# Management of Bisphosphonate associated Atypical Femoral Subtrochanteric and Shaft fractures FRiSCy 2018 version 1.9 (revision date 10/19)

### AIMS:

- 1) To optimize functional recovery of atypical fracture
- 2) To minimize the risk contralateral atypical fracture
- 3) To minimize the risk of other fragility fracture

# Detection (see ASBMR taskforce guidance 2014):

### At screens

- 1. Trauma team confirm: a) patient has been on an anti-resorptive in last 12 months;
- b) presence of any uni lateral or bilateral thigh pain/ discomfort
- 2. Radiologist confirms fracture pattern is consistent with an atypical fracture

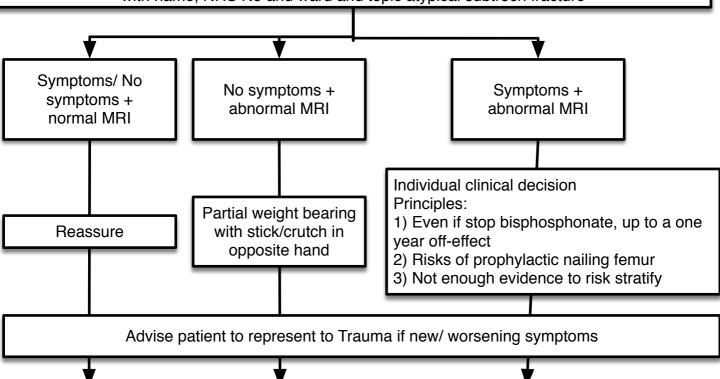
Principles of care of Fractured side:

- >Femur is likely to be brittle and have thick cortex
- 1) Consider reaming
- 2) Careful selection of entry point
- 3) Fully weight bear after surgery to reduce load on contralateral side

Principles of care of contralateral side:

- ascertain presence and severity of thigh pain on opposite side
- (0-10 pain on walking)
- 2) Urgent AP/ Lateral femur Xray & MR Cor T1 and FSTIR during current admission

Discontinue bisphosphonate, inform local Osteoporosis service / rheumatology / orthogeriatricians with name, NHS No and ward and topic atypical subtroch fracture



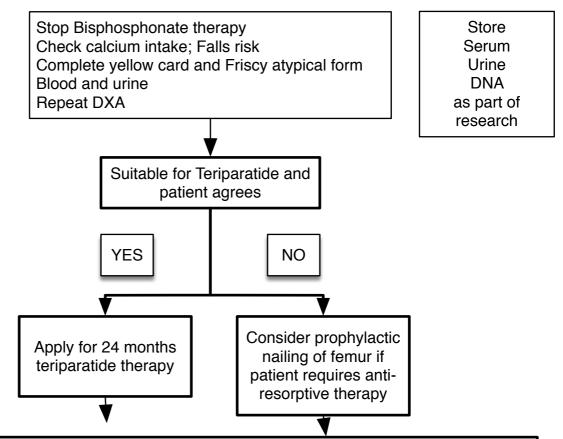
Routine clinical review with Xray and/or MRI as clinically indicated

# South Central management of Bisphosphonate associated Atypical Femoral Subtrochanteric and Shaft fractures Management of general bone health FRiSCY 2018 version 1.9 (revision 10/19)

## AIMS:

- 1) To optimize functional recovery of atypical fracture
- 2) To minimize the risk contralateral atypical fracture
- 3) To minimize the risk of other fragility fracture

Investigations
Bone/ renal
profile
phosphate
25(OH)D
PINP/ CTXI
Spot urinary
Calcium/
Creatinine



Advise patient to represent to Fracture Prevention/ Osteoporosis Service if further fracture or new/ worsening localised back pain

\* Review risk and benefits with 2012/2013 MHRA guidance