Effects of Surgeon Experience on Post-Operative Complication Rates for Tibial Plafond Fractures

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INTRODUCTION:

The purpose of the current study was to 1) identify complication rates across surgeons based on years into practice and case volume, and 2) identify differences in their approach to managing pilon fractures.

Following institutional review board approval, operatively treated tibial plafond fractures at a regional level 1 trauma center between 2001 and 2022 were identified from an electronic data warehouse using Current Procedural Terminology codes (CPT), 27827, or 27828. Surgeon experience was measured in two ways at the time of each case – as case volume and years of surgeon practice. A time-to-event survival analysis was used to examine differences in deep infection, non-union, secondary surgery, and hardware removal, by both continuous case volume and years in practice separately and in combination.

RESULTS:

A total of 425 patients were included in the study, 151 (35.5%) were treated by surgeons with less than 5 years, 203 (47.8%) by surgeons with 5-15 years, and 71 (16.7%) by surgeons with more than 15 years of experience. There were no differences in demographics, mechanism of injury, or fracture characteristics between groups. Surgeons >15 years waited longer (9.59 days) to surgery than surgeons 5-15 years (6.34) and surgeons <5 years (5.91, p=0.037). Surgeons <5 years also had longer operation time (231.53 minutes) in comparison to 5-15 and >15-year surgeons (191.79, 211 minutes respectively, p=0.016). >15-year surgeons used dual incisions (54.9%) more often than 5-15 (42.9%) and <5-year surgeons (31.8%, p=0.003). Surgeons < 5 years had higher rates of wound dehiscence (10.7%) and post-traumatic osteoarthritis (PTOA) (46.6%) in comparison to 5-15 (4%, 29.4%) and >15 (7%, 38.2% p=0.050, 0.004) year surgeons. There were no differences in surgical approach, infection, reoperation rate, malunion rate, hardware removal, or post-operative grading of reduction.

DISCUSSION AND CONCLUSION:

After 5 years of practice, surgeons are likely to prolong time to tibial plafond surgery and use more incisions but decrease operative time and rates of wound dehiscence. While anatomic reduction did not differ between different levels of surgeons' experiences, PTOA rates were lower after 5 years of practice. In total, tibial plafond fractures remain a challenging fracture for orthopedic surgeons, and this study emphasizes the importance of surgical experience.

	<5 years (151)	5-15 years (203)	>15 years (71)	p-value
Age (sd)	43.4 (15.47)	42.11 (14.78)	44.03 (15.79)	0.567
Male (%)	108 (71.5%)	148 (72.9%)	48 (67.6%)	0.696
Follow-up Time	21.25 (21.71)	21.71 (29.16)	13.44 (8.98)	.063
(months) (sd)				
Left (%)	68 (45.3%)	93 (45.8%)	29 (40.8%)	0.759
BMI (sd)	28.00 (5.94)	30.22 (18.35)	28.76 (6.94)	0.374
ASA (sd)	2.03 (.680)	2.00 (.728)	1.96 (.775)	0.783
Smoking (%)	40 (27.8%)	44 (23.9%)	14 (20%)	0.443
Alcohol (%)	62 (46%)	74 (46.3%)	33 (50.8%)	0.805
Diabetic (%)	11 (7.6%)	18 (9.8%)	8 (11.4%)	0.638
Mechanism of				0.278
injury (%)				
Motor Vehicle	22 (15%)	30 (15.3%)	7 (10%)	
Crash				
Motor Vehicle	4 (2.7%)	6 (3.1%)	3 (4.3%)	
Accident				
Motorcycle	14 (9.5%)	10 (5.1%)	9 (12.9%)	
Crash				
Ped v auto	2 (1.4%)	2 (1%)	3 (4.3%)	
Ground level fall	5 (3.4%)	15 (7.7%)	6 (8.6%)	
Gunshot	1 (0.7%)	0	1 (1.4%)	
Fall from height	76 (51.7%)	101 (51.5%)	28 (40%)	
Crush	7 (4.8%)	3 (1.5%)	2 (2.9%)	
Skiing	10 (6.8%)	20 (10.2%)	8 (11.4%)	
Other	6 (4.1%)	9 (4.6%)	3 (4.3%)	
Compartment	2 (1.4%)	3 (1.5%)	2 (2.9%)	0.691
Syndrome (%)				
Gustilo Anderson				0.748
(GA)				
Classification				
Closed	111 (8.2%)	167 (83.5%)	54 (79.4%)	
GA 1	5 (3.5%)	8 (4.0%)	3 (4.4%)	
GA 2	21 (14.8%)	17 (8.5%)	8 (11.8%)	
GA 3	5 (3.5%)	8 (4.0%)	3 (4.4%)	
OTA				0.992
Classification				
43-A	5 (3.5%)	6 (3.1%)	3 (4.4%)	
43-B	55 (38.5%)	75 (39.1%)	26 (38.2%)	
43-C	83 (58.0%)	111 (57.8%)	39 (57.4%)	

	<5 years	5-15 years	>15 years	p-value
Time to Surgery	5.91 (7.83)	6.34 (7.26)	9.59 (15.73)	0.037
(days) (sd)				
Initial Ex-Fix (%)	99 (65.6%)	117 (57.9%)	38 (53.5%)	0.170
Bone Graft (%)	36 (23.8%)	29 (14.5%)	15 (21.1%)	0.076
Masquelet (%)	6 (4.0%)	3 (1.5%)	2 (2.8%)	0.352
Flap (%)	4 (2.7%)	9 (4.5%)	4 (5.7%)	0.514
Operation Time	231.53 (84.21)	191.79 (105.56)	211.00 (78.73)	0.016
(minutes) (sd)				
Tourniquet Time	108.69 (44.78)	96.97 (54.68)	80.17 (50.16)	0.002
(minutes) (sd)				
Blood Loss (cc)	148.62 (172.15)	139.64 (140.22)	194.52 (138.18)	0.067
(sd)				
Length of Stay	5.08 (6.85)	4.04 (5.15)	3.77 (5.20)	0.167
(days) (sd)				
Approach (%)				.262
Anterior	2 (2.1%)	8 (7.8%)	3 (12%)	
Anterolateral	28 (29.5%)	29 (28.4%)	6 (24%)	
Anteromedial	43 (45.3%)	37 (36.3%)	7 (28%)	
Posterolateral	5 (5.3%)	7 (6.9%)	3 (12%)	
Posteromedial	8 (8.4%)	5 (4.9%)	Ó	
Medial	7 (7.4%)	10 (9.8%)	4 (16%)	
Lateral	2 (2.1%)	6 (5.9%)	2 (8.0%)	
Incisions (%)				.003
Single Incision	95 (64.2%)	105 (55%)	27 (38%)	_
Dual Incision	47 (31.8%)	82 (42.9%)	39 (54.9%)	
Triple Incision	6 (4.1%)	4 (2.1%)	5 (7.0%)	
Wound Dehiscence	16 (10.7%)	8 (4.0%)	5 (7.0%)	.050
(%)				
Superficial	8 (5.3%)	11 (5.4%)	1 (1.4%)	0.352
Infection (%)				
Deep Infection (%)	20 (13.2%)	22 (10.8%)	4 (5.6%)	0.235
PTOA (%)	69 (46.6%)	59 (29.4%)	26 (38.2%)	0.004
Reoperation rate	68 (45.3%)	93 (45.8%)	32 (45.1%)	0.993
(%)				
Malunion/Nonunion	16 (11.3%)	17 (9.6%)	9 (14.8%)	0.530
(%)				
Time to Union	7.40 (7.39)	6.22 (5.54)	6.48 (3.88)	0.270
(months) (sd)				
Hardware Removal	52 (34.4%)	60 (29.7%)	16 (22.5%)	0.193
(%)				

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Anterior Osteophyte Impingement (%)	9 (6.0%)	9 (4.5%)	3 (4.4%)	0.787
Ankle Fusion (%)	18 (11.9%)	23 (11.4%)	0	0.012
Time to Fusion (months) (sd)	18.35 (16.55)	28.14 (28.91)	0	0.210
Amputation (%)	1 (0.7%)	5 (2.5%)	1 (1.4%)	0.411
Time to Amputation (months)	43	7.40 (7.93)	15.00	0.037
Step Off (%)				0.131
<2mm	126 (91.3%)	177 (92.2%)	69 (98.6%)	
>2mm	12 (8.7%)	15 (7.8%)	1 (1.4%)	
Gapping <2mm	124 (89.9%)	171 (89.5%)	66 (97.1%)	0.154
>2mm	14 (10.1%)	20 (10.5%)	2 (2.9%)	1