

# Contralateral percutaneous adductor tenotomy

## An aid to peroperative fluoroscopy in hip fracture fixation

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In 6 elderly patients with femoral neck fractures, contralateral hip disease made lateral fluoroscopy difficult. Percutaneous adductor tenotomy of the contralateral hip facilitated screening of guide-wire placement during the fixation of the fracture.

In patients with a hip fracture, limited abduction of the opposite hip may block the intensifier from screening the lateral view. We have found that percutaneous adduction tenotomy of the contralateral hip not only solves this problem, but also has no associated morbidity that hinders postoperative rehabilitation.

### Patients and method

Over a 2-year period, there have been 6 patients presenting with hip fractures who had marked limitation of abduction in the contralateral hip due to arthrosis (4 cases) and to previous hemiarthroplasties (2 cases). Once the patients were placed on the screening table, it became apparent that the lateral viewing of the fractured hip was not possible. Using a tenotomy knife, we performed a percutaneous proximal release of the tight adductors while the leg was gradually eased out into adequate abduction. The average gain was 25 (20–30) degrees from 20 (10–30) degrees abduction preoperatively. Trouble-free lateral screening was then possible, and the operations could proceed. No complications have been noted in association with this simple procedure, and mobilization has been unaffected.

### Discussion

Although adduction tightness does account for some of the restricted abduction in stiff hips, joint incon-

gruity in arthrotic cases must also play a role. Turner et al. (1984) emphasized that accurate screening of the hip during placement of the pins for the treatment of slipped upper femoral epiphyses is imperative. For subcapital fractures of the hip, the position of the fixation device is equally important; 5–10 mm from the tip of the implant to the articular surface yields the best results (Barnes et al. 1976, Johansson et al. 1986).

Good lateral screening is essential to guarantee that the center of the femoral head is aligned with the center of the neck. During the internal fixation of intertrochanteric fractures, the position of the guide pin on the lateral view is important to avoid eccentric placement of the screw within the femoral head, which is associated with an increased risk of failure (Steinberg et al. 1988).

Bearing these points in mind, percutaneous adductor tenotomy of the contralateral hip, to allow adequate lateral viewing, is a simple and safe procedure.

### References

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