The National Joint Registry for England, Wales, Northern Ireland and the Isle of Man is working to improve your experience of joint replacement

Patient FAQs
Summary of key facts
Hospitals and surgeons
Procedures and implants
Welcome to this Public and Patient Guide to the NJR’s 14th Annual Report

As joint replacement patients, we know how important it is to receive good quality information to help you understand more about your options and the treatment that has been recommended for you. That’s why the NJR continues to produce a patient guide alongside its main report.

We hope you seek out support, or share this guide with others in order to get a better sense of how the information and data inside can help you.

Whatever the reason for your elbow replacement, there are many others going through the same process, and it may help to know you are not alone. There is additional support out there for you on shared decision making as well as advice on looking after yourself before and after surgery. We have listed some of the organisations that can help at the back of this guide.

The National Joint Registry doesn’t work in isolation – the information in this document is just one source that we hope will help you feel more confident in asking questions about your surgery, your implant and your recovery.

We will produce this guide each year, as the NJR continues to report on the growing number of elbow joint replacement records it holds. Feedback is welcome at any time and you can contact NJR Communications on 020 7997 7370 or email: njr@njr.org.uk.

We would like to extend thanks as always to our NJR Patient Network, for their helpful thoughts, ideas and comments in ensuring this guide is as useful to patients as it can be.

About the NJR

How does the NJR help patients?

We record information about joint replacement operations in England, Wales, Northern Ireland and the Isle of Man in order to monitor the results of joint replacement surgery and protect patient safety. Using those records, we provide information and evidence to:

- Help surgeons choose the best artificial joints (implants) for patients
- Empower patients by helping them find out more about the implants available to them
- Improve patient safety by showing how well implants, surgeons and hospitals perform and take action where it is needed
- Give hospitals, surgeons and implant manufacturers feedback about their performance to help them improve patient care
- Help surgeons quickly decide whether patients need to return to hospital if implant problems are found

We currently collect information on hip, knee, ankle, elbow and shoulder procedures. However, ankle replacements have only been part of the registry since 2010 and elbow and shoulder replacements have only been collected since 2012.

England and Wales have been covered since 2003 and Northern Ireland joined in February 2013. The Isle of Man joined in July 2015 and as a result, their data has not yet been included in the NJR’s Annual Report analysis. Currently, Scotland has its own joint replacement registry.

What information is collected?

Your hospital will input specific details of your operation into the NJR. This will include the type of implant you received, which surgical technique was used, which side of your body the implant went into as well as your age and gender.

The NJR asks all patients to consent to have their personal details (name, date of birth, address and NHS or national patient number) recorded with their operation details – this allows the NJR to be more effective in its role of monitoring and improving patient care.

Why does the NJR need my personal details?

Your details allow the NJR to link you to the implant(s) you received during surgery. If, for instance, you need an operation in the future to replace a first-time implant, the NJR can measure the time between the operations. Adding together this time from all patients’ operations tells us how well different implants, hospitals and surgeons perform.

Also, in the rare event that a problem is found with a particular brand or type of implant, recording your personal details on the NJR can also speed up and support the hospital process of reviewing affected patients.

Please be assured that your personal information is kept confidential at all times and secure protocols are in place to ensure it is kept safe. If you would like more information about this then please see the NJR patient consent form and NJR patient information leaflet. Alternatively, you can find out more on our website at www.njrcentre.org.uk.

Giving your consent is voluntary, however, 92% of patients agreed to have their details added to the NJR last year.

Who else do you share the data with?

There are lots of different ways we share and use the data, ensuring that the evidence we collect is used to inform clinical decisions and improve joint replacement surgery. For example, surgeons, hospital management and manufacturers of implants can all use their own unique online system (via a secure log-in) designed to give them access to information that can inform, influence and improve their work.

Security and confidentiality is always paramount and there are multiple safeguards in place to ensure that patient identities are protected.
Patient FAQs

Can I access the information recorded about me?
Yes. As a patient, if you gave consent to have your details added to the NJR, you can request to see your records at any time by completing a patient operation request form. This is available to download from www.njrcentre.org.uk.

I’ve heard the data are also used for research?
We are pleased to have an active research policy and make sets of data available for specific research so that more can be learnt about implants, surgery and their results. The release of data for projects is subject to very strict scientific and ethical controls and is only approved where they can prove that the work will enhance the understanding of joint problems and how they can be best treated.

An example here is the NJR’s extended Patient Reported Outcome Measures (PROMS) project (mentioned in the welcome). These are questionnaires sent to patients before and after surgery to collect measurements of pain and physical function.

We are following up with a group of 50,000 patients before and after surgery to collect measurements of pain and physical function. We are collecting PROMS data at one, three and five years. This research project was approved because it can help build up a very detailed picture of the factors that are most important in ensuring a successful surgical outcome from the patient’s perspective.

About elbow replacement

There are many organisations that provide additional general information about joint replacement, including specific guidance before and after surgery as well as online discussion forums. Please see page 11 for their contact details.

What is an elbow replacement?
An elbow replacement, often referred to as an elbow implant (and sometimes simply as a ‘device’), is, in basic terms, an artificial implant that replaces an elbow joint that is damaged.

Joint replacements are nearly always carried out because of pain that cannot be controlled by other methods such as painkillers, physiotherapy or other surgery.

The most common cause of pain is osteoarthritis or inflammatory arthritis.

What healthcare staff will be involved with my treatment?

Once it has been suggested to you (commonly by your GP) that an elbow replacement may be advisable, they may well refer you to a musculoskeletal clinic (MSK) or another doctor with a speciality in the area for further assessment.

If you are then referred to hospital you will see an orthopaedic surgeon or a member of his or her team. This may be followed by a pre-surgery assessment clinic(s) where you may be seen by nurse practitioners. Either at this clinic, or on the day of your surgery, you will also see an anaesthetist to discuss options for anaesthesia and pain relief.

These appointments are also the times when you are most likely to receive information about the registry and be asked whether you would like to consent to have your personal details recorded. Your hospital should ask you to consent to your details being entered into NJR, and we recommend that you do. Please ask for the NJR consent form if it is not offered to you.

During your hospital stay, you might also see an occupational therapist or physiotherapist who will advise you on your aftercare and help you prepare for your recovery after the hospital stay.

Together, these healthcare staff make up what is commonly called your healthcare or clinical team.

Do I have to have an elbow replacement? What are the alternatives to surgery?

The final decision to have an operation or not remains with you the patient. It will be based on the risks and benefits of having an elbow replacement or choosing not to (these choices should be made clear to you). It may be that other options are available including, but not limited to, medication, physiotherapy, weight loss or other lifestyle changes.

Can I get a second opinion?

The appointments you have prior to the operation (referrals to a musculoskeletal clinic and/or hospital-based assessments) are designed to further analyse and discuss your GP’s initial diagnosis. If you are unsatisfied having met with your surgeon, you can return to your GP and ask to see a different surgeon.

You could also use websites like NJR Surgeon and Hospital Profile at www.njrshospitalprofile.org.uk and NHS Choices to find out more about the hospitals and surgeons that provide services in your area. The service currently covers England but may extend to Wales and Northern Ireland in the future.

Can I choose which hospital and surgeon perform the operation?

In principle, yes — as part of the NHS Choices initiative, you do have the option to consent to your details being entered into NJR, and we recommend that you do. Please ask for the NJR consent form if it is not offered to you.

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Do I have to have an elbow replacement? What are the alternatives to surgery?

The overall risk involved in elbow and other types of joint replacement surgery is very low. With any surgical procedure there is a small risk of medical complications such as heart attack, stroke and developing blood clots (thrombosis). Infection is rare, typically less than 1%. Other surgical problems are also rare, but include dislocation, fracture, nerve damage, pain and stiffness. Your surgeon will go through all of the risks before you sign a surgery consent form.

With time, some implants wear out or become lose and occasionally break, leading to the need for further replacement (revision) surgery.

What kind of implant (artificial joint) will be used? Are there options?

The elbow is a complex joint and there are several types of implant involved in elbow replacement. While the material of the implant predominantly remains the same, the method of fixing it into place may vary. As part of your hospital-based assessments, the most suitable procedure for your individual situation will be established and you will be able to discuss this choice with your surgeon.

How can I find out how many joint replacement procedures my local hospital carries out?

As part of NHS England’s transparency initiative, the NJR now publishes surgeon performance information along with information about the hospitals where those surgeons work. The information is not contained in the NJR Annual Report but can be found online at www.njrshospitalprofile.org.uk. See page 7 of this guide for more information about this service.

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Facts about elbow replacements in 2016

**Elbows**

722 replacement procedures were recorded 2016

10.2% ↑

(655 in 2015)

recorded on NJR since April 2012

**Diagnosis**

- 72% average ages:
  - Male: 60.3
  - Female: 67.6

- 31% inflammatory arthropathy
- 19% osteoarthritis

- 78% primary operations
- 22% revision operations

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Surgeon and hospital information

Information on more than 2,000 joint replacement surgeons carrying out orthopaedic surgery for the NHS in England is available for public access at www.njrcentre.org.uk.

The data are collected and presented by the NJR. Since 2014, surgeons carrying out ankle, elbow and shoulder joint replacement surgery were included alongside hip and knee surgeons for the first time.

The published surgeon profiles cover:

- Hospitals where a Consultant in charge works
- Number of primary and revision joint replacement procedures undertaken and overseen by each Consultant in charge over one and three years

As well as surgeon profiles, there is information for hospitals. Within the surgeon and hospital profiles, there are also statistics for the national averages so you can compare information and performance against these figures.

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Why can’t I find my surgeon on the website?

Your surgeon’s information might not be listed on the NJR Surgeon and Hospital Profile website if they have not undertaken NHS-funded joint replacement surgery in England recently as Consultant in charge (a Consultant in charge is responsible for the operation but may not have performed the surgery). Consultant surgeons who only practice in Wales, Northern Ireland or the independent (private) sector are not automatically included.

Remember you can also talk to your surgeon about their experience. If you would like to ask but feel uncomfortable doing so, perhaps consider taking a friend or family member to your appointment. It’s important that you feel comfortable and confident in the discussions you have about your treatment.
Introduction to elbow implants

To help you digest the information and analysis included in this section, we have included an explanation of general orthopaedic terms for elbow replacement.

Total elbow replacement

A total elbow replacement is made up of metal and plastic parts and replaces the joint between the humerus (upper arm bone) and ulna (inner forearm bone). There are two metal stems that fit into the bone cavity of the upper and lower arm and these are usually fixed into place by using bone cement. The two metal stems are either linked (like a hinge) or unlinked, depending on the type of replacement.

Radial head replacement

A radial head replacement is made up of a short metal stem and a highly polished metal head. The component replaces the top of the outer forearm bone (radius) and moves against the ends of the patient’s own upper arm and inner forearm bones.

Lateral resurfacing procedure

A lateral resurfacing procedure is the replacement of part of the elbow joint, on the outer side of the arm. Only part of the upper arm bone (humerus) and, if required, the top of the outer forearm bone (radius) are replaced with a metal and plastic joint.

For all procedures, different sizes of components are available to aid the surgeon in finding the most suitable ‘fit’ for the patient.

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Measures to prevent blood clots

The type of prevention offered to patients varies, depending on their risk factors, e.g. previous experience of a blood clot in leg veins. There are two main types – chemical and mechanical:

- 95% of elbow replacement procedures used mechanical methods and the most common was TED (anti-embolism) stockings and the use of intermittent calf compressions, used in 76% of procedures.
- 61% used chemical treatment and the most common regime was low molecular weight Heparin, used in 88% of procedures.
- 59% of procedures used both chemical and mechanical methods.

About first-time elbow replacements in 2016

Types of procedures

- 78% were total elbow replacements and 21% were radial head replacement
- The right elbow was replaced in 53% of cases and the left in 47%
- The majority of procedures use bone cement to fix the implant into place

Age and gender

- The average age for women was 67.6 years and the average for men was 60.3 years
- 72% of patients were women

Diagnosis and patient health before surgery

- 31% had a diagnosis of other inflammatory arthropathy (includes rheumatoid arthritis) and 19% with osteoarthritis
- 36% had a higher risk of medical problems before or after surgery

Surgical technique

During a primary elbow replacement, bone grafting may be required to stabilise the joint and implant. In 2016, 11% of procedures required humeral bone grafting (at the bottom of the upper arm bone) and 2% required ulnar bone grafting (at the top of the inner forearm bone).

81% of elbow procedures were performed using a posterior approach – making the incision and accessing the joint through the back of the elbow.

About revision elbow replacements

Over time, implants will wear and need to be revised, often due to loss of function or pain – commonly known as revision or re-do procedures.

The NJR records operation information and patient details (by consent) to measure the length of time an implant lasts. This is to ensure that if any implants fail earlier than expected, it can be picked up and the information acted upon.

Of the 160 patients that had a revision procedure in 2016:

- The average age for women was 66.41 years and 65.17 years for men
- Aseptic loosening was the most common reason for revision in 49% of cases, with infection the reason for a further 30% of cases.
Joint replacement is a highly successful operation that can bring relief from pain and improve mobility. However, going through the process can be baffling and many patients do not always understand their options or the detail of their treatment plan. It is important you feel supported by your surgeon when discussing your available options. Working together with your practitioner is known as shared decision making.

Use the ‘Questions’ section opposite to write down the additional questions or issues you would like to cover at your next appointment.

Shared decision making recognises all the different factors in your life that will lead to better quality decisions, from your surgeon’s advice through to the support from your family and friends.

Sources such as this National Joint Registry guide should make you feel confident in asking questions about your surgery, your implant and your recovery. On the next page are some commonly-asked questions, and some space for you to make notes.

Whatever the reason for your joint replacement, there are many others going through the same process, and it may help to know you are not alone. There is additional support out there for you on shared decision making as well as advice on looking after yourself before and after surgery. See the page opposite for a list of useful organisations that can help.

Please use this page to make notes and questions, either for your surgeon or clinical team at the hospital. Some commonly asked questions are listed below:

**Do I need joint replacement surgery?**
**Are there other options available to me?**
**What type of implant are you recommending?**
**What surgical technique would be used?**
**What are the pros and cons?**

**If I do, how should I prepare for surgery?**
**What should I know about my aftercare?**
**What type of implant are you recommending?**
**What should I think about when I return home after my operation?**
Have you seen:

Our monthly eBulletins? www.njrcentre.org.uk
Our Surgeon and Hospital Profile service? www.njrsurgeonhospitalprofile.org.uk
Our online NJR Annual Report information? www.njrreports.org.uk
Our other patient guides?

All this and more can be found online at www.njrcentre.org.uk

To find out more about the NJR:

- Visit our website at www.njrcentre.org.uk
- Call the NJR helpline on 0845 345 9991
- Send an email to enquiries@njrcentre.org.uk
- Write to NJR Centre, Peoplebuilding 2, Peoplebuilding Estate, Maylands Avenue, Hemel Hempstead HP2 4NW
- Like us on Facebook /nationaljointregistry
- Follow us on Twitter @jointregistry

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