

3. Royal College of Physicians: Falls and Fragility Fracture Audit Programme. National Hip Fracture Database (NHFD) extended report 2014. Available at: [http://www.nhfd.co.uk/20/hipfractureR.nsf/vwcontent/2014reportPDFs/\\$file/NHFD2014ExtendedReport.pdf?OpenElement](http://www.nhfd.co.uk/20/hipfractureR.nsf/vwcontent/2014reportPDFs/$file/NHFD2014ExtendedReport.pdf?OpenElement). Accessed December 16, 2014
4. Hip Fracture Perioperative Network. Available at: <https://www.networks.nhs.uk/nhs-networks/hip-fracture-anaesthesia>. Accessed July 16, 2015
5. White SM, Griffiths R, Holloway J, Shannon A: Anaesthesia for proximal femoral fracture in the UK: First report from the NHS Hip Fracture Anaesthesia Network. *Anaesthesia* 2010; 65:243–8
6. Royal College of Physicians: Association of Anaesthetists of Great Britain and Ireland. National Hip Fracture Database. Anaesthesia Sprint Audit of Practice (ASAP). Available at: [http://www.nhfd.co.uk/20/hipfractureR.nsf/vwContent/asapReport/\\$file/onlineASAP.pdf](http://www.nhfd.co.uk/20/hipfractureR.nsf/vwContent/asapReport/$file/onlineASAP.pdf). Accessed December 16, 2014
7. Khan SK, Kalra S, Khanna A, Thiruvengada MM, Parker MJ: Timing of surgery for hip fractures: A systematic review of 52 published studies involving 291,413 patients. *Injury* 2009; 40:692–7
8. Association of Anaesthetists of Great Britain and Ireland: Management of Proximal Femoral Fractures 2011. *Anaesthesia* 2012; 67:85–98
9. Ballard C, Jones E, Gauge N, Aarsland D, Nilsen OB, Saxby BK, Lowery D, Corbett A, Wesnes K, Katsaiti E, Arden J, Amoako D, Amaoko D, Prophet N, Purushothaman B, Green D: Optimised anaesthesia to reduce post operative cognitive decline (POCD) in older patients undergoing elective surgery, a randomised controlled trial. *PLoS One* 2012; 7:e37410
10. Brown CH IV, Azman AS, Gottschalk A, Mears SC, Sieber FE: Sedation depth during spinal anesthesia and survival in elderly patients undergoing hip fracture repair. *Anesth Analg* 2014; 118:977–80
11. Wood RJ, White SM: Anaesthesia for 1131 patients undergoing proximal femoral fracture repair: A retrospective, observational study of effects on blood pressure, fluid administration and perioperative anaemia. *Anaesthesia* 2011; 66:1017–22
12. Foss NB, Kristensen BB, Bundgaard M, Bak M, Heiring C, Virkelyst C, Hougaard S, Kehlet H: Fascia iliaca compartment blockade for acute pain control in hip fracture patients: A randomized, placebo-controlled trial. *ANESTHESIOLOGY* 2007; 106:773–8
13. Beaudoin FL, Haran JP, Liebmann O: A comparison of ultrasound-guided three-in-one femoral nerve block *versus* parenteral opioids alone for analgesia in emergency department patients with hip fractures: A randomized controlled trial. *Acad Emerg Med* 2013; 20:584–91
14. Diakomi M, Papaioannou M, Mela A, Kouskouni E, Makris A: Preoperative fascia iliaca compartment block for positioning patients with hip fractures for central nervous blockade: A randomized trial. *Reg Anesth Pain Med* 2014; 39:394–8
15. Rashid A, Beswick E, Galitzine S, Fitton L: Regional analgesia in the emergency department for hip fractures: Survey of current UK practice and its impact on services in a teaching hospital. *Emerg Med J* 2014; 31:909–13
16. Karres J, Heesackers NA, Ultee JM, Vrouenraets BC: Predicting 30-day mortality following hip fracture surgery: Evaluation of six risk prediction models. *Injury* 2015; 46:371–7
17. Protopapa KL, Simpson JC, Smith NC, Moonesinghe SR: Development and validation of the Surgical Outcome Risk Tool (SORT). *Br J Surg* 2014; 101:1774–83

(Accepted for publication April 7, 2015.)

### In Reply:

We thank Dr. Khan *et al.* for providing a useful synopsis of recent relevant British and European literature, highlighting the work since 2007 of the National Hip Fracture Database in the United Kingdom. They reinforce the importance of prompt surgery and multidisciplinary team care for managing these complex, frail, elderly patients. We regret that the likelihood for useful data collection from the world's greatest per capita consumer of health care remains limited. There are no sizeable databases in the United States that focus on these patients. However, we are pleased that the American Academy of Orthopedic Surgeons has recently published an easy-to-read guideline on the management of hip fractures in the elderly that has been endorsed by eight U.S. Specialist Societies.<sup>1</sup> Interestingly, sections on perioperative pain management and anesthesia, seemingly completed without formal input from anesthesiology and associated specialist societies, provide a robust conclusion that “strong evidence supports similar outcomes for general or spinal anesthesia for patients undergoing hip fracture.”<sup>2</sup> We compliment our British colleagues on their diligence and multidisciplinary cooperation while concurring that this major, developed world, healthcare problem presents abundant opportunities for further research.

### Competing Interests

The authors declare no competing interests.

**Alexander D. Colquhoun, M.B.Ch.B., F.R.C.A., Wilhelm Zuelzer, M.D., John F. Butterworth IV, M.D.** Virginia Commonwealth University School of Medicine, Richmond, Virginia (A.D.C). [acolquhoun@mcvh-vcu.edu](mailto:acolquhoun@mcvh-vcu.edu)

### References

1. Available at: <http://www.aaos.org/guidelines>. Accessed March 13, 2015
2. Roberts KC, Brox WT, Jevsevar DS, Sevarino K: Management of hip fractures in the elderly. *J Am Acad Orthop Surg* 2015; 23:131–7

(Accepted for publication April 7, 2015.)

### In Reply:

We thank Dr. Khan *et al.* for their comments regarding our recent Clinical Concepts and Commentary of the perioperative management of elderly patients with hip fracture<sup>1</sup> and for giving us the opportunity to extend the discussion.

Dr. Khan *et al.* are correct when indicating that mortality rates may be lower in countries such as Northern European countries, which have been at the forefront of care improvement for elderly patients with hip fracture and orthogeriatric concept.<sup>2,3</sup> However, we do not agree with Dr. Khan *et al.* who consider that a randomized trials concerning early