

Letters and comments

Hip fractures: public perceptions – are we jumping the gun?

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COMMENT ON

McBride TJ, Panrucker S, Clothier JC

Hip fractures: public perceptions. *Ann R Coll Surg Engl* 2011; **93**: 67–70
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We read with interest the article by McBride *et al*, which reported that only 4% of 127 patients and relatives in an out-patient clinic post hip replacement following a hip fracture correctly acknowledged one-year mortality for hip fractures to be approximately 30%. Poor knowledge retention of doctor–patient consultations (20–60%)¹ does not explain this figure fully.

To investigate further we undertook a retrospective review of case notes for patients presenting with hip fractures during the period July to August 2011, searching for evidence that patients and their relatives were being given information on morbidity and mortality. Written documentation was only found on 10 occasions (28.6%). Although the risks and benefits of surgery are discussed with the patient, it would seem that the severity of the injury itself is not communicated adequately. This might explain why the public grossly underestimates the mortality of sustaining a hip fracture.

Discussing such sensitive issues in the acute setting can be very distressing for both the patient and the doctor but it is important to discuss the diagnosis itself to avoid creating unfair and unrealistic expectations of treatment. Perhaps an information leaflet should be incorporated into current hip fracture pathways?

Reference

1. Kessels RP. Patients' memory for medical information. *J R Soc Med* 2003; **96**: 219–222.

Authors' response

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doi: 10.1308/003588412X13373405386376

The audit undertaken by Weston *et al* highlights very nicely the lack of emphasis on spending time talking to patients and relatives regarding the serious nature of hip fractures. Since publishing my work on the public perceptions of hip fractures I have endeavoured to make time for such explanation when dealing with this patient group, especially in those patients who are cognitively impaired. I have also made it a priority to attempt to educate junior orthopaedic staff on this matter.

It still surprises me that most hospital trusts do not include written information on hip fractures within the care pathway. A section or tick box in the pathway to document discussion on this matter with the patient and relatives would also be helpful.

The use of pre-operative computed tomography in the assessment of the acute abdomen

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COMMENT ON

Weir-McCall J, Shaw A, Arya A, Knight A, Howlett DC

The use of pre-operative computed tomography in the assessment of the acute abdomen. *Ann R Coll Surg Engl* 2012; **94**: 102–107
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The authors have presented a study correlating the reports of abdominal computed tomography (CT) in the acute abdomen with findings at laparotomy. The retrospective diagnostic 'accuracy' of CT scan reporting rises from 78% when reported by a registrar to 85% when additionally assessed by a consultant and finally to 95% after a further consultant review. In their conclusions, the authors state that this represents 'a high degree of accuracy'. This mirrors our experience: we also feel that the correct diagnosis is missed by CT scan in approximately one to two patients in every ten presenting with an acute abdomen requiring surgery.