

# World hip trauma evaluation four

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<b>Registration date</b> 17/03/2016	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 23/09/2021	<b>Condition category</b> Musculoskeletal Diseases	<input type="checkbox"/> Individual participant data

## Plain English summary of protocol

### Background and study aims

Fractures of the proximal femur (hip fractures) are common, affecting almost 65,000 patients in England and Wales in 2013 and 1.31 million patients worldwide in 1990. They are more common in older people as they are more likely to have weakened, brittle bones (osteoporosis) and tend to result from a fall. In most cases, surgery is the only treatment option for hip fractures. This is usually done by lining up the broken pieces of bone and fixing them in place with screws or metal plates. The most common type of screw used to fix the fracture in the correct position is the sliding hip screw (SHS), which controls any movement, stabilising the fracture so that it can heal. When the bone is very weakened or if the fracture is very complex, the SHS may not be able to control movement as well, and so the fracture cannot heal properly. The Xbolt dynamic plating system builds on the successful design features of the SHS but fixes to the hip bone differently using a new type of expanding bolt. The aim of this study is to find out if there is any difference to the quality of life of patients after surgery when they are treated with the Xbolt dynamic plating system or the traditional SHS.

### Who can participate?

Adults aged 60 or over who have a fractured hip that would benefit from sliding hip screw fixation.

### What does the study involve?

Participants are randomly allocated to one of two groups. Those in the first group undergo surgical fixation of their fracture using the SHS. Those in the second group undergo surgical fixation of their fracture using the Xbolt dynamic plating system. At the start of the study and then 4 and 12 months later, participants in both groups complete a questionnaire in order to find out if there has been any change to their quality of life and to find out which group shows the greater improvement.

### What are the possible benefits and risks of participating?

There are no direct benefits involved with participating in the surgery. Any operation for a hip fracture carries some risks, but they are the same for both types of hip replacement and are faced by all patients facing a hip replacement. The risks of surgery include bleeding, risk of blood clots, risk of damage to nerves and blood vessels in the surgical area and the risk associated with the anaesthetic. Patients will have routine X-rays taken of their hip before and after the operation, to evaluate the hip replacement. The dose of radiation they will receive is equivalent

to around 2 months of normal background radiation and is the same for all patients who have a hip replacement for a hip fracture.

Where is the study run from?  
John Radcliffe Hospital (UK)

When is the study starting and how long is it expected to run for?  
February 2016 to June 2019

Who is funding the study?  
X-Bolt Direct Ltd (UK)

Who is the main contact?  
Dr Katy Mironov  
white4@ndorms.ox.ac.uk

## Contact information

### Type(s)

Public

### Contact name

Ms Stephanie Wallis

### Contact details

John Radcliffe Hospital  
Kadoorie Centre for Critical Care Research Level 3  
Headley Way  
Headington  
Oxford  
United Kingdom  
OX3 9DU  
+44 (0)1865 223 111  
white4@ndorms.ox.ac.uk

### Type(s)

Scientific

### Contact name

Mr Xavier Griffin

### ORCID ID

<https://orcid.org/0000-0003-2976-7523>

### Contact details

John Radcliffe Hospital  
Kadoorie Centre for Critical Care Research Level 3  
Headley Way  
Headington  
Oxford  
United Kingdom

OX3 9DU  
+44 (0)1865 223 116  
xavier.griffin@ndorms.ox.ac.uk

**Type(s)**  
Scientific

**Contact name**  
Mrs Katy Mironov

**Contact details**  
Kadoorie Centre  
Level 3  
John Radcliffe Hospital  
Oxford  
United Kingdom  
OX3 9DU  
+44 (0)186 522 7226  
white4@ndorms.ox.ac.uk

## **Additional identifiers**

**Protocol serial number**  
20668

## **Study information**

**Scientific Title**  
World Hip Trauma Evaluation Four: a randomised controlled trial of the sliding hip screw versus X-Bolt dynamic plating system for the fixation of trochanteric fractures of the hip

**Acronym**  
WHiTE Four

**Study objectives**  
The aim of this study is to investigate patients' quality of life after a X-Bolt Dynamic Plating System compared with the Sliding Hip Screw in the treatment of trochanteric fractures of the hip

**Ethics approval required**  
Old ethics approval format

**Ethics approval(s)**  
West Midlands – Coventry & Warwickshire Research Ethics Committee, 18/02/2016, ref: 16/WM/0001

**Study design**  
Multi-centre randomised controlled trial

**Primary study design**  
Interventional

## **Study type(s)**

Treatment

## **Health condition(s) or problem(s) studied**

Topic: Injuries & Emergencies, Surgery; Subtopic: Injuries & Emergencies (all Subtopics), Surgery;  
Disease: Injuries & Emergencies, All Surgery

## **Interventions**

Participants are randomly allocated to one of two groups. The allocation sequence will be administered by a distant computer generated sequence administered by clinical trials unit; allocation will be 1:1, stratified by centre with unequal block sizes.

Participants will usually be assessed in the Emergency Department. Diagnosis of a fracture of the proximal femur will be confirmed by a plain radiograph. Supplementary imaging will be at the discretion of the treating clinical team. Routine investigations, anaesthetic assessment, antibiotic and venous thromboembolic prophylaxis will used as per local policy.

### **Anaesthetic technique**

A regional or general anaesthesia technique will be used for every participant. Intra-operative analgesia will be achieved by combining a local anaesthetic nerve block (femoral and lateral cutaneous nerve of the thigh, fascia iliaca or lumbar plexus) using either a nerve stimulator or ultrasound-guided technique, peri-articular anaesthetic infiltration, IV paracetamol 1g intravenous infusion and opiate analgesia as clinically indicated.

### **Surgical intervention**

All participants will have an attempted closed reduction of their fracture. If satisfactory reduction cannot be achieved, the surgeon will proceed to open reduction. The lower limb will be supported on a fracture table. Internal fixation with either device will be performed following the manufacturer's guidelines.

Group 1: Fixation will involve a SHS with a plate as long as the surgeon feels necessary to achieve adequate fixation in the femoral shaft. The use of supplementary fixation such as wires, cables, lag screws and trochanteric stabilisation plate attachments is permitted at the surgeon's discretion.

Group 2: Fixation will involve an X-Bolt dynamic plating system following the manufacturer's guidelines. Similar to the SHS group, the length of the plate will be at the surgeon's discretion. Supplementary fixation with wires, cables and lag screws are also permitted at the surgeon's discretion.

Post-operative analgesia will be prescribed intra-operatively and reviewed by the responsible clinical teams as appropriate.

In the post-operative period, participants will undergo an initial Physiotherapy and Occupational Therapy trauma assessment. A full social, cognitive, premorbid function and falls history will be obtained and documented. Participants will be given the relevant NHS Trust Patient Information packs. An initial treatment plan with objectives will be made, recorded and commenced. The aim of this plan will be for participants to mobilise through early, active, full weight bearing. Participants will be discharged from the acute Orthopaedic Trauma Ward at the earliest safe opportunity to the most appropriate discharge destination as determined by the multi-disciplinary team.

**Intervention Type**

Procedure/Surgery

**Primary outcome(s)**

Participants' health status is measured using the EuroQol EQ-5D-5L questionnaire at baseline, 4 and 12 months post-surgery

**Key secondary outcome(s)**

1. Mortality rate is determined using patients' medical notes, at any point up to 12 months post-surgery
2. Functional status is assessed through patient interview/questionnaire at baseline, 4 and 12 months post-surgery
3. Revision surgery and cause is obtained from patients' medical notes, at any point up to 12 months post-surgery
4. Complications are obtained from patients' medical notes at baseline, and through patient interview/questionnaire at 4 and 12 months post-surgery
5. Radiographic outcomes, including screw migration and cut out, is collected from any x-rays taken as part of standard clinical follow-up during the first 12 months post-surgery

**Completion date**

18/09/2019

**Eligibility****Key inclusion criteria**

1. Patients presenting to the collaborative with trochanteric fracture of the hip
2. Those who, in the opinion of the treating surgeon, would benefit from sliding hip screw fixation
3. Aged 60 years and over

**Participant type(s)**

Patient

**Healthy volunteers allowed**

No

**Age group**

Adult

**Sex**

All

**Total final enrolment**

1128

**Key exclusion criteria**

1. Patients younger than 60 years of age
2. Patients with a sub-trochanteric fracture
3. Patients who are managed non-operatively

**Date of first enrolment**

01/04/2016

**Date of final enrolment**

27/04/2018

## Locations

**Countries of recruitment**

United Kingdom

England

**Study participating centre****John Radcliffe Hospital**

Kadoorie Centre for Critical Care Research Level 3

Headley Way

Headington

Oxford

United Kingdom

OX3 9DU

**Study participating centre****University Hospital Coventry**

Clifford Bridge Road

Coventry

United Kingdom

CV2 2DX

**Study participating centre****Frimley Park Hospital**

Portsmouth Road

Frimley

United Kingdom

GU16 7UJ

**Study participating centre****Wexham Park Hospital**

Wexham

Slough

United Kingdom

SL2 4HL

**Study participating centre****Royal Victoria Infirmary**

Queen Victoria Road  
Newcastle upon Tyne  
United Kingdom  
NE1 4LP

**Study participating centre****Southmead Hospital**

Southmead Road  
Westbury-on-Trym  
Bristol  
United Kingdom  
BS10 5NB

**Study participating centre****James Cook University Hospital**

Marton Road  
Middlesbrough  
United Kingdom  
TS4 3BW

**Study participating centre****Northumbria Specialist Emergency Care Hospital**

Northumbrian Road  
Cramlington  
United Kingdom  
NE23 6NZ

**Sponsor information****Organisation**

University of Oxford

**ROR**

<https://ror.org/052gg0110>

**Funder(s)**

## Funder type

Industry

## Funder Name

X-Bolt Direct Ltd

# Results and Publications

## Individual participant data (IPD) sharing plan

The datasets generated during and/or analysed during the current study are/will be available upon request from Xavier Griffin (Xavier.griffin@ndorms.ox.ac.uk).

## IPD sharing plan summary

Available on request

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/02/2021	07/01/2021	Yes	No
<a href="#">Protocol article</a>	protocol	26/01/2018		Yes	No
<a href="#">HRA research summary</a>			28/06/2023	No	No
<a href="#">Study website</a>	Study website	11/11/2025	11/11/2025	No	Yes