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Are the current guidelines for surgical delay in hip fractures too rigid? A single center assessment of mortality and economics.

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Disclosures

Kristof Kempnaers, Ben Van Calster, Cindy Vandoren, An Sermon, Willem-Jan Metsemakers, Paul Vanderschot, Dominique Misselyn, Stefaan Nijs and Harm Hoekstra declare that they have no conflict of interest.

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ABSTRACT

Purpose Controversy remains around acceptable surgical delay of acute hip fractures with current guidelines ranging from 24 to 48 hours. Increasing healthcare costs force us to consider the economic burden as well. We aimed to evaluate the adjusted effect of surgical delay for hip fracture surgery on early mortality, healthcare costs and readmission rate. We hypothesized that shorter delays resulted in lower early mortality and costs.

Methods In this retrospective cohort study 2573 consecutive patients aged ≥ 50 years were included, who underwent surgery for acute hip fractures between 2009 and 2017. Main endpoints were thirty- and ninety-day mortality, total cost, and readmission rate. Multivariable regression included sex, age and ASA score as covariates.

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