Open Tibia Fractures

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Objectives

- Initial management
- Types of fixation
- Soft tissue closure
- Bone grafting / substitutes



Open Tibia Fractures

- Limited soft tissue coverage
- Devascularization
- Decreased bone healing
- Increased infection



Initial Wound Care

- As soon as possible
 - Infection is 3.5% in 20 min, 22% in 10 hrs. (Tscherne)
- Gross contaminations removed
- Covered with sterile dressing
 - Infection ↑ 4.3% to 18 % if left open (Tscherne)
- Limb splinted

Antibiotics

- Within 3 hrs.
 - Infection ↑ 4.7% to 7.4% after 3 hrs. (Patzakis)
- Both Gram (+) and Gram (-)
 - 1st gen. Cephalosporins
 - Aminoglycoside
 - Metronidazole / penicillin

- (Cephazolin 3 x 1-2 gr / day) (Gentamycin 3-5 mg / kg / day)
- for farmyard injuries

Tetanus "prophylaxis"

Debridement

- "6 hours rule" → no evidence
 - Charalambous CP et al. Injury 2005
 - Ashford RU et al. Injury 2004
 - Khatdo et al. J Trauma 2003
- As soon as possible!

Debridement

- Aggressive, tumor like resection
- Soft tissue
 - Contractility
 - Capacity to bleed
 - Color
 - Consistency

Bone

- Remove avascular fragments
- Protect soft tissue attachments
- Retain articular fragments





Irrigation

- Min. 6 litres of isotonic saline
- Additives → no evidence
 - Detergent solutions for gross contamination
- High-pressure pulsative lavage
 - – ↓ staph.population x100 times
 - ↓ bone healing?
 - Transfer of contamination ?



Fixation

External fixation

Intramedullary nail

Plate

External Fixation

- Definitive fracture treatment ?
 - Monolateral
 - Circular
- Temporary ?
 - Until soft tissue stabilization
 - Then change to another fixation method
 - 7-10 days
 - Staged after 14 days





External Fixation

Problems

- Pin tract infections
- Fracture malalignment
- Problems for skin graft flap
- Patient tolarence
- Adjacent joint stiffness

IM Nail vs Ex-Fix

- Union and deep infection rates similar
- Unreamed IM nail
 - ↓ re-operation
 - ↓ malunion
 - – ↓ superficial infection

Reamed vs Unreamed

- Reaming

 - Spreading of contamination
 - Larger nail



→ ↑ union

- Reamed vs unreamed uncertain
 - No difference in union and infection *
 - Unreamed → screw breakage *
- Limited reaming?

* Keating 1997
Finkemeir 2000

IM Nail

- Safe for Type I–III A
- Selected Type III B
- Ex-fix and delayed reamed IM nailing
 - Massive soft tissue injury and contamination
 - — ↑ deep infection and osteomyelitis
 - Must be performed early

IM Nail



Plate Fixation

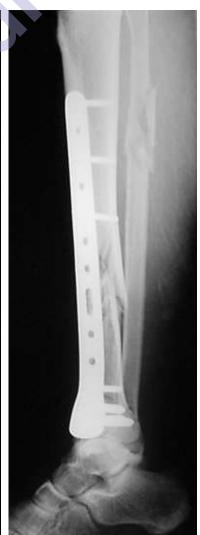
- Plate vs ex-fix
 - ↑ infection (Bach and Hansen)
- Metaphyseal fractures
- Locking head screw-plate
 - Preserve periosteal circulation
 - MIPO

Plate Fixation









Wound Closure

- Primary vs delayed primary (5 days) closure
 - No difference in infection rate except C. Perfinges (Patzakis)
 - Delayed closure → ↑ nasocomial infections
 - Adequate debridement and antibiotic therapy !!!
- Type I-II fractures primary closure
- Type III fractures → left open
- Loose re-approximation of skin flaps
- If in doubt
 leave open

Antibiotic Bead Pouch

- Useful in large wounds (Type II-III)
 - Dead space control
 - High local antibiotic concentration
 - Low toxicity
 - Prevent secondary contamination
 - Extend the period of soft tissue coverage
- Infection
 12% i.v. atb
 3.7% i.v. atb + beads
 Ostermann



Vacuum-assisted Wound Closure "VAC dressing"

- Closed system
- Ongoing debridement
- Advantages
 - ↑ local circulation
 - ↑ granulation tissue
 - ↓ tissue edema
 - ↓ wound size
- Excellent for staged coverage





Soft Tissue Coverage

- Skin graft
- Local flaps
 - Fasciocutaneous
 - Muscle

Free muscle transfer

Goal : Coverage < 5-7 days



Flap Coverage

- As early as possible
- < 72 hrs</p>

flap failure 1/134 infection 2/134 (1.5%)

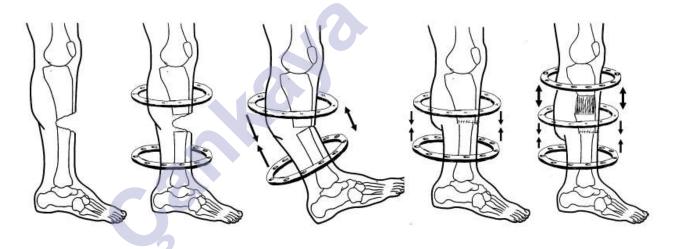
72 hr to 90 day

flap failure 20/167 infection 29/167 (17%) Godina 1986

- Fix and flap protocol (Gopal 2004)

Open Fx with Bone Loss

- Acute shorthening ± angulation
- Bifocal compression-distraction with Ilizarov
- <3 cm shortening</p>
- No need for flaps



Shane, 2006 Şen, 2004

Lerner, 2004

Open Fx with Bone Loss

- Debridement + ex-fix
- Soft tissue coverage
- Ex-fix exchange
- Segment transfer



Open Fx with Bone Loss

- Debridement + fixaton + atb beads
- Flaps if needed
- Autografts after 8-12 weeks
- Up to 4-6 cm









Bone grafting / substitutes

- Autogenous bone grafting at 8-12 week
 - Posterolateral grafting
 - − ↑ union
- rh-BMP2
 - ↓ infection
 - – ↓ secondary procedures

Open Tibia Fractures

- Debridement and antibiotics
- Fixation as soon as possible
 - IM nailing is gold standart
 - Reaming?
- Wound closure is controversial
 - Early soft tissue coverage (< 5-7 days)
 - Early flap surgery (< 3 days)