

# Joint Approach

The newsletter of the National Joint Registry

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### Patient focus

This edition of *Joint Approach* focuses on the work of the NJR from a patient perspective. We hope it gives patients a better understanding of the role of the National Joint Registry (NJR) in supporting better patient care.

## Elbow and shoulder surgeons on board

Elbow and shoulder surgeons have formally asked to join the NJR. The British Elbow and Shoulder Society (BESS) is keen for elbow and shoulder replacement patients to get the same benefits as hip and knee patients from national outcome monitoring.

BESS President, Mr Lars Neumann, presented the NJR with the formal request in December, following agreement by the BESS council. Monitoring the outcomes of elbow and shoulder replacement nationally will help surgeons and hospitals to choose the right prosthetic implants for their patients in the future. The news follows the decision to formally launch the collection of ankle replacement data by the NJR later this year.

#### **BESS President, Mr Lars Neumann, said:**

“We anticipate that the addition of elbows and shoulders to the NJR will identify best practice and improve patient care.”

Approximately 8,000 elbow and shoulder replacements take place each year in the UK and the number is rising year on year. As with hips and knees, the most common reason for elbow or shoulder replacement is severe osteoarthritis, caused by wear and tear on the joint.



**QUALITY COUNTS:** Extending the NJR to include data on elbow and shoulder replacements will help hospitals and surgeons improve patient care.

While many countries have registries to monitor the performance of hip and knee replacements, there are very few registries monitoring elbow and shoulder replacement worldwide. These include Norway, New Zealand and Australia.

#### **BESS Secretary, Mr Rohit Kulkarni, said:**

“The British Elbow and Shoulder Society is excited about joining the NJR and feels that collecting data about elbow and shoulder replacements will lead to better patient outcomes for this type of surgery.”



National Joint Registry

[www.njrcentre.org.uk](http://www.njrcentre.org.uk)

# Why consent to the NJR?

If you need a hip or knee replacement operation, you will probably be asked to consent to adding your details to the NJR. So, why should you consent? *Joint Approach* finds out.

## Helping hospitals choose the best implants

There are more than 50,000 different components used in hip and knee replacement surgery and the number of new ankle components is also growing fast. The NJR gives hospitals and surgeons information to help them to choose the right implants for their patients. In particular, the NJR can tell them how long different implants last. If you need to have another operation (a revision) in the future, the NJR Centre can work out the length of time between operations, if your details are included in the Registry. Through collecting this information from patients, the NJR can then determine how long each implant lasts on average.

If your personal details are not included in the Registry, the NJR has no way of knowing that the two operations were carried out on the same patient, so your operations cannot be included in the calculations. The more patients that agree to be included, the more accurate the calculations will be and the better the information given to hospitals.

## Supporting patients

A wide range of people and organisations are involved in supporting patients who have had a joint replacement. *Joint Approach* looks at the role of different professionals and agencies.



### Your hospital

Generally, patients are asked to attend a follow-up appointment about six weeks after the operation. However, you may also wish to get in contact if you have any concerns. You will normally be given a contact number either at your pre-assessment appointment, or on the ward.

## Picking up problems with implants

The NJR was set up following problems in the late 1990s with a new hip implant. The implant had a high failure rate and there was concern that the failure rate was not picked up quickly enough. The NJR was designed to pick up problems early. Implant performance is monitored regularly and any apparent problems are flagged up to the manufacturer and the regulator. The more patients consent to the NJR, the more accurate this safety monitoring will be.

## Speeding up urgent clinical reviews

Occasionally, the regulator for the implants industry issues a 'Device Alert', highlighting an issue with a particular implant. Sometimes it is necessary for hospitals quickly to review all patients who have received the implant. Of course, it is possible for a hospital to go through patient notes to find patients who received the specific implant. However, the NJR can speed up the process by providing hospitals with lists of affected patients.

In the most recent case, in October 2009, the regulator issued an alert about a manufacturing defect in specific lots of one type of knee implant and recommended hospitals consider clinical assessment of affected patients. The NJR informed 68 hospitals of 127 individual patients affected.

## Physiotherapist

Physiotherapists help in maintaining strength, movement and function of joints and muscles. They will be able to give you advice on specific exercises that will be helpful to you. You will have seen a physiotherapist in hospital. Once you are discharged you will be asked to attend appointments with a physiotherapist at the hospital, or to attend classes in the community.



## Patient feedback

Patient Recorded Outcome Measures (PROMs) questionnaires allow patients to give feedback about the results of their operation in order to help hospitals improve patient care in the future. All NHS patients undertaking hip and knee replacement surgery in England are now routinely invited to participate in the national PROMs programme. PROMs data is linked with the NJR to feed back to hospitals upon the outcomes of surgery. Participation with these studies is entirely voluntary. Your details can be kept on the NJR without ever completing a PROMs questionnaire.

## Feedback to surgeons

Orthopaedic surgeons are keen to ensure their practice is as safe and effective as possible for patients. It can be difficult for surgeons to know when their patients have had a revision, as this may take place at a different hospital. However, if all of the operations are on the NJR, the surgeon can use the NJR's Clinician Feedback service to look at their results and compare them to other surgeons nationwide. Your surgeon can only monitor his or her own outcomes accurately on the NJR if his or her patients consent to store their details.

## Surgeon monitoring

Monitoring revision rates allows the NJR to identify any problems with a surgeon's practice. If any potential



**ON THE RECORD:** *Allowing your details to be stored helps the NJR to be a valuable source of information.*

problems are identified with a surgeon or a hospital, a process is followed to ensure the results are investigated, and action taken, where appropriate. As a result of this monitoring, some surgeons have stopped performing certain operations and others have had additional training to improve success rates.

## In summary

The NJR holds benefits for you and for future patients. For you personally there is the peace of mind of knowing that, in the unlikely event of you needing a review following a device alert, the NJR can help speed up this process. For future patients, your data will help hospitals and surgeons to choose the best implants for their patients, to monitor their own practice, to identify problems and take action to ensure that patients are safeguarded.

## Arthritis Care

Arthritis Care is a useful source of advice and support for patients with arthritis. It is a national charity representing people with arthritis and providing them with information, advice and support. There are more than 250 branches and groups nationwide.

They provide leaflets and factsheets on subjects ranging from types of arthritis, treatment and the benefits you may be able to claim. You may find some of their leaflets available at your hospital. They are all published on the Arthritis Care website [www.arthritiscare.org.uk](http://www.arthritiscare.org.uk)

You can also contact the Arthritis Care helpline. This is a confidential service open to anyone affected by arthritis. You can call the helpline on **0808 800 4050** (10am – 4pm), email it via the Arthritis Care website or write to: Helplines Team, Arthritis Care, 18 Stephenson Way, London, NW1 2HD.



## Other organisations

There may be local groups offering different types of support, and these will vary from area to area. Ask your hospital specialist, GP or physiotherapist for more information.

## The NJR

The NJR Service Desk cannot provide advice to individual patients. However, the NJR provides support to hospitals, implant manufacturers and healthcare professionals to help improve patient care. You can access information about your local hospital's NJR compliance rate, newsletters and the annual report on our website [www.njrcentre.org.uk](http://www.njrcentre.org.uk).

# Recovering from ankle surgery

**Cecilia Hall had a hip replacement four years ago and has recently needed her left ankle replaced. As the NJR prepares to begin recording ankle replacements later this year, she tells *Joint Approach* about how different her experience of recovery has been between her two operations.**

Before developing arthritis, Cecilia Hall was an extremely active person. From competitive athletics in her school days to tennis four days a week while living in South Africa, sport has always played a major part in her life. In fact, she spent 30 years as a yoga teacher, before finally being forced to give it up. However, arthritis also robbed her of her greatest pleasure – walking. Hiking up the side of a hill, breathing fresh air and taking in the stunning views is what she misses most.

Four years ago, Cecilia underwent surgery to replace her right hip, due to arthritis. In spite of some complications, the operation was a resounding success, virtually eliminating her pain and restoring full mobility to her hip.

However, by the time of her hip operation, Cecilia already knew she had arthritis in her ankles and her consultant told her she would be likely to need an ankle replacement in the future. “He said to me: ‘what have you done in your life to deserve ankles like this?’” she recalled.

## Treatment

Ankle replacement was not the first treatment she received. She had arthroscopies, inserts in her boots to help with stability and finally braces, which she wore for two years. “They were brilliant for the pain,” she said.

Before her consultant suggested the operation, Cecilia had not heard of ankle replacement and she was apprehensive about having a procedure that was relatively new. He put her in touch with some patients who had had the operation, who put her mind at rest. “They were a lot older than me, but they said it was the best thing they had ever had done,” she explained.

The limitations her pain and lack of mobility were placing on her life left her feeling she had no choice but to have surgery. “If you haven’t got [your mobility],” she said, “you immediately feel like you have aged 30 years.”

The surgery took place under spinal anaesthetic. The operation seemed to take a long time. Having listened to the same CD three times, she finally decided to remove her headphones, to the surprise of the anaesthetist, to listen to the conversations of the staff instead!

The biggest contrast with her hip replacement has been the recovery period. For her hip operation, Cecilia had to begin exercises before the operation to build up the strength in her muscles. After the operation she saw a physiotherapist in hospital for a daily exercise regime, which she then followed religiously when she got home. In fact, she felt fully recovered within three months.

## Recovery

However, following her ankle replacement, she could not start any exercises until some time after she returned home, in order to avoid reopening the wound. This has meant that her recovery period is considerably longer. She now visits the physiotherapist at her local hospital regularly. Her exercise regime is fairly intense and includes stretches performed standing and sitting. Two years in braces has weakened the soft tissue around her ankles, so she still has a lot of work to do to build this up. She is supposed to perform these exercises six times per day. However, this is very hard to fit in to the day.

Living on top of a hill, remote from the village, has left Cecilia housebound during the day with her husband now back at work. Thankfully, she does have her two dogs for company, though they also ensure the house needs vacuuming daily – a difficult proposition with crutches!

## The future

Three months on from the operation, Cecilia still feels a long way from recovery. The pain, difficulty in doing daily tasks and loss of independence are getting her down. “It is so frustrating to lose your independence,” she said. “I know it won’t be like this forever, but that is how I feel now.”

Nevertheless, Cecilia is optimistic. She hopes to be able to regain full mobility. Her biggest hope is that she will once again be able to walk up hills, and enjoy the scenery and fresh air.



**ON THE MEND:** Cecilia Hall

If you would like to make a contribution to *Joint Approach* or have suggestions about subjects you would like to see in a future issue, please contact the NJR Helpline or email the Service Desk.

All NJR information and documents are available on the NJR website.

Alternatively, contact the NJR Helpline to receive copies by email or post.

If you have any queries, please contact us via:

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