

<b>Paper Category:</b>	6. Surgery and Perioperative Medicine
<b>Paper Title:</b> (Arial Font; 14 Pt Size)	Operative rates and parameters in decision making for geriatric hip fractures in a pilot orthogeriatric service in Malaysia.
<b>Abstract Body:</b> (Arial Font; 12Pt Size)	<ul style="list-style-type: none"> <li>• Background</li> <li>• Objectives</li> <li>• Method</li> <li>• Results</li> <li>• Discussions and Conclusions</li> </ul>
<p><b>Background</b> Globally, timely fracture fixation is regarded as best practice to optimize functional outcomes in geriatric hip fractures. There is no hip fracture pathway in our facility currently. In its absence, we looked at pre-fracture mobility status, comorbidities, and ASA grade to see if they influenced decision for surgery.</p> <p><b>Objectives</b> This study aimed to look at operative rates and the correlation between some commonly used parameters in the decision-making process for surgery in older adults with hip fractures.</p> <p><b>Method</b> This is a retrospective, observational study of patients 60 years and above admitted due to a hip fracture in a tertiary public hospital in Malaysia from January 2022 till February 2023.</p> <p><b>Results</b> A total of 149 patients were admitted with a hip fracture. The mean age was 78.1 years and 75.2% were female. Out of 149 patients, 102 patients (68.5%) were operated on. Median time to surgery was 8.3 days. Patients who were freely mobile and independent with a walking aid had a 72.9% operative rate versus only 50% of those who had limited mobility. 75.4% of ASA II patients were operated on compared to only 47.2% of ASA III patients. There was no significant correlation between the numbers of comorbidities with operative rates.</p> <p><b>Discussions and Conclusions</b> Pre-fracture mobility and ASA grade somewhat influenced decision for surgery. However, up to 31.5% of patients were still managed conservatively. Reasons for conservative management are likely multifactorial, including individual surgeon readiness. Earlier surgical intervention would greatly improve overall outcome. We strongly recommend a hip fracture pathway to reduce variations in assessment and to further improve the quality of clinical care in managing older adults with hip fractures.</p>	

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