# Surgery of skeletal metastases

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During a period of 5 years, 74 female and 27 male patients with an average age of 63.3 years underwent a total of 117 operations for the management of impending ( n=41) or already existing ( n=76) pathologic fractures due to osseous metastases. The average stay in hospital was 17.8 days, and the average postoperative survival 15.8 months. The patients whose limbs were stabilized as a preventive measure were discharged 1.5 days earlier and survived surgery 5.9 months longer than the patients with pathologic fractures. The large percentage of female patients is due to the predominant role of mammary cancer (50%) and the comparatively long survival of patients after a primary diagnosis of this type of carcinoma. The other diagnoses involved were (in order of frequency): bronchial carcinoma (11%), hypernephroma (8%) and non-Hodgkin's lymphoma (8%). The metastases were mainly located at the proximal end or shaft of the femur (59.8%) and in the humerus (18.8%) so that in the majority of cases it was possible to implant weight-bearing prostheses or at least achieve enough stability to allow non-weight-bearing physiotherapy and thus early remobilization. The rate of systemic complications (excluding fatalities) was 14.5%. Local complications in the operated area occurred in 24.8% of cases. As a result, revision surgery was necessary in 10 cases (8.5%), and the fatality rate in hospital (6 weeks) was 7.9%. In view of the advanced stage of the disease in most of the patients, some of them with polypathia, we see these results as a basis for the generous indication for preventive stabilization of osseous metastases. Except in some cases, the primary intention of this therapy is not to cure the disease or prolong life but to improve the quality of life remaining for these patients while keeping their stay in hospital as short as possible and the rate of complications at an acceptable level.