

Lower post-op mortality with hip fx surgery on day of admission

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(HealthDay)—Postoperative mortality is lower for medically stable older

patients who undergo surgery for hip fracture on the day of admission or the following day, according to a study published in the Aug. 7 issue of *CMAJ*, the journal of the Canadian Medical Association.

Boris Sobolev, Ph.D., from the University of British Columbia in Vancouver, Canada, and colleagues obtained discharge abstracts from the Canadian Institute for Health Information for [hip fracture](#) surgery in Canada between 2004 and 2012. The expected population-average risks of inpatient death within 30 days were estimated if the patients were surgically treated on the day of admission, inpatient day two, day three, or after day three. Data were included for 139,119 medically stable patients with hip fracture aged 65 years or older.

The researchers found that 23.1 percent of patients underwent surgery on admission day, and 43.5, 21.0, and 12.4 percent underwent surgery on inpatient day two, day three, and after day three, respectively. Cumulative 30-day in-hospital mortality was 4.9 and 6.9 percent among patients who were surgically treated on admission day and those who had surgery done after day three, respectively. If all surgeries were done after inpatient day three instead of admission day, an additional 10.9 deaths were projected per 1,000 surgeries. For delays beyond inpatient day two, the attributable proportion of deaths was 16.5 percent.

"Surgery on admission day or the following day was estimated to reduce postoperative mortality among medically stable patients with hip fracture," the authors write. "Hospitals should expedite operating room access for patients whose [surgery](#) has already been delayed for non-medical reasons."

Several authors disclosed financial ties to the medical device industry.

More information: [Abstract/Full Text](#)

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