

10<sup>th</sup> International Conference on  
**Orthopedics, Trauma and Rheumatology**  
March 08-09, 2018 London, UK

**Operative treatment for Edinburgh types 2B and 3B clavicle fractures**

**Warran Wignadasan**  
Wessex Deanery, UK

**Introduction & Aim:** Clavicle fractures are a very common orthopedic injury, especially in the younger and more active age groups, with a higher proportion of affected individuals being male. Fractures of the clavicle can be managed either operatively or non-operatively, with plating being the mainstay of operative treatment. The purpose of this study was to analyze the outcome of surgical fixation of Edinburgh Type 2B and 3B clavicle fractures and ascertain whether operative treatment is indeed beneficial for these types of injuries.

**Method:** The IT department at Salisbury District Hospital provided a list of patients admitted with clavicle fractures between April 2007 and December 2012. Data was then collected from patient notes, looking at the outcomes of Edinburgh Types 2B and 3B clavicle fractures that were operated on between these dates.

**Results:** There were a total of 66 clavicle fractures classified either Edinburgh Type 2B or 3B fractures that were operatively treated between the dates above. These patients were followed up with a mean follow-up time of 4 months. 59 (89.3%) of these fractures united uneventfully, 11 (16.7%) of which needed removal of metalwork. 4 (6.1%) of these patients healed with delayed union. 1 (1.5%) patient experienced asymptomatic non-union of the fracture and 2 patients needed revision fixation surgery. A total of 2 (3.0%) patients experienced a wound infection and a further 2 were found to have a transient sensory loss on follow-up (eventually resolving).

**Conclusion:** We recommend operative treatment by fracture fixation for patients that experience Edinburgh Types 2B and 3B clavicle fractures. Operative treatment for these injuries is safe, has a low complication rate, quicker return to normal activities and benefits from excellent functional and cosmetic results.

**Biography**

Warran Wignadasan graduated from King's College London with a Bachelor's in Medicine and Surgery and a Bachelor's in Anatomy and Human Sciences. He has worked around the United Kingdom, completing his foundation training in Leicester and is currently doing his surgical training in the Wessex deanery. He has completed his MRCS exams and looks forward to a career in Trauma and Orthopaedic surgery.

warran.wignadasan@gmail.com

**Notes:**