The Dudley Group
NHS Foundation Trust

Date: 24/04/2018

FREEDOM OF INFORMATION REQUEST FOI/014034 – Neck of femur (hip) repairs

I would like to make a Freedom of Information request for information to answer the following questions:

1. Does the Trust perform neck of femur (hip) fracture repairs? - Yes

2. Does the Trust have guidelines or a policy regarding the reversal of warfarin inpatients undergoing surgery for neck of femur (hip) fracture patients?
o If yes, please could this be emailed to me - See below
o If no, what is the commonest way that these specific patients are managed?

3. Does the Trust have guidelines or policy regarding antibiotic prophylaxis for neck of femur (hip) fractures undergoing surgery?
o If yes, please could this be emailed to me. (N.B. this policy may be found within the Trust guidelines for antibiotic prophylaxis in orthopaedic surgery) - See attached
o If no, what is the commonest form of antibiotic propylaxis (and duration) that these patients are given?

4. Does the Trust have specific guidelines or a policy regarding treatment of neck of femur (hip) fracture patients?
o If yes, please could this be emailed to me - see below

5. Does the Trust have general guidelines or a policy regarding the management of patients on warfarin undergoing surgery? - see below

Orthopaedics

Procedure	Antibiotic Prophylaxis (to be given < 60mins before procedure)	
	Routine	**Penicillin allergy / MRSA risk**
Orthopaedic surgery (with implant / Insertion of prosthetic device E.g. THR, TKR, DHS, Femoral Nail) **Or Arthroplasty**	Antibiotic loaded cement is recommended in addition to IV antibiotics **Flucloxacillin** 1g IV **PLUS** **Gentamicin** 160mg IV Post-op: **Flucloxacillin** 1g IV at 6, 12 & 18 hours	Antibiotic loaded cement is recommended in addition to IV antibiotics **Teicoplanin** 400mg IV **PLUS** **Gentamicin** 160mg IV Post-op: Not required as long half life of Teicoplanin
Orthopaedic surgery (without implant)	Not recommended	Not recommended
Open fracture / Trauma	**Clindamycin 600mg IV** **PLUS** **Gentamicin 160mg IV**	**Clindamycin** 600mg IV **PLUS** **Gentamicin** 160mg IV
Open surgery for closed fracture Hip fracture	**Flucloxacillin** 1g IV **PLUS** **Gentamicin** 160mg IV	**Teicoplanin** 400mg IV **PLUS** **Gentamicin** 160mg IV
Lower limb amputation	**Flucloxacillin** 1g IV **PLUS** **Gentamicin** 160mg IV **PLUS** **Metronidazole** 500mg IV	**Teicoplanin** 400mg IV **PLUS** **Gentamicin** 160mg IV **PLUS** **Metronidazole** 500mg IV

Key principles of surgical prophylaxis

- Antibiotics used must cover the common pathogens
- All drugs are given IV STAT, as a single dose at induction (30 minutes before operation) unless otherwise stated. This should achieve maximum tissue concentrations at the time of surgery.
- A single dose is sufficient in most cases unless there is blood loss of more than 1500ml during surgery, haemodilution of up to 15ml/kg or when surgery lasts for over 4 hours*. Further doses are also needed in case of contamination of site during surgery. Consult microbiologist.
  - ***Please note: Prolonged surgery is not an appropriate indication for further doses of Teicoplanin. If unsure, please contact the Antimicrobial pharmacist or Consultant Microbiologist for advic**
- Recommendations are based on national guidelines where available and local microbial sensitivities.
- An important role of these guidelines is the reduction in the use of prolonged courses of Cephalosporins as part of the control of MRSA and *C. difficile* infection in hospital.
- Drug levels, e.g. Gentamicin, need not be measured when given for less than 48 hours (single dose)

The appropriate use of antibiotic prophylaxis in surgery should always consider the class of operation:

- **Clean:** operations in which no infection or inflammation is encountered and the repiratory, alimentary and genitourinary tracts are not entered. There is no break in aseptic operating theatre technique
- **Clean contaminated**: operations in which the respiratory, alimentary or genitourinary tracts are entered but without significant spillage
- **Contaminated:** operations where acute inflammation (without pus) is encountered, or where there is visible contamination of the wound. Examples include gross spillage from a hollow viscus during the operation or compound/open injuries operated on within four hours.
- **Dirty**: operations in the presence of pus, where there is a previously perforated hollow viscus, or compound/open injuries more than four hours old