

*National Clinical Guideline Centre for Acute and Chronic
Conditions*

HIP FRACTURE GUIDELINE

5th Guideline Development Group Meeting

Monday 14th December 2009, 10.30 – 16.00
NCGC Office Euston Road, London

Minutes of the meeting

Present:

GDG members: Professor Cameron Swift (CGS), Dr Antony Johansen (AJ), Mr Tim Chesser (TC), Mr Bob Handley (BH), Ms Karen Hertz (KH), Mrs Heather Towndrow (HT), Ms Tessa Somerville (TS), Mr. Martin Wiese (MW), Professor Sallie Lamb (SL) and Professor Opinder Sahota (OS), Dr Sally Hope (SH), Dr Richard Griffiths (RG)

NCGC Saoussen Ftouh (SF), Elisabetta Fenu (EF), Carlos Sharpin (CS), Sarah Riley (SR), Jenny Hill (JH), Antonia Morga (AM), Joanna Ashe (JA)

Apologies: Mr Anthony Field (AF).

Agenda Item

Discussion/Outcome

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| 1. Introductions and apologies for absence, minutes of the last meeting and declaration of interests | CGS welcomed everyone to the 5 th Hip Fracture GDG meeting.

<u>Apologies:</u>
CGS noted apologies from AF.

<u>Minutes:</u>
The minutes of the last meeting were agreed as being accurate.

<u>Declarations of interest (DOI):</u>
AM declared that her husband works for Novartis
There were no other changes in GDG members' and NCGC staff DOIs since the last meeting.

No actions were taken following these declarations and none of the GDG members needed to withdraw from discussions as a result of conflicting interests. |
| 2. Analgesia for hip fracture Patients (Richard Griffiths) | RG gave an introductory presentation on analgesia and anaesthesia for hip fracture patients |

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<u>Agenda Item</u>	<u>Discussion/Outcome</u>
3. Optimal Analgesia for hip fracture patients (Saoussen Ftouh and Antonia Morga)	<p>SF presented the clinical evidence on analgesia for hip fracture patients. This was based on a Cochrane review by Parker et al 2002. AM explained that there were no economic evaluation studies found on the cost-effectiveness of analgesia treatments for hip fracture patients in which case NICE suggests that if the treatments are relatively inexpensive, and if the difference in costs is negligible, then the recommendation can be based on clinical effectiveness only.</p> <p>The GDG agreed that there is no need to conduct any further economic analysis for this clinical question. However, BH pointed out that the GDG may need to consider the time taken to administer nerve blocks and whether there is a difference if it is performed by an experienced consultant anaesthetist or a different member of staff e.g. nurse</p> <p>The GDG agreed on draft recommendations which focussed on immediate analgesia, prompt and repeated assessment and treatment for pain, consideration of nerve block and caution if using opioids.</p> <p><u>Action:</u> AM to look into differences in time taken to administer nerve blocks</p>
4. Anaesthesia for hip fracture Patients (Richard Griffiths)	This item was covered under item 2
5. Regional versus general anaesthesia for hip fracture patients (Saoussen Ftouh and Antonia Morga)	<p>SF presented the clinical evidence on general versus regional anaesthesia in hip fracture patients. This was based on a Cochrane review by Parker et al 2004. Most of the studies were old and of fairly low quality. There were no studies reporting cost differences.</p> <p>RG mentioned that it has been previously shown that the cost of general anaesthesia was around £200 compared to £150 for regional anaesthesia and that it may be useful to contact Dr Stuart White to obtain further information on how this costing was carried out. The GDG disagreed on the length of time it takes to administer each anaesthetic technique.</p> <p>The GDG agreed that this question is a low priority for economic modelling but it may be useful to obtain wider feedback on the length of administration.</p> <p><u>Action:</u> AM to check with Dr Stuart White on how the costing was conducted and to look into the difference in time of administration of each anaesthetic technique.</p>
6. Internal fixation, total hip replacement and	CS presented the clinical evidence on surgical repair for intracapsular fractures including internal fixation, total hip replacement and

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<u>Agenda Item</u>	<u>Discussion/Outcome</u>
hemiarthroplasty for intracapsular fractures	hemiarthroplasty. AM presented the economic evidence. BH and TC suggested that it may be useful to further analyse these studies by type of surgical approach. <u>Action:</u> CS to subgroup studies according to the surgical approach used
7. Discussion on upcoming review questions- All	The GDG discussed the clinical questions on surgeon experience and mobilisation strategies.
8. Claromentis Refresher (Saoussen Ftouh)	SF gave a brief demonstration on how to use claromentis.
10. Any other business, close and date of next meeting –	CGS suggested changing the date of the April meeting from the 21 st to the 26 th of April. <u>Action:</u> SF to send an updated list of forthcoming meeting dates CGS closed the meeting and thanked everyone for attending Date of next meeting is Wednesday 27th January, at the NCGC office (Euston Road)