

Outcomes of Open Reduction and Internal Fixation (ORIF) of Lower Extremity Fractures in Homeless Patients

Zina Smadi, Daniel E Pereira, Abdullah Ghali, Muaaz Wajahath, Harris Hafeez, Omar Diab, Omar Shalakhti, Pooya Hosseinzadeh

INTRODUCTION:

The rise of homelessness in the United States has resulted in an alarming burden of unmet medical need. Although housing instability has been associated with increased musculoskeletal trauma, little has been done to study their outcomes following surgery. This study aims to investigate 90 day and 1 year outcomes of lower extremity open reduction and internal fixation (ORIF) in the homeless population.

METHODS:

This retrospective analysis used the large federated TriNetX database comprising data from 62 healthcare organizations to evaluate outcomes in homeless patients who underwent open reduction and internal fixation (ORIF) of lower extremity fractures. All available patients were included, with no time constraints on data retrieval. Patients were categorized by preoperative housing status, yielding 3,596 homeless and 436,540 housed individuals. A 1:1 propensity score matching was performed, adjusting for age, sex, race, ethnicity, body mass index, and comorbidities including diabetes, hypertension, chronic kidney disease, tobacco use, obesity, heart failure, liver disease, substance use disorder, and opioid dependence. Postoperative outcomes were assessed at 90 days and 1 year. Risk ratios (RR) and p-values were calculated.

RESULTS:

Following matching, 3,589 patients were included in each cohort. At 90 days, homeless patients had significantly higher rates of ED visits (RR 2.47, p < 0.0001), admissions (RR 2.49, p < 0.0001), opioid dependence (RR 2.48, p = 0.001), substance abuse (RR 2.96, p < 0.0001), surgical site infections (RR 2.54, p < 0.0001), postoperative infections (RR 1.49, p < 0.0001), and blood transfusions (RR 2.12, p < 0.0001) compared to controls. No significant differences were observed for sepsis, myocardial infarction, pulmonary embolism, deep vein thrombosis, stroke, acute kidney injury, wound disruption, pneumonia, nerve injury, or hematoma. At 365 days, homeless patients continued to demonstrate higher rates of ED visits (RR 2.62, p < 0.0001), admissions (RR 2.35, p < 0.0001), opioid dependence (RR 1.62, p = 0.011), and substance abuse (RR 4.00, p < 0.0001). Implant removal (RR 0.75, p = 0.001) and malunion/nonunion repair (RR 0.63, p = 0.018) were less frequent in homeless patients, while amputation was more common (RR 1.87, p = 0.018).

DISCUSSION AND CONCLUSION:

Homeless patients experience significantly higher rates of medical complications, fracture-related complications and increased opioid dependence following surgical fixation of lower extremity fractures. Further investigation into these findings and potential for perioperative medical optimization is indicated.

Table 2: 1 Year Outcomes in Propensity Matched Homeless Group vs Control Group

Condition	% Outcomes Homeless	% Outcomes Control	Risk Ratio (RR)	95% Confidence Interval (CI)	P-Value
ED visit	26.9	10.3	2.47	(2.00, 3.02)	<0.0001
Admission	26.2	11.2	2.49	(1.98, 3.13)	<0.0001
Opioid Dependence	2.4	1.5	1.64	(1.14, 2.36)	0.011
Substance abuse	5.0	1.3	3.99	(2.75, 5.84)	<0.0001
Opioid Use	5.9	2.3	1.33	(0.99, 1.87)	0.054
Implant Removal	6.0	8.0	0.749	(0.630, 0.890)	0.001
Malunion	0.6	0.4	1.42	(0.72, 2.83)	0.299
Nonunion	3.2	3.6	0.889	(0.69, 1.14)	0.357
Malunion/Nonunion Repair	1.1	1.8	0.625	(0.42, 0.925)	0.018
CRPS	0.3	0.4	0.734	(0.318, 1.69)	0.413
Amputation	1.3	0.6	1.87	(1.03, 3.37)	0.038
Post-traumatic Osteoarthritis	1.2	1.4	0.857	(0.569, 1.29)	0.459

CRPS = complex regional pain syndrome

Table 1: 90 Day Outcomes in Propensity Matched Homeless Group vs Control Group

Condition	% Outcomes Homeless	% Outcomes Control	Risk Ratio (RR)	95% Confidence Interval (CI)	P-Value
ED Visit	15.9	6.4	2.469	(1.72, 3.54)	<0.0001
Admission	20.2	8.1	2.492	(1.99, 3.18)	<0.0001
Sepsis	0.3	0.3	1.000	(0.33, 3.07)	0.994
MI	0.4	0.3	0.939	(0.308, 1.139)	0.112
PE	0.8	0.7	1.130	(0.355, 3.69)	0.835
DVT	3.1	2.1	1.065	(0.699, 1.53)	0.811
Stroke	0.7	0.7	1.075	(0.371, 3.06)	0.909
Opioid Dependence	1.4	0.6	2.475	(1.41, 4.37)	0.001
Substance Abuse	2.8	0.8	3.855	(1.86, 8.73)	<0.0001
SSI	2.0	2.1	0.973	(0.679, 1.39)	0.881
Wound Dehiscence	1.1	1.0	1.094	(0.69, 1.72)	0.7
BY Injury	8.2	6.3	1.292	(1.06, 1.58)	0.011
Pneumonia	1.6	2.1	0.750	(0.59, 0.96)	0.102
SSI	1.8	0.7	2.543	(1.60, 4.03)	<0.0001
Nerve Injury	0.6	5.7	1.156	(0.39, 3.41)	0.147
Opioid Use	1.8	1.1	1.596	(1.06, 2.40)	0.022
Hematoma	0.4	0.3	1.277	(0.51, 3.09)	0.542
Wound	7.4	6.0	1.248	(1.01, 1.49)	0.031
Complications Post-Op	3.3	3.4	1.092	(1.01, 1.06)	<0.0001
Infection	1.4	2.8	2.122	(1.44, 3.14)	<0.0001
Blood Transfusion	1.4	2.8	2.122	(1.44, 3.14)	<0.0001

ED = emergency department, MI = myocardial infarction, PE = pulmonary embolism, DVT = deep vein thrombosis, BY = blood vessel, SSI = surgical site infection