**Background**

Patients with acetabular fractures often are poly-traumatized, with multiple organ systems involved, requiring multiple services of care; therefore, establishing a treatment protocol is essential to minimizing medical errors and optimizing patient care.

Acetabular fractures will be evaluated for pattern classification to describe fracture type and severity. The Letournel-Judet Classification will be used (figure below).
ACETABULAR FRACTURE PROTOCOL

1. Initial Management
   a. Per ATLS protocols, AP Pelvis radiograph is obtained
   b. Consult Orthopaedic Trauma for identified fracture
      i. Associated hip dislocations need to be addressed as soon as possible in the ER
         1. Conscious sedation required, post reduction stress exam sometimes performed while sedated
         2. Irreducible dislocation or “at risk” patterns may require reduction in operating room
         3. Skeletal (distal femoral) traction required for keeping hip reduced
         4. Post reduction AP Pelvis XR
   c. CT pelvis

2. Fracture Treatment
   a. Non operative care for certain fracture patterns, usually with protected weight bearing
   b. Certain fracture patterns may require an manipulation under anesthesia and possibly fixation after an open or closed reduction
   c. All other patterns will likely require operative treatment
   d. Operative treatment goal timing is within 72 hours, or when medically cleared. These types of surgical cases require several hours to complete, and often these patients have multiple orthopaedic injuries requiring several trips to the operating room; therefore, an orthopaedic trauma on call OR is essential.

3. Miscellaneous
   a. The orthopaedic trauma service will provide care for all acetabular fractures. Need for transferring such patients for these fractures is not anticipated.
References:


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