Preface

An investment in knowledge pays the best interest.

—Benjamin Franklin

Nonunions have been a challenging aspect for orthopaedic trauma surgeons. The literature is scarce with recommendations for many of these problems. The principles of nonunion management have been traditionally based on the type of nonunion and its aetiology, whether it is a mechanical or biological one. As orthopaedic care has advanced with newer implants—such as locked plating—old problems have been alleviated, but new issues have arisen as well. Although patient factors and injury factors contribute significantly to the development of nonunions, iatrogenic causes are not infrequent. Orthopaedic trauma care still requires attention to detail and the basic principles of fracture management to help prevent the surgeon’s contribution to nonunion development.

Over the last twenty years of my practice, nonunions have always been a difficult problem to assess. New patient issues such as vitamin D deficiency have come to light. Infection all too often accompanies nonunions and must be evaluated. This text was designed to provide a single reference for the basic principles of nonunion diagnosis, evaluation, and management. Although not every single treatment option can be covered for every single anatomical area and type of nonunion, we hope that this text is useful, not only for managing these difficult problems but also in preventing nonunions from occurring by avoiding surgical causes and mitigating patient risk factors.

The contributors to this text were selected based on their interest and expertise in this subject. Nonunion management is unique in that it is rarely taught; rather, surgeons have learned over the years through their own personal experience, oftentimes by trial and error. Learning a new subject, technique, or gaining new knowledge requires the desire to be more well-informed. To quote the great Woody Allen, “Eighty percent of success is showing up”. The contributors have certainly shown up. If you are reading this preface, we hope that you have taken a step towards “showing up”, and thus being successful in the management of these difficult and challenging cases.

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