



Joint Approach

ISSUE ONE
FEBRUARY 2003

THE NEWSLETTER OF THE
NATIONAL JOINT REGISTRY
WWW.NJRCENTRE.ORG.UK

NJR

Lord Hunt
Jane Hutt
Data input training
The patient experience

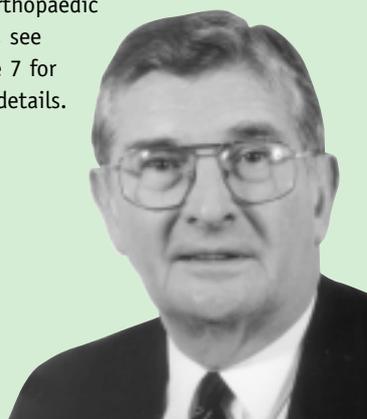


National Joint Registry
www.njrcentre.org.uk

This Newsletter is also available from the NJR Centre in Welsh

Bill Darling CBE, former Chairman of the National Association of Health Authorities and Trusts, is Chair of the NJR Steering Committee.

Bill intends to play his part in ensuring that the Registry will have a significant impact on the quality of orthopaedic care, see page 7 for full details.



NJR BENEFITS the surgical profession

“The Registry will have the benefit of providing a major research database and allow comparative audit of hospitals and prostheses. The Registry will also allow monitoring of “new” joint replacement prostheses and identify patients requiring urgent clinical review. Overall, I expect that it will have the effect of improving clinical standards.”

“The Royal College of Surgeons of England and the British Orthopaedic Association have also welcomed this development and will work closely with the Steering Committee to ensure its success.”

Professor Paul Gregg

Vice-chair, NJR Steering Committee and President of the British Orthopaedic Association.
Statement made on acceptance of vice-chair of the NJR Steering Committee



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COMING SOON

The NJR launch
Feedback from the regional training events
Compliance
Analysis and reporting
More on patients' experiences
Readers' contributions

NEXT PUBLICATION: MAY 2003

If you would like to make a contribution to this Newsletter please contact us.

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BACKGROUND:

Why do we need a National Joint Registry?

The establishment of the National Joint Registry (NJR) for England and Wales was made in response to the Royal College of Surgeons report (Ref 1) on the 3M Capital hip. The report suggested the 3M Capital hip's poorer performance would have been more readily apparent had data on implantation and revision been systematically collected and analysed.

It is widely recognised that the orthopaedic community and its stakeholders have been working together for several years to turn the NJR from a concept into a reality. Reports by the British Orthopaedic Association (Ref 2), the National Audit Office (Ref 3) and the National Institute for Clinical Excellence (Ref 4) also identified a need to collect data to measure the long term effectiveness of hip implants for all implant types in use.

Hip and knee joints comprise the largest number of joint replacements used in the UK and both are subject to a high proliferation of different implant types that commonly lack data on their long-term effectiveness. Hence, the recommendation for a national hip registry has been extended to include knee joint replacements.

Both the NHS and the independent health care sector are included in the registry to ensure complete recording of national activity in England and Wales.

REFERENCES

1. Royal College of Surgeons (2001) *3M Capital Hip System, The lessons learned from the investigation*
2. British Orthopaedic Association (1999) *Total Hip Replacement: A Guide to Best Practice*
3. National Audit Office (2000) *Report HC417 Session 1999-00*
4. National Institute for Clinical Excellence (2000) *Guidance on the selection of prostheses for primary total hip replacement*

NJR BENEFITS the NHS Purchasing and Supply Agency

The NJR will provide the NHS with invaluable survivorship data of prostheses used by the NHS. The data provided by the NJR will allow the NHS Purchasing and Supply Agency to help trusts ensure that they are fully aware of the status of prostheses in relation to the NICE guidance*. In providing post market surveillance figures the NJR will enable the industry to demonstrate compliance with the NICE benchmarks. This will, in its turn, allow the production of a listing of NICE compliant hips for the NHS.

Andy Smallwood

Senior Buyer
NHS Purchasing and Supply Agency

*National Institute for Clinical Excellence (2000)
Guidance on the selection of prostheses for primary total hip replacement

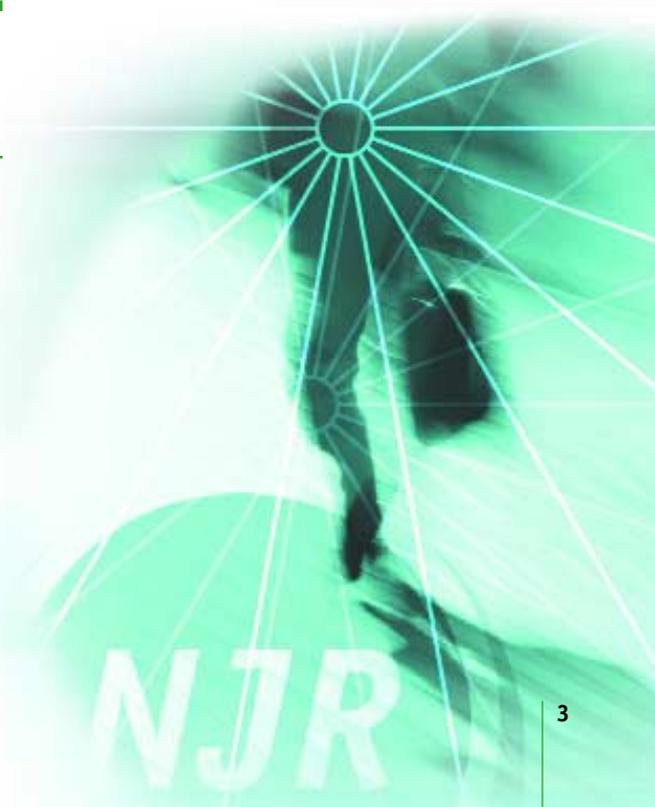


Aims of the NJR

The NJR is a keystone to delivering the commitment of both the Department of Health and the Welsh Assembly Government to improve the health and wellbeing of the population.

The NJR will help

- to ensure patients obtain the best clinical care during and following their joint replacement operation
- to ensure that NHS and other health care resources are best used
- improve surgical practice through the identification of best practice in orthopaedic units/hospitals
- highlight in real time any brand of prosthesis showing high failure rates and allow prompt removal from the market, if necessary
- improve evidence based purchasing of joint replacement implants for orthopaedic units/hospitals
- to provide patients, clinicians, healthcare purchasers/commissioners, regulators and implant suppliers with evidence for which are the best performing implants.





Lord Philip Hunt
Parliamentary Under Secretary of State
for Health (Lords)

It will be you who will ultimately make the Registry a success, by entering the information and using this to improve the quality of care provided to patients requiring hip or knee implants.

The National Joint Registry

Welcome to the first Newsletter about the development and work of the National Joint Registry. As the people who will use the Registry each day I believe that it is important that you are kept fully informed of its developments and this Newsletter will help us achieve this.

I have been an advocate of a National Joint Registry for some time, and it gives me great pleasure to now see it come to fruition during the lifetime of this Government. The Registry is a tool that will help to achieve the aims of the NHS Plan in delivering a quality service with patients at the centre. It will be used by patients, clinicians, manufacturers, researchers, regulators and others to enhance the orthopaedic service, and provide a firm evidence base for the future.

It will however, be you who will ultimately make the Registry a success, by entering the information and using this to improve the quality of care provided to patients requiring hip or knee implants. Sometimes information collection is seen as placing extra burden on the NHS. Sometimes that is right! But this is an initiative that the orthopaedic community has been calling for for decades, and one that can improve orthopaedic care through clinical audit and learning.

A great deal has already been achieved since the contract was awarded in September 2002. This has much to do with the work and commitment of the members of the Steering Committee, AEA Technology, and in particular, people in existing regional registries who have provided much valuable advice and experience.

I would also like to thank those who have agreed to take on the role of Regional Clinical Co-ordinators. These are important and demanding positions that are needed to support the implementation of the Registry in their local Strategic Health Authorities. The appointment of such a strong network of Regional Clinical Co-ordinators can only enhance the delivery of a Registry that has the potential to improve the provision of orthopaedic care in England and Wales.

I am also confident that other countries will benefit from a Registry that will hold the largest amount of data ever collected on hip and knee implants.

The launch date of 1 April for the National Joint Registry is not far away, and clinicians and managers should now be considering what is needed in your trusts for its introduction. This might be in relation to how to gather, enter and use the data; the IT system; or purchasing the prostheses. In particular, those using the database will require training on the new system and I hope that as many as possible will be able to attend the training events being run by AEA Technology throughout the country during March. Information about where these are taking place and how you can register is on the National Joint Registry website.

The National Joint Registry provides an exciting opportunity to understand more about the performance of hip and knee implants, improve surgery through learning from best practice, and essentially, improve the quality of care to patients. With these benefits I am sure that surgeons, nurses, managers, support staff and everyone else involved in the Registry will work to make it a success.

Lord Philip Hunt
Parliamentary Under Secretary
of State for Health (Lords)

The National Joint Registry and what it means for Wales

I am delighted to have been asked to contribute to the National Joint Registry's first Newsletter. The idea of a quarterly Newsletter, which will give latest news and provide updates on progress and developments, is an exciting development, and one that I strongly commend.

I have supported the idea of a National Joint Registry since it was first proposed in the April 2000 National Audit Office Report "Hip replacements: Getting it right first time", and I am pleased to see that the concept has now become reality and that the Registry will be in operation from 1 April 2003. The establishment of the Registry will provide better information on patients' joint replacements, and will also mean regular monitoring of performance of new joints and faster identification of badly performing joints. The agreement that the new Registry will share data with the existing joints registry in Scotland is very good news, as it will mean greater consistency and a better service for patients in Great Britain as a whole.

Orthopaedics, in Wales and elsewhere in the UK, have been going through very difficult times. Improvements in technology and techniques have generated increased demand and led to increasing sub-specialisation, both of which have had an impact on waiting lists and times. Despite significant additional investment to improve orthopaedic services, progress has been slow in producing the necessary increase in capacity that we all want to see. The Welsh Assembly Government is committed to producing equality in access throughout Wales and we are working closely with multi-disciplinary orthopaedic teams, made up of

consultants, nurses, physiotherapists and community re-ablement teams, to ensure that the necessary change is based on firm and sustainable foundations. To achieve that aim, it is essential that we put in place good quality and timely information to aid planning and performance management.

The establishment of the Registry is therefore fundamental to achieving these aims and objectives, and those of "Improving Health in Wales", my plan for the NHS in Wales and its partners. It will help significantly towards our aim of reducing health inequalities in Wales and will also provide a vital tool in the measures being taken to improve clinical standards for hip and knee replacements across the breadth of the National Health Service. I am confident that the Regional Clinical Co-ordinator network being established to promote and champion the Registry will ensure that this initiative has a major impact on orthopaedic services throughout England and Wales.

The National Joint Registry is an exciting venture, which I know will be of great benefit to patients in Wales and England, and I urge everyone to play their part in making it a success.

Jane Hutt
Minister for Health and Social Services
Welsh Assembly Government



Jane Hutt
Minister for Health and Social Services
Welsh Assembly Government

The establishment of the Registry is fundamental to "Improving Health in Wales"

NJR Website & Helpline

The NJR website is regularly maintained to provide up-to-date information.

Visit the NJR website at <http://www.njrcentre.org.uk> to find out the latest news.

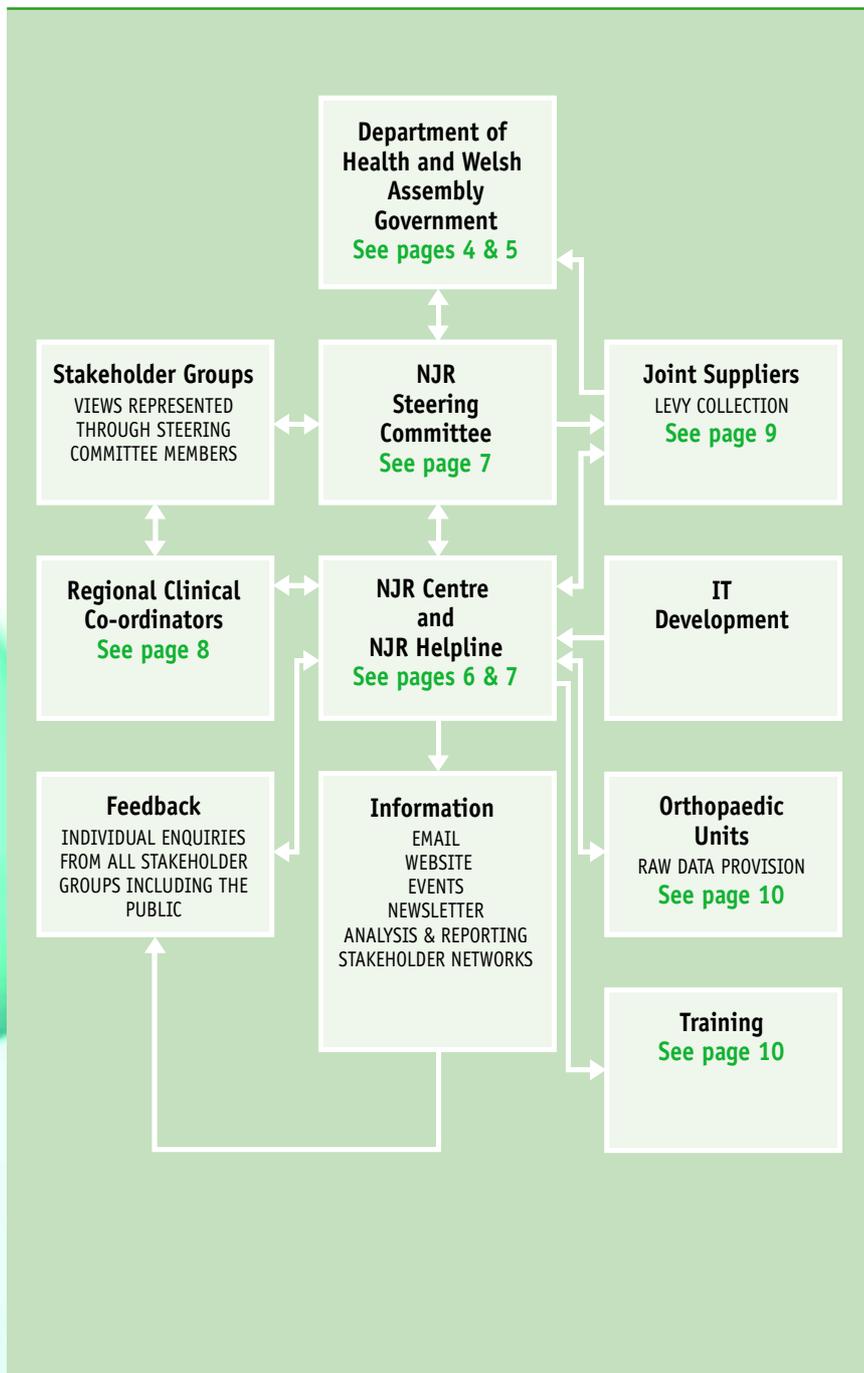
The NJR Helpline is an alternative route to seeking answers to your queries. It is available from Mon-Fri from 9am to 5pm (not including public holidays).

Contact the Helpline by phone, fax or email.

NJR Centre
329, Harwell
Didcot
Oxfordshire
OX11 0QJ

Tel: 01235 433433
Fax: 01235 433961
E-mail: enquiries@njrcentre.org.uk

The NJR – how it operates



NJR Steering Committee

The Steering Committee oversees the NJR activities.

It is made up of representatives from the following stakeholder groups:

- surgical profession
- patient groups
- industry (orthopaedic implant suppliers)
- public health and epidemiology
- theatre nurses
- NHS Trust management
- Independent healthcare providers
- NHS Purchasing and Supply Agency
- Medical Devices Agency
- Department of Health
- Welsh Assembly Government
- AEA Technology (contractor)

Steering Committee responsibilities

- setting the NJR work programme and monitoring its progress
- providing advice to Ministers, orthopaedic units/ hospitals and implant suppliers where the information shows concerns about

the performance of certain prostheses

- setting the amount of the Levy
- facilitating, where appropriate, the use of the NJR data for research purposes

The Steering Committee is chaired by former chair of the National Association of Health Authorities and Trusts, Bill Darling, and vice-chaired by British Orthopaedic Association president, Professor Paul Gregg.

Bill Darling has written to clinicians and managers to highlight how the NJR will operate and what is required for its successful implementation. He encouraged database users to attend training events provided in March.

Bill's letter is available to view on the NJR website, use the following URL to access the letter directly.

www.njrcentre.org.uk/news/news4.htm

" I was very glad to accept the invitation to chair the NJR Steering Committee and I intend to play my part in ensuring that the Registry will have a significant impact on the quality of orthopaedic care.

The Committee has made a good start and I have been impressed by the enthusiasm for the project, with clinicians throughout England and Wales demonstrating their willingness to become actively involved. I look forward to meeting with or hearing from as many people as possible in the months ahead."

Bill Darling

Chair, NJR Steering Committee

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The NJR Centre

At the heart of the NJR will be a database of information collected from all the elective total hip replacement (THR) and elective total knee replacement (THK) procedures in England and Wales. The NJR Centre has been set up to manage the development and implementation phases of the database for all data collection and analyses, as well as manage the dissemination of information.

Key NJR Centre staff include:

Fiona Davies

NJR Director, NJR Centre

David Carter

NJR Project Manager

David Pegg

NJR IT Project Manager

Martin Pickford

NJR Orthopaedic Advisor

Sandra Hasler

NJR Communications Manager

Amanda Hoare

NJR Project Administrator

The Regional Clinical Co-ordinator Network

A Regional Clinical Co-ordinator network has been established to promote the Registry and drive this initiative forward throughout England and Wales.

Regional Clinical Co-ordinators (RCCs) have been appointed in close alignment with the Strategic Health Authority areas in England. The RCCs based in Wales will be aligned to the three new NHS regions (Mid & West Wales; South East Wales; North Wales) that come into being in April 2003.

The RCCs will facilitate feedback to orthopaedic surgeons and their teams to enable them to optimise their clinical practice. They will also form one of the conduits between the regions and the NJR Centre to channel information on issues, lessons learned and good practice. The RCCs will play key roles in a series of regionally based NJR training events that will run throughout March 2003.

To find out who represents your region check Table 1 - Regional Clinical Co-ordinator Appointments.

Contact Details

NJR Centre
329, Harwell
Didcot Oxfordshire OX11 0QJ

Tel: **01235 433433**
Fax: **01235 433961**
E-mail: enquiries@njrcentre.org.uk
Web: <http://www.njrcentre.org.uk>

Please make a note of these details for future use.

Table 1 – Regional Clinical Co-ordinator Appointments

Strategic Health Authority / Welsh NHS region	Regional Clinical Co-ordinator
Avon, Gloucestershire and Wiltshire	Evert Smith (focussing on hips) John Newman (focussing on knees)
Bedfordshire and Hertfordshire	Richard Rawlins
Birmingham and The Black Country	David Dunlop
Cheshire and Merseyside	Richard Parkinson
County Durham and Tees Valley	John Anderson (focussing on hips) Anthony Hui (focussing on knees)
Coventry, Warwickshire, Herefordshire and Worcestershire	Kevin O'Dwyer
Cumbria and Lancashire	Martyn Porter
Dorset and Somerset	Nick Fiddian
Essex	Appointment to be confirmed
Greater Manchester	David Sochart
Hampshire and Isle of Wight	John Britton
Kent and Medway	Philip Housden
Leicestershire, Northamptonshire and Rutland	Colin Esler
Norfolk, Suffolk and Cambridgeshire	Keith Tucker
North and East Yorkshire and Northern Lincolnshire	Mark Andrews and Meng Khaw in shared role
North Central London	John Skinner
North East London	Gareth Scott
North West London	John Hollingdale
Northumberland, Tyne and Wear	Andrew McCaskie
Shropshire and Staffordshire	Ian dos Remedios
South East London	Patrick Li
South West London	David Ward
South West Peninsula	John Timperley
South Yorkshire	Ian Stockley
Surrey and Sussex	Michael Fordyce and Kenneth Tuson in shared role
Thames Valley	David Murray
Trent	Peter Howard and Philip Radford in shared role
West Yorkshire	Mark Emerton
Mid and West Wales*	David Woodnutt
North Wales*	Ian Smith
South East Wales*	Alun John and Robin Rice in shared role

* New NHS regions from April 2003

The Levy

In its establishment phase the NJR is being funded directly by the Department of Health. From April 2003, the NJR will be funded by a levy placed on the sale of hip and knee implants.

The levy will be set on an annual basis by the NJR Steering Committee and be collected by members of the Association of British Healthcare Industries (ABHI).

The levy will apply to the acetabular component for hips (where the acetabular component is modular, it will be on the metal outer shell or other major cup component), and the femoral component for knees.

The levy for 2003/04 is £25.00 for each levied implant.

The agreed principle of funding is that the supplier of a joint prosthesis shall collect a levy from the purchasing NHS Trust or Independent Healthcare Hospital for each applicable prosthesis. The levy will be a separate line item on each invoice prepared by the supplier and will be payable directly to the supplier. The suppliers will forward the collected levies to the Department of Health to cover the costs of ongoing operation and development of the NJR.

The Minimum Dataset (MDS)

The NJR minimum dataset (MDS) has been agreed by the NJR Steering Committee and is now available for reference on the NJR website. Please note that the MDS is currently being reviewed by the National Health Service Information Authority (NHSIA) and may be subject to change.

The MDS is the core set of data fields that will be collected by the Registry from 1 April 2003. Some of the data

fields are mandatory. Free text fields have been included to allow surgeons to capture information they require that will not be held within the MDS as a specified data field.

To access the MDS directly use the following URL

www.njrcentre.org.uk/documents/MDS_290103.pdf

NJR BENEFITS the orthopaedic industry (implant suppliers)

Working in collaboration with UK orthopaedic surgeons and NHS Trust hospitals, manufacturers already sponsor many detailed clinical and radiographic studies on their joint replacement products as part of their obligations to carry out post-marketing surveillance. These studies also often collect patient outcomes data. The survival and performance data provided by the NJR will supplement this research and provide useful additional evidence on the clinical effectiveness of the joint replacement service in the UK.

This will allow better monitoring of all joint prostheses and their routine use by orthopaedic units in both the NHS and Independent sectors and will hopefully identify any factors that could be changed to further improve outcomes for patients, thereby minimising early interventions for component loosening, should such occur.

The NJR also has the potential to help determine the benefits of new, cutting edge technologies, such as the use of computer aided navigation during surgery, which has the potential to improve surgical accuracy and the precision of component positioning, which may offer improved outcomes for patients.

Mick Borroff
Chairman -
The Association of
British Healthcare
Industries Orthopaedics
Special Interest Section



NJR BENEFITS public health and epidemiology

The NJR is an important UK public health venture: for the first time we will be able to measure accurately the number of hip and knee replacement operations carried out across England and Wales and assess the variation in surgical techniques and practice. This also presents tremendous opportunities for research into the factors that influence patients' progress and outcome after surgery. Over the coming years the NJR will be an academic resource that will be of worldwide significance.

Alex MacGregor Consultant rheumatologist and epidemiologist
Professor-elect of Chronic Disease Epidemiology at the University of East Anglia.



Table 2 - NJR Training Events Schedule

3 MARCH London South

(The Weston Education Centre at Kings College Hospital, Camberwell)

10.00 – 20.00

4 MARCH London North

(Himsworth Hall, Northwick Park Institute for Medical Research)

10.00 – 20.00

5 MARCH East Anglia

(The Bell Hotel, Thetford) 10.00 – 20.00

6 MARCH Oxford

(The Oxford Centre) 10.00 – 18.00

7 MARCH Exeter

(The Crossmead Conference Centre)

10.00 – 18.00

10 MARCH Gwent

(Nevill Hall Hospital PG Centre, Abergavenny)

10.00 – 19.00

11 MARCH Basingstoke

(The Ark Centre) 10.00 – 19.00

12 MARCH Leicester

(High Point, Leicester) 10.00 – 20.00

13 MARCH Orthopaedic Suppliers Only

(Training Centre, AEA Technology, Harwell, Oxon)

Afternoon

17 MARCH Newcastle-upon-Tyne

(Freeman Hospital Training Centre, Newcastle-upon-Tyne)

10.00 – 19.00

18 MARCH Wigan

(Wrightington Hospital Conference Centre, Wigan)

10.00 – 20.00

20 MARCH Birmingham

(The Research Block, Royal Orthopaedic Hospital, Birmingham)

10.00 – 20.00

21 MARCH Leeds

(The Leeds Club) 10.00 – 18.00

PLEASE NOTE change in location for 18 March event and change of venue for 7 March.

Data input training

Data input training will largely be delivered through regional events. However, there will be other ways of receiving training if representatives from your unit or hospital are unable to attend an event.

NJR Training Events

These will be held on a regional basis across England and Wales throughout March 2003. To find out which event is closest to you check Table 2 – NJR Training Events Schedule. The format of each event will give delegates the flexibility to arrive and leave at times most convenient to them throughout the day. Each event will run from 10am to 8pm (unless otherwise indicated), and delegates should be prepared to attend for a minimum of 1-2 hours.

Some of the key issues that will be addressed at each event include:

- an introduction to the NJR – its background, aims, benefits and future developments
- demonstrations on data input accuracy and good practice, with hands-on experience of data entry on PCs using sets of dummy raw data
- concerns and issues users may have with data security and confidentiality
- data validation and verification
- data analyses and output reports
- an introduction to the support infrastructure for NJR users
- levy collection and financial processes

Participants will have an opportunity to meet staff from the NJR Centre, Regional Clinical Co-ordinators and members of the Steering Committee. The structure of the whole project and the responsibilities at unit or hospital level will be introduced, and delegates will have the opportunity to look at display material, talk to colleagues from other units and seek answers to their questions.

The events will be open to anyone who has an interest in the NJR, with the main focus being on ensuring that its users are fully informed. Invitations are being made by direct mail to orthopaedic unit and hospital managers, who will be best placed to identify pertinent representatives to attend on behalf of their departments.

Registrations are being taken by the NJR Helpline and via the NJR website. To access an event registration form directly use the following URL:

www.njrcentre.org.uk/events/events.htm

Alternative NJR Support and Training

The following support will be made available to help you meet the NJR system requirements for data provision:

- training manuals – these are being developed to cover a range of user needs and will be provided to all units
- information will be available on the website - including a wide range of Frequently Asked Questions (FAQs)
- first hand assistance will be given via the NJR Helpline - by phone, fax or email
- contact with your regional support staff - the Regional Clinical Co-ordinator network
- web based training – a guided tutorial

Timetable for the NJR's introduction and key activities

- SEPTEMBER 2002**
- > Health Minister Lord Philip Hunt announced on 19 September that AEA Technology had been awarded the contract to establish the National Joint Registry. Copies of the Department of Health press release can be found on the NJR website.
 - > The NJR website went live on 19 September.
- OCTOBER 2002**
- > The first NJR Steering Committee meeting was held on 4 October. Meetings continue on a monthly basis until April 2003, after which they will be held quarterly. Minutes from the meetings are made available on the NJR website.
 - > Development of the IT system that will be collecting the data began. The system will be piloted at several hospitals prior to its implementation in April 2003.
 - > A hardware health check questionnaire was distributed to assess what hardware is already in each unit and hospital. Please check with your IT Manager that your hospital has completed and returned the questionnaire. If not, you can access it via the NJR website.
- NOVEMBER 2002**
- > The call for NJR Regional Clinical Co-ordinators was made on 1 November.
 - > The Minimum Dataset (the core data fields) was agreed by the Steering Committee.
 - > The NJR Helpline was established on 25 November.
- DECEMBER 2002**
- > Appointment of Regional Clinical Co-ordinators.
- JANUARY 2003**
- > The dates and locations of the NJR regional training events being held in March were released. Delegates can register for events online via the NJR website.
 - > The Minimum Dataset was made available on the website.
 - > Appointment of Regional Clinical Co-ordinators continued and a list of all appointments was posted on the NJR website.
- FEBRUARY 2003**
- > The IT system will be piloted at selected units and hospitals throughout February and March.
 - > The first NJR Newsletter will be posted on the website.
- MARCH 2003**
- > Training roadshows will be held on a regional basis across England and Wales throughout March.
- APRIL 2003** **THE NJR GOES LIVE!**

Experiencing knee replacement surgery

Richard Gutch, formerly Chief Executive of Arthritis Care and now the Director for England and the UK Lottery Community Fund, has just experienced his first total knee replacement surgery at the age of 56.

He is in the early days of recovery but has shared his fresh experience with us so that we can begin to appreciate the relief this type of surgery can bring.



Once the staples were removed, Richard was intending to return to work on a part-time basis, just over 2 weeks after his operation. It would be necessary for him to take a taxi into work because of his limited mobility, where normally he would have used the tube. He was hoping that the surgeon would pronounce him fit to drive, and start swimming and cycling again, within just 6 weeks of having had the operation.

Information and support

Richard is most appreciative of the care and support provided throughout his treatment. He was directed to the available literature about knee replacement surgery, which he found very useful. He felt, however, that had he been given the opportunity to meet with his surgeon to discuss his operation in detail, he would have had a better appreciation of what was involved. They had met 13 months prior, but they were not due to meet again until 6 weeks after his operation.

Richard was particularly appreciative of the support and encouragement he received from hospital staff. He was also impressed by the hospital facilities especially the physiotherapy and special treatment rooms where prescribed muscle strengthening and stretching exercises were practised.

Similarly, he is greatly impressed by the support he was offered on his return home. For example, sofa heighteners and a board across the bath to facilitate showering were fitted the morning he returned. This equipment is made available to the patient for 6 weeks at no cost. He was also given a Helpline telephone number that he was encouraged to use if he needed advice, which he found particularly reassuring.

The surgery Richard experienced was the ultimate step to allowing him to regain his quality of life.

We wish you a speedy recovery Richard.

This Newsletter issue introduces how Richard's failing knee joint affected his life and the build-up towards his operation. We will be following Richard's progress over the coming months.

Life before surgery

Richard has always been active, enjoying sports such as squash and running. It was about 15 years ago he first noticed pain in his right knee following an active holiday. After taking advice, he limited his exercise to low impact activities such as walking, working out in the gym and swimming. Richard has been fortunate that his mobility has not been seriously affected, but he has suffered with severe pain.

The effects of pain

The pain became much more of a problem when it began to recur in the evening and at night. Pain and stiffness are common complaints once you stop using problem joints. Eventually the pain became so intense and regular at night that it disrupted Richard's sleeping pattern and he had to seek further help. He was prescribed painkillers and sleeping pills but this was not a long-term solution. He was referred to a rheumatologist who recommended a series of Hyalgan injections directly into the knee joint. This treatment lasted a couple of months but no improvement was realised. He was then referred to an orthopaedic surgeon who tried steroid injections but again without success. Further X-rays of the knee showed almost a complete loss of joint space that meant the bones were coming into contact with each other, causing the pain. Because there was no joint space,

arthroscopy (key-hole surgery) was not an option and replacement surgery was recommended.

Preparation for surgery

Richard joined a 13 month NHS waiting list for his operation. His preoperative assessment took place in November in readiness for his operation in mid-January. The preoperative assessment introduces the benefits of surgery and assesses the patient's well being. Right up to the date of operation Richard continued to workout in the gym and strengthen his leg muscles to help speed his recovery.

Post operation

Richard has responded well to the surgery and was discharged from hospital just 4 days after his operation, a fast turnaround. Patients are usually expected to stay in for 5 to 10 days.

The stapled incision is about 12 inches long and runs lengthways from above to below the knee. Richard noted how the type of pain had changed since the operation. Now it is a result of where the cut is still tender and the knee bruised and swollen. Painkillers are prescribed to alleviate the pain sufficiently so that the knee can be exercised.

Expectations

It was only 5 days since Richard's operation at the time of interview, yet he was expecting to be able to walk about the house without a stick within the next few days. He explained that although he was capable of walking it was important that he kept it in moderation to help prevent swelling.