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F. F. THOMPSON HOSPITAL
CANANDAIGUA, NEW YORK
CONSULTATION RECORD

6/9/82
231

NAME

ATTENDING PHYSICIAN

Dr. Guattery

Report Requested Regarding

REPOSITORY DOE-Chicago Ops-Center
FOR Human Radiobiology
COLLECTION CHR/Plutonium 200's

BOX No 1 OF 2

Signed:

SIGNED 40009 Medical Files Redacted
Attending Physician

Please complete this form in the following order: History, Physical Examination, Impression and Recommendations:

This 85 year old lady has had history of medical problems to include acute intestinal obstruction which occurred in April 1982. On April 24th she fell out of bed incurring a fracture of the right hip. This was found to be an intertrochanteric fracture. She had had bilateral degenerative arthritis prior to this which has been known since 1979. This was pinned with compression screw and four hole slide plate. The initial location of the pin was well centralized within the femoral head and neck in both the AP and lateral views. Unfortunately over the next four weeks the fracture has telescoped and the pin has reached its full level of compression and has started cutting out superior aspect of the femoral head and neck. On the other hand the last x-rays performed on May 26th revealed a total angle of the fracture to be well maintained. It has not really fallen into varus as I would have expected it if it had really fallen apart.

On examination today she is somewhat vague in history and complaint is pain in the mouth. I am told that she had been uncomfortable with regard to the hip by her family. The nurses would seem to indicate that over the last two weeks the pain in the hip has seemed to subside. She is on bed to chair status and she does complain when she has been sitting for prolonged times. She appears to be elderly and her color is grayish. The right hip incision has healed well and in a sitting position I can take her hip from maximum of about 20 degrees of flexion to 95 degrees of flexion with no complaints. Likewise rotation 20 degrees in each direction does not cause pain according to the patient. She did not have pain until attempted abduction at about 15 degrees of the right hip. She has moderate edema in the legs but pulses are present. X-rays reviewed reveal moderately advanced degenerative arthritis of both hips. There was an intertrochanteric fracture of the hip which has been pinned as above. Again, the x-rays performed on May 26th only show the telescoping and the superior migration of the compression screw. However, it has not completely cut out and it is well centralized in the femoral neck which has a tremendous advantage here. It is possible that it still has enough hold until this has gone onto heal.

I would recommend a repeat x-ray at this point. If she does not shift anymore than where she was on the 26th and in fact goes onto heal, the problem will be solved on its own. If she continues to show further progression and loss of fixation without adequate healing, then we may have no choice than to do something else.

Date of Consultation

SIGNED

M. D.

CONSULTANT

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As far as treatment of the osteoarthritis, I would deem her to be not sufficiently acceptable medically to undergo a purely elective procedure for the osteoarthritis. Any treatment would be directed toward making the fracture in an acceptable position so she can be allowed to weight bear eventually. I will be following her with you and I will review the x-rays after their done.

William Kamell, M.D.

wk/kh
dt 6-9-82