Four Pelvic Injury Consensus Statements by Expert Pelvic and Acetabular Surgeons from the UK's Major Trauma Centres

Chris Jordan, MEng, MBBS*; James Bassett, MBChB; Mez Acharya, MBBS; Sharon Scott, MBBS; Mark Chamberlain, MBBS; Jon Dwyer; Nikolaos K. Kanakaris, MD*

Purpose: These statements address key areas in managing pelvic injuries with considerable variation across treatment centers. They focus on lateral compression fractures, venothromboembolic (VTE) prophylaxis, prevention of heterotopic ossification, and management of acetabular fractures in the elderly.

Methods: We present the collaborative efforts of expert pelvic and acetabular surgeons from the UK's major trauma centers, representing the British Association of Pelvic and Acetabular Surgeons (BAPAS) in formulating and refining four critical consensus statements.

Results: 1) The consensus statement on managing lateral compression fractures aims to standardize treatment protocols to improve patient outcomes and reduce referral burden to tertiary units for stable injuries. It includes diagnostic criteria, nonoperative versus operative management, and post-injury rehabilitation strategies. Early and accurate diagnosis using advanced imaging and a multidisciplinary treatment approach are highlighted. 2) The statement on VTE prophylaxis after pelvic injuries proposes rigorous advice tailored to the injury severity and patients' individual risk factors. Recommendations include pharmacologic agents, mechanical prophylaxis, and early mobilization, addressing the timing and duration of prophylaxis to balance VTE risk and bleeding complications. 3) The statement on the prevention of heterotopic ossification (HO) in pelvic injuries offers guidelines for prophylactic measures such as nonsteroidal anti-inflammatory drugs (NSAID), radiation therapy, and surgical intervention. It emphasizes early identification of high-risk patients and the implementation of preventive strategies during initial treatment. 4) The statement on the management of elderly patients with acetabular fracture brings together expert opinion and evidence to advise on the preferred management options of the complex subset of acetabular fractures with low bone density. This challenging group has complex injury patterns and functional demands that differ from traditional high-energy acetabular fractures.

Conclusion: These consensus statements mark a significant step forward in standardizing care for patients with pelvic injury. They result from extensive discussions, literature review, and expert opinion from leading surgeons across the UK's major trauma centers. The implementation of these guidelines aims to enhance patient outcomes, reduce complications, streamline management processes, and provide clarity to the wider orthopaedic community.