

International Congress on **GERIATRICS AND GERONTOLOGY**

May 24-25, 2021 | Webinar

The long-term postoperative trajectory of geriatric patients admitted for a hip fracture: a prospective observational cohort study**Philippe Beauchamp-Chalifour***Laval University, QC, Canada*

Few authors have yet investigated the full postoperative trajectory of patients admitted for a hip fracture, in terms of orientation. Hypothesis: Most geriatric patients undergoing surgery for a hip fracture will not be able to return to their original residence at one-year of follow-up. Objective: To characterize the full one-year postoperative trajectory of patients admitted for a hip fracture, in terms of orientation. Patients and methods: Prospective observational cohort study of geriatric patients undergoing surgery for a hip fracture from 2011 to 2017 in an academic center. 254 patients were enrolled in this cohort. Demographic data and scores were collected throughout the hospitalisation. Patients' residences were assessed pre-fracture and at 1, 3, 6 and 12-month post-hospitalisation. Results: Most patients evolved in one of the following trajectories at one-year; (1) 30% (n = 63) went back at home, (2) 11% (n = 22) went back to a senior residence, (3) 16% (n = 36) needed rehabilitation, (4) 13% (n=28) were discharged to a different location than prior to admission and (5) 18% (n=37) were deceased. Patients evolving in trajectory 1 were younger (mean, 80.8 ± 11.1, p < 0.0001). Patients evolving in trajectory 5 had lower MNA scores (mean, 19.9 ± 5.2, p.<0.0001) and lower MMSE scores (mean, 16.0 ± 10.9, p < 0.0001). The delay between discharge from the attending staff and real departure from the hospital was correlated to low MNA scores (-0.35627, p < 0.0001), low MMSE scores (-0.35910, p = 0.0004) and associated with the need for a rehabilitation center (trajectory 3) (mean, 2.67 ± 4.36 days, p = 0.0002). Discussion: The postoperative evolution of geriatric patients with a hip fracture will continue to worsen due to the aging of the population. However, this study highlights important issues such as nutritional assessment, cognitive disorders and access to rehabilitation centers.

Biography

Philippe Beauchamp-Chalifour has completed his MD degree at the age of 24 and his Master of Science (Clinical epidemiology) at the age of 26 from Laval University in Canada. He is presently enrolled in the Orthopaedic Surgery residency program at Laval University. Most of his Master's research work has focused on hip fracture patients and frailty. In his young career, he has already published 7 papers, has been accepted for 8 international podium presentations and has been honored with 4 scholarships. His passion for Orthopaedic Surgery continues to drive his efforts to improve healthcare by high-quality research.

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