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ABSTRACT

Significance of Peri-Operative Urinary Catheterization in Neck of Femur Fractures: A Literature Review

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Background: Neck of femur (NOF) fractures are one of the most commonly encountered fractures in orthopedics with established high morbidity and mortality. The surgical management of NOF fractures requires a thorough perioperative assessment to improve overall outcomes.

Rationale: Patients with NOF fractures are vulnerable people with a high risk of developing complications in the perioperative period. Urinary catheterization is one of the most debatable procedures in this period, and indications are not evident in the context of the benefits it provides and the risks it carries.

Methods: We reviewed the 120 studies that focused on outlining the significance of perioperative urinary catheterization. We examined the available literature for the rationale, the related factors, and the outcomes behind the perioperative use of catheters in NOF fractures.



Results: We recommend a list of best practices regarding urinary catheterization use in NOF fracture patients. Urinary catheterization should be inserted only when indicated, considering the individual assessment of the patients. NOF fracture patients are more prone to develop catheter-related complications and should be removed as soon as the indication is no longer there. Whether intermittent or indwelling catheterization, the proper insertion technique is a patient-dependent decision. Clear guidelines regarding urinary catheterization in NOF fracture patients should be developed.

Conclusion: Our study highlights the lack of sufficient evidence and guidelines regarding indications, duration, and catheterization outcomes in NOF fractures patients. This signifies the need for more robust specific research that targets these patients to look for outcomes that help weigh benefits and risks individually.

Keywords: The neck of femur (NOF) fractures, urinary catheterization, postoperative urinary retention (POUR), Catheter-associated urinary tract infections (CAUTIs), and Perioperative optimization.