

Questionnaire: Treatment of Unstable Intertrochanteric Femur Fractures

* 1. Identification of hospital:

2. Demographic data of the respondents:

Beds of hospital	<input type="text"/>
Department specialization	<input type="text"/>
beds at institution	<input type="text"/>
Hospital level (ACS Trauma Center Designation)	<input type="text"/>

* 3. Intertrochanteric fractures treated at institutions per year (n):

- < 20
- 20-50
- 51-80
- 81-120
- > 120

* 4. When is surgery performed after patient admission in most cases?

- Directly, also at night
- After 6–12 hours
- After 12–24 hours
- Up to 48 hours
- Later

comment:

* 5. Fracture classification is performed according to

- No classification
- Broken lesser trochanter
- AO/OTA
- Evans
- Otherwise characterized (comment):

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*6. Instability criteria of intertrochanteric fracture (multiple-selection):

- Medial support
- Dislocated lesser trochanter
- Broken greater trochanter
- Broken lateral wall
- Always unstable (comment):

*7. Treatment of stable intertrochanteric fractures in your department? (multiple-selection):

- SHS
- SHS with ARS/TSP (antirotational screw/trochanteric stabilization plate)
- Gamma nail
- Gamma3 nail
- PFN
- PFNA
- Other implants (proportion intra-/extramedullary) (comment):

*8. Treatment of unstable intertrochanteric fractures in your department? (multiple-selection):

- SHS
- SHS with ARS/TSP (antirotational screw/trochanteric stabilization plate)
- Gamma nail
- Gamma3 nail
- PFN
- PFNA
- Other implants (proportion intra-/extramedullary) (comment):

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*9. How do you routinely manage unstable intertrochanteric fractures?

- with an extramedullary device
- with an intramedullary device
- regardless of which implant
- no idea

comment:

*10. Selection of implant in unstable fracture in most cases:

- Chief-based on preferences
- Consultant-based on preference
- Consultant-based on stability criteria
- Resident-based on stability criteria

comment:

11. Who is the surgeon in unstable fracture in most cases?

- Chief
- Consultant
- Resident alone
- Resident under supervision
- Unspecified
- Depends on fracture type (comment):

*12. Positioning of patient with unstable intertrochanteric fracture:

- Supine position without traction
- Traction table
- Other positions (comment):

*13. What is your estimation of surgical time (minutes)?

in stable intertrochanteric fracture

in unstable intertrochanteric fracture

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*14. What is your estimation of radiographic screening time (minutes)?

	long (2-3 minutes)	medium (1-2 minutes)	short (<1 minute)
In stable fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
In unstable fracture	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

*15. What is your estimation of blood cell package usage in first 24 hours (units)?

- No blood cell units
- 1 blood cell unit
- 2 blood cell units
- More than 2 blood cell units

comment:

*16. Mobilization and weight bearing after treatment of unstable intertrochanteric fracture:

- No weight bearing
- Partial weight bearing
- Full weight bearing
- According to instructions of the surgeon
- There is no clear scheme (comment):

*17. For how many days do the patients stay in hospital in unstable fracture?

- <5 days
- 5-8 days
- 9-11 days
- 12-14 days
- >14 days

comment:

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*18. What is your favourite discharge procedure in unstable intertrochanteric fracture?

- Home
- Rehabilitation hospital
- Geriatric hospital
- Transferring to another department
- No preference

comment:

*19. Most common complications in unstable intertrochanteric fracture (percentages and comment):

	1%-10%	11%-20%	21%-30%	31%-40%	41%-50%	51%-60%	61%-70%	71-80%	81%-90%	91%-100%
Cut-out	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fracture collapse with implant failure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Femoral neck shortening	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Trendelenburg sign / limping	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Leg length discrepancies	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Non-union	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Hematomas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Infection	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

comment:

*20. Do you agree about the benefit using cement augmentation techniques for hip fracture implants in osteoporosis?

- Yes
- No
- With limitations (comment):

*21. Do you agree about the benefit using minimally invasive extramedullary implants in unstable intertrochanteric fracture?

- Yes
- No
- With limitations (comment):

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*22. Clinical and radiological followup is performed ... after surgery:

- 1 week
- 2 weeks
- 4 weeks
- 8 weeks
- 12 weeks
- 6 months
- > 6 months
- No followup is performed

comment:

*23. What is your estimation of re-operation rate in unstable intertrochanteric fracture?

- <1 percent
- 1-3 percent
- 4-5 percent
- 6-10 percent
- 11-15 percent
- >15 percent

comment:

*24. Outcome-Scores (Harris-Hip, Merle d'Aubigné, Visual Analogue Scale)...

- I know, but make no sense
- I know, make sense
- I don't know

comment:

*25. The main problem in unstable intertrochanteric fracture treatment is?

*26. I'm willing to participate in multicenter studies...

- Yes
- No

comment: