Impactful Statements
Hip Fractures in the Elderly

An impactful recommendation is one that offers the potential for current evidence to change care offered to patients. This influence can be due to one or more of the following:

- Evidence highlighting current variations in care that were previously unsupported by evidence
- Current evidence supporting a significant difference or change from current clinical practice or previously held "gold standard" care

The following impactful statements are based on the Hip Fractures in the Elderly Clinical Practice Guideline:

1. Unipolar cemented hemiarthroplasty using an anterolateral approach should be used to treat displaced femoral neck fractures, especially in patients over the age of 80 years to reduce the risk of fracture. Total hip arthroplasty can be considered in properly selected patients.
2. Fascia iliaca block, 3 in 1, femoral compartment blocks, or epidural should be used for hip fracture patients undergoing surgery, if safe to administer, to improve preoperative pain control and minimize delirium.
3. Performing hip fracture surgery within 48 hours of admission should improve outcomes.
4. Blood should not be transfused in asymptomatic postoperative hip fracture patients with a hemoglobin greater than 8g/dL.
5. Evaluating and treating hip fracture patients for osteoporosis should decrease the risk of a second fragility fracture.

The following guideline recommendations are the basis of the impactful statements:

1. Moderate evidence supports that the outcomes of unipolar and bipolar hemiarthroplasty for unstable (displaced) femoral neck fractures are similar.
2. Strong evidence supports arthroplasty for patients with unstable (displaced) femoral neck fractures.
3. Moderate evidence supports a benefit to total hip arthroplasty in properly selected patients with unstable (displaced) femoral neck fractures.
4. Moderate evidence supports the preferential use of cemented femoral stems in patients undergoing arthroplasty for femoral neck fractures.
5. Moderate evidence supports higher dislocation rates with a posterior approach in the treatment of displaced femoral neck fractures with hip arthroplasty.

3. Moderate evidence supports that hip fracture surgery within 48 hours of admission is associated with better outcomes.
4. Strong evidence supports a blood transfusion threshold of no higher than 8g/dL in asymptomatic postoperative hip fracture patients.
5. Moderate evidence supports that patients be evaluated and treated for osteoporosis after sustaining a hip fracture.