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Effects of an Emergency-Based FASE Strategy on Treating Geriatric Patients with Femoral Neck Fracture: A Retrospective Propensity Score-Matched Study [Letter]

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Dear editor

We have read with great interest the recent publication by Zhou et al, which presents the effects of the Fast Access to Surgery in Emergency (FASE) strategy on the treatment of geriatric patients with femoral neck fractures.[1] The authors argue that the FASE strategy significantly optimizes the preoperative evaluation workflow, shortens time to surgery and hospital stay, and reduces perioperative blood loss. While this constitutes an important contribution to the field of orthogeriatric care, we have identified some aspects that warrant further consideration.

First, the authors claimed that the FASE strategy significantly reduced operative time and hospitalization. However, we note that the retrospective design and single-center implementation of the study may limit the generalizability of these findings, although this is noted in the limitations of the paper. We suggest that the authors implement more comparisons, such as for relevant data or findings in other papers,[2–4] which would help the generalizability of this paper. Further, the potential impact of confounding variables, such as level of care[5] and resource availability (for example long-term care insurance) across centers,[6] was not fully explored and is an issue that needs to be addressed.

Secondly, in the analysis of postoperative complications and mortality rates, we discovered that there were no significant differences between the FASE group and the control group. This finding contrasts with the expected benefits of an accelerated surgical approach, as per the Enhanced Recovery After Surgery (ERAS) principles, which the FASE strategy is based upon. Further investigation into the reasons for this lack of significant difference is necessary to better understand the implications of the FASE strategy on patient outcomes.

In summary, we appreciate the importance of the study in highlighting the potential benefits of the FASE strategy in optimizing surgical workflows for geriatric femoral neck fracture patients. However, we hope that future research will consider the broader context of patient care, including the impact of socioeconomic factors and the variability in healthcare settings, to provide a more comprehensive understanding of the FASE strategy's effectiveness (Figure 1). More organismal mechanisms need to be further elucidated, in cells or tissues, psychologically, and so on. We look forward to the authors' further exploration of these issues. It is our hope that a more nuanced consideration of the complexities involved in geriatric orthopedic care will lead to even more robust research and ultimately contribute to improved patient outcomes. We are eager to see how these insights will be integrated into future studies, potentially leading to a more refined and effective implementation of the FASE strategy in the management of geriatric hip fractures.

Data Sharing Statement

The present study did not involve the generation or analysis of any datasets.

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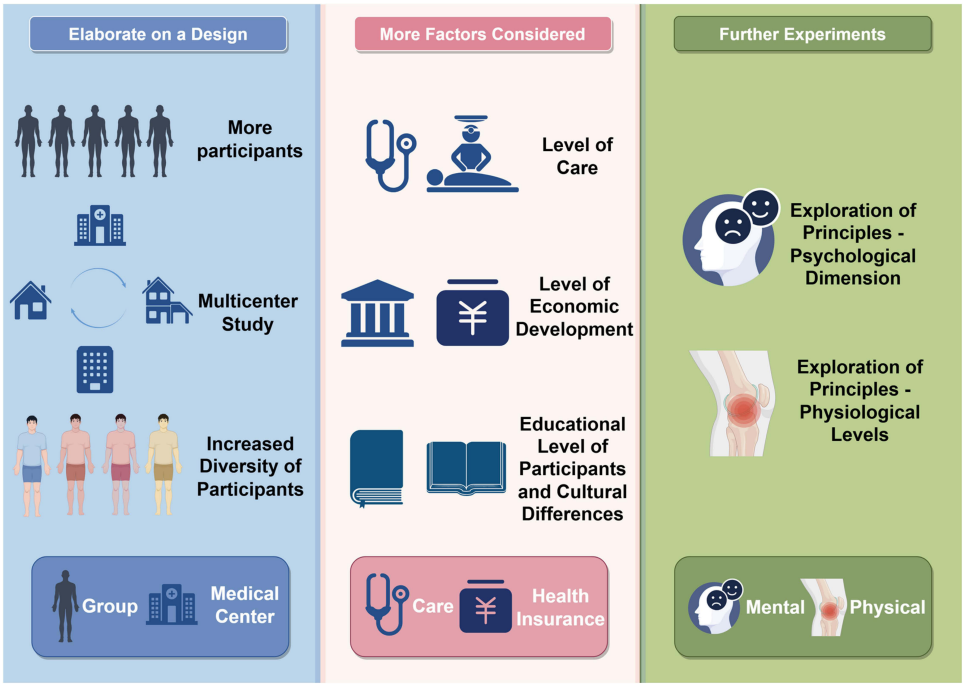

Figure 1 General schematic of the proposal.

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