

Review questions – Complex Fractures

Is it clinically and cost effective for suspected open limb fractures to be directly transported to a major trauma centre?

Which are the best risk prediction tools to predict likelihood of successful limb salvage in people with mangled limbs who are given limb salvage treatment?

What is the optimum time to administer prophylactic antibiotics for suspected open fractures?

What is the most clinically and cost effective dressing type prior to surgical debridement and excision for use in open fractures, pre-hospital and in hospital?

Are arterial shunts followed by later repair more clinically and cost effective compared to definitive repair of arterial injuries associated with open fractures?

Is the presence of an orthopaedic surgeon and plastic surgeon at the initial surgical excision and stabilisation of an open fracture clinically and cost effective?

What is the optimal timing of initial debridement of open fractures?

Is the use of initial definitive fixation and cover more clinically and cost effective in the management of open fractures compared with staged fixation and cover?

What is the most clinical and cost effective time to achieve definitive soft tissue cover in open fractures?

What is the most clinically and cost effective temporary dressing or wound therapy in open fractures after wound excision or surgical debridement?

Is it clinically and cost effective for patients with suspected high energy pelvic or acetabular fractures to be transferred directly to a major trauma centre (MTC)?

What is the most clinically and cost effective timing for transferring patients with pelvic fractures (including acetabular fractures) to tertiary or specialist services?

Which are the best diagnostic risk tools to predict the presence of a pelvic fracture at the pre-hospital stage?

What is the most clinically and cost effective duration for pelvic binder use?

What is the safest strategy and timing for log rolling patients with suspected or known pelvic fracture?

a) What is the most clinically and cost effective imaging modality for assessment of high energy suspected pelvic or acetabular fractures at the initial presentation?

b) What is the diagnostic accuracy of CT, CT plus X-ray or X-ray for assessment of high energy pelvic or acetabular fractures for (1) existence of fractures and (2) classification of fractures?

Does a cystourethrogram lead to better outcomes than CT in patients with confirmed or suspected pelvic fracture and suspected bladder and urethral injuries?

What is the diagnostic accuracy of cystourethrograms and CT for assessment of bladder injury in patients with confirmed or suspected pelvic fracture?

What is the most clinically and cost-effective invasive technique for control of bleeding in pelvic ring fractures?

Is it clinically and cost effective to transfer people with a pilon fracture (equivalent in children: McFarlane fracture) to a specialist centre prior to first surgical procedure?

What is the most clinically and cost effective strategy in the surgical management of pilon fractures?

Are fine wire external fixators more clinically and cost effective for managing pilon fractures than internal fixation with plates and screws?

What is the most effective method of identifying an arterial injury requiring intervention in people with upper and lower limb fractures?

What is the most accurate method for diagnosing an arterial injury in a person requiring intervention in people with upper and lower limb fractures?

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a) What is the most clinically and cost effective method of identifying compartment syndrome in patients with limb fractures?

b) What is the most accurate method of identifying compartment syndrome in patients with limb fractures?

What is the most clinically and cost effective strategy for splinting of lower limb long bone fractures in the pre-hospital setting?

Does hip dislocation require immediate open reduction in the event of a failed closed reduction?

Is it clinically and cost-effective to extend full-body CT to the feet in patients with polytrauma and suspected lower limb injury?

For patients with open fractures is documentation that includes wound photographs more clinically and cost effective than documentation without?

Does documentation recording assessment results of neurovascular status (including interpretations and conclusions) improve outcomes compared with limited recording of neurovascular status in people with complex fractures?

What information and support do people with fractures and their families and carers require?