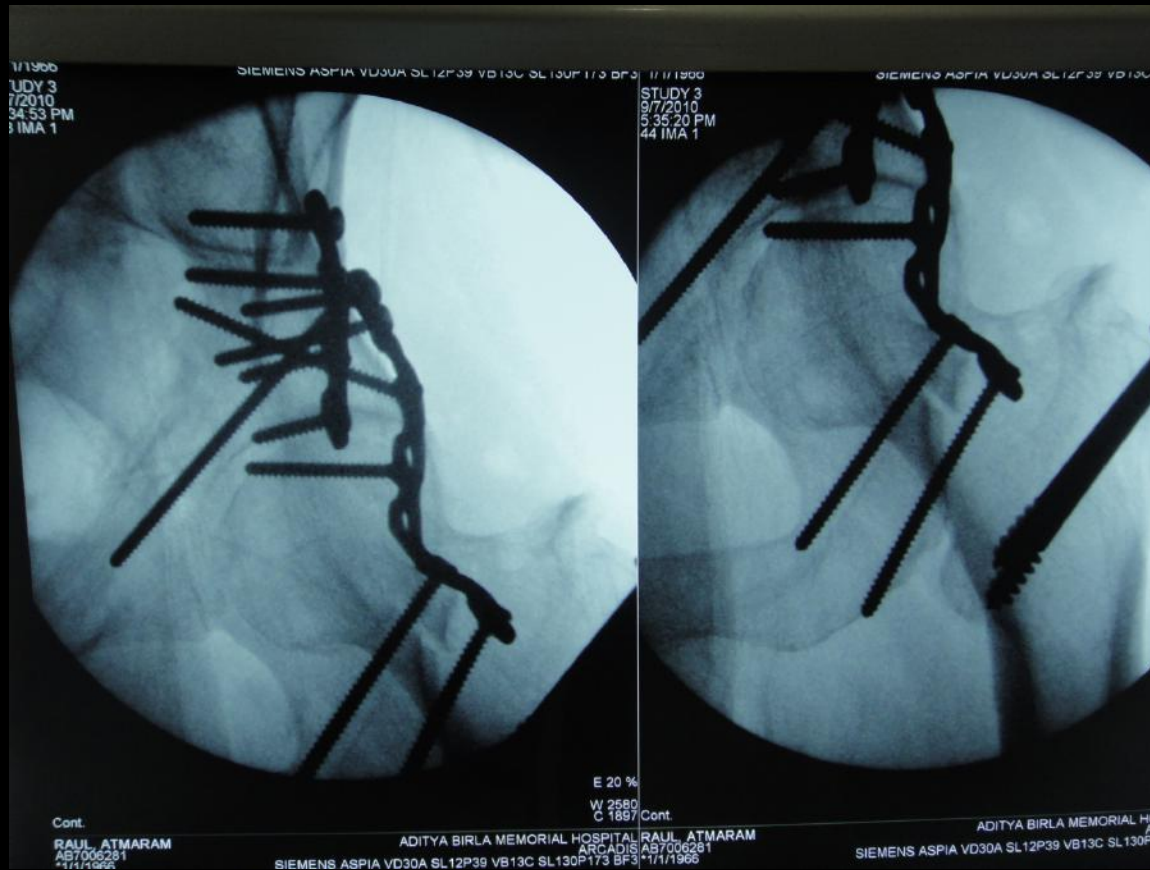
Ganz Trochanteric Flip

Better visualisation
of dome fragment

Less traction on
neurovascular
bundle



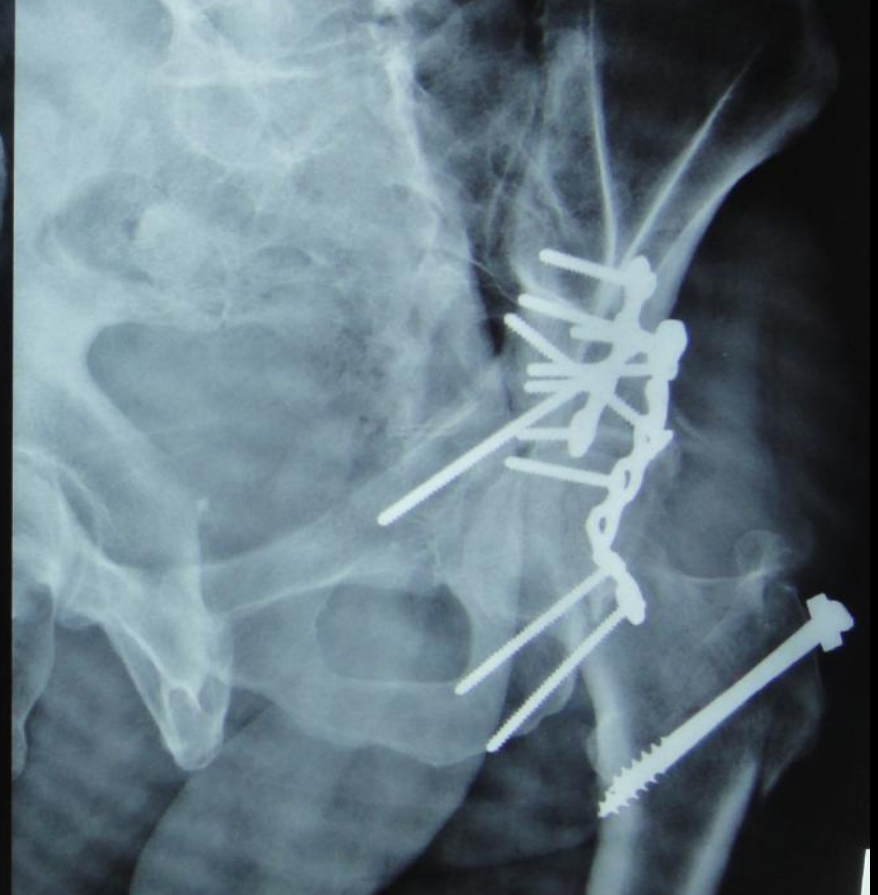
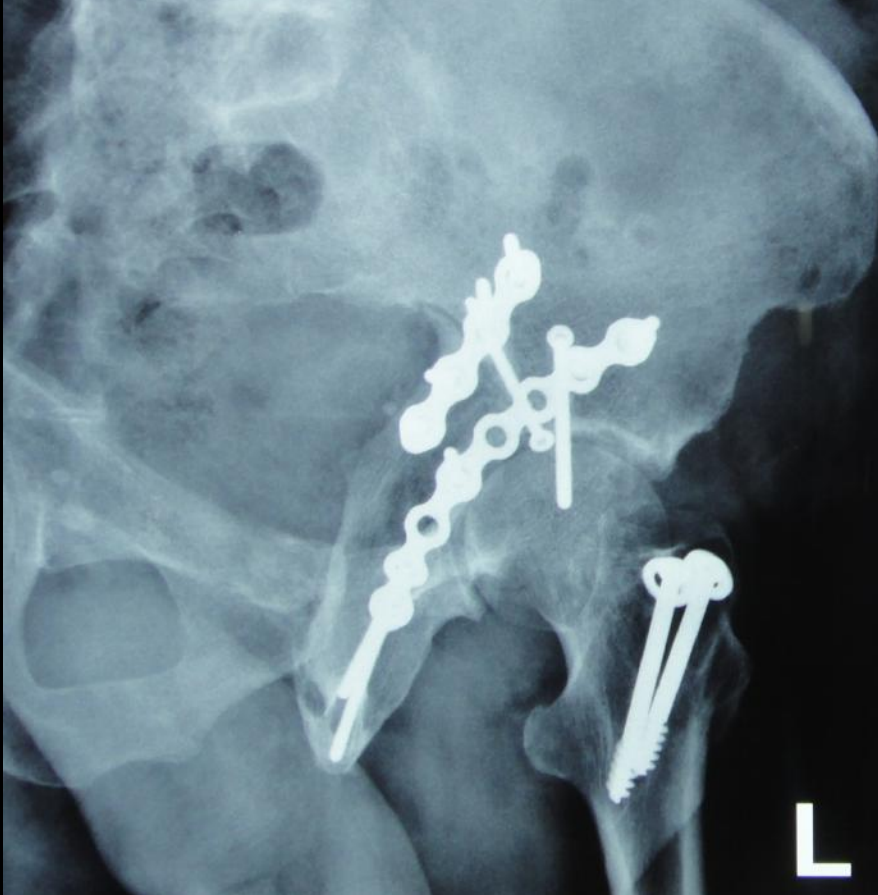
Transverse with Post wall



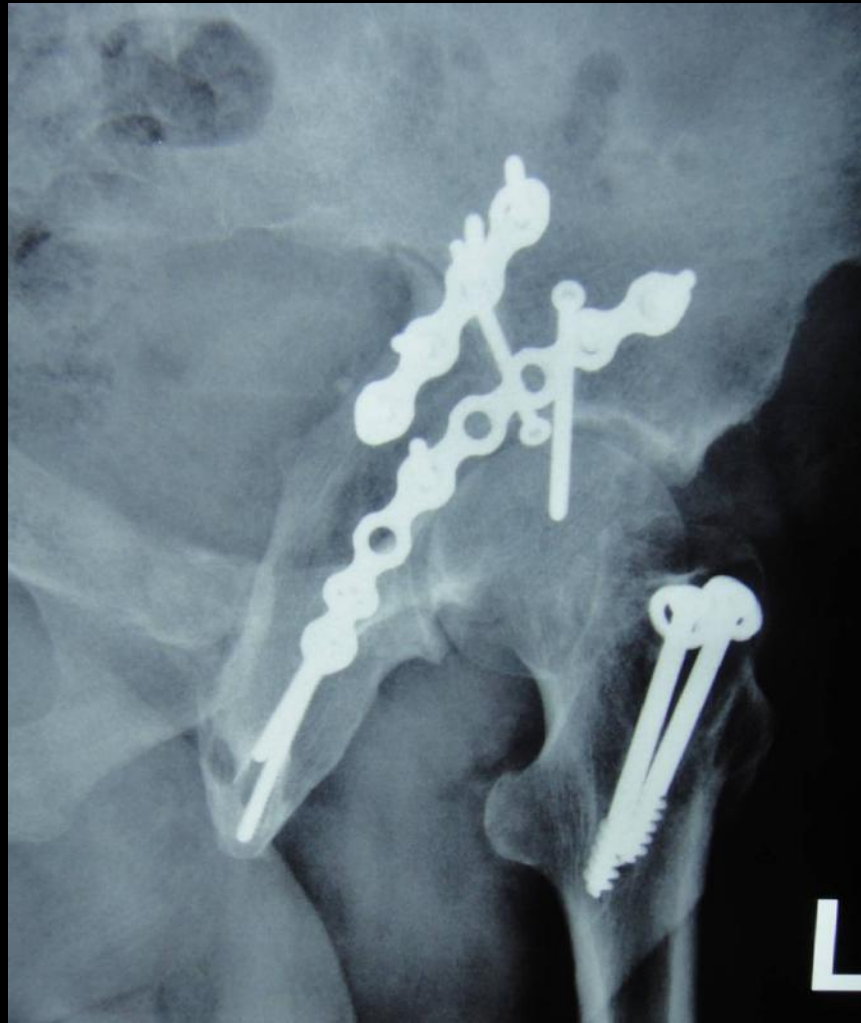
Transverse with Post wall



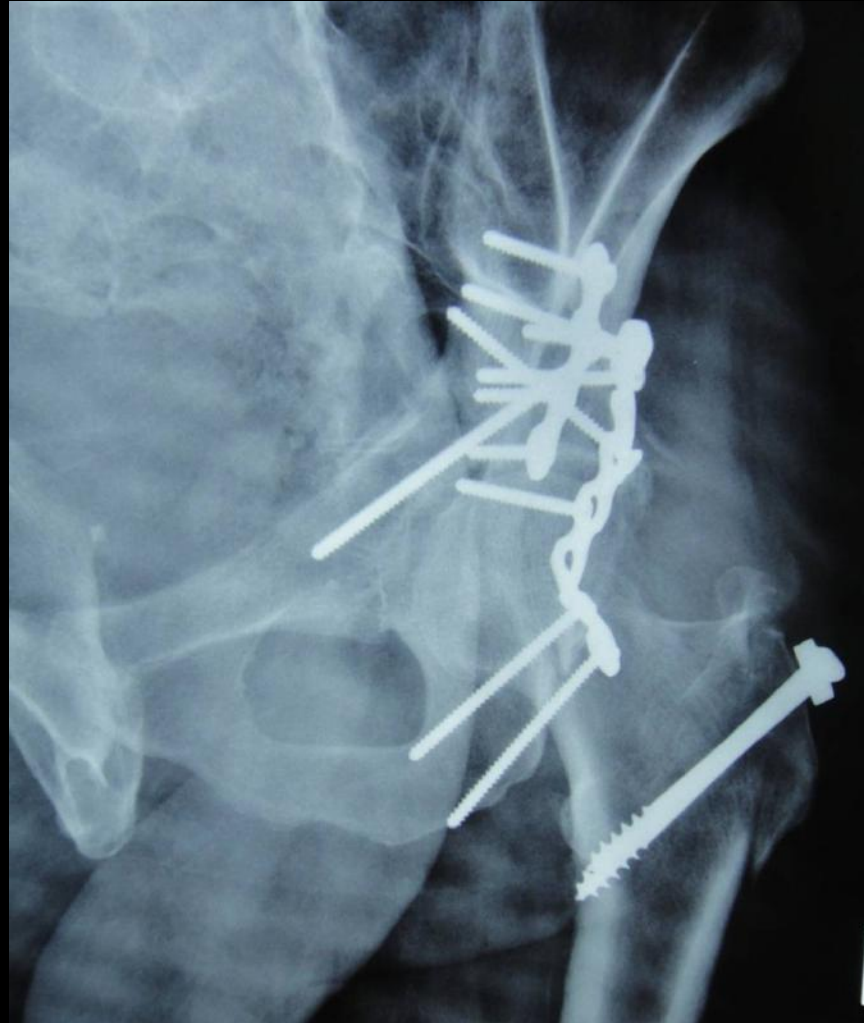
Transverse with Post wall



Transverse with Post wall



Transverse with Post wall



Summary

- Surgical Approach
 - KL
 - Ilio-inguinal
- Post wall
 - Lag screw
 - Spring plate
 - Marginal Impaction

Summary

- Transverse fracture
 - Ganz trochanteric Flip
 - Anterior column lag screw
- Unreduced Hip Dislocation with T Fracture
 - Post column lag screw
 - Post column plate