



Joint Approach

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THE NEWSLETTER OF THE
NATIONAL JOINT REGISTRY
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New Surgeon Default Techniques Enhancements

Bulk Upload Facility -
Ready for Use

Coming Soon -
NJR StatsOnline

Living Life to the Full -
A Patient's Perspective

NJR National Joint Registry
www.njrcentre.org.uk

PRIMARY HIP DEFAULT TECHNIQUE

Please circle relevant numbers. These fields are mandatory in the Data Entry System.
An NJR Hospital Data Manager (HDM) can use this form to agree with a surgeon which data fields shown below represent their surgical default technique. Either the surgeon or the HDM can enter this data into the NJR.
A separate form will need to be used for each Default Technique.

Please note: It is the responsibility of the surgeon to ensure the correct default technique is recorded on the NJR database. A printed and signed copy of the saved default technique should be kept as part of the surgeon's record. It is suggested that the HDM also keep a copy.

SURGEON'S NAME

PATIENT PROCEDURE

SURGICAL APPROACH

APPROACH

1 PRIMARY TOTAL PROSTHETIC REPLACEMENT USING CEMENT
2 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT USING CEMENT
3 PRIMARY RESURFACING ARTHROPLASTY OF JOINT (EG HYBRID)
4 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE

COMPLETE FOR PATIENT PROCEDURE

1 LATERAL 2 SUPINE

NJR National Joint Registry
www.njrcentre.org.uk

PRIMARY KNEE DEFAULT TECHNIQUE

Please circle relevant numbers. These fields are mandatory in the Data Entry System.
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Please note: It is the responsibility of the surgeon to ensure the correct default technique is recorded on the NJR database. A printed and signed copy of the saved default technique should be kept as part of the surgeon's record. It is suggested that the HDM also keep a copy.

SURGEON'S NAME

PATIENT PROCEDURE

SURGICAL APPROACH

APPROACH

1 PRIMARY TOTAL PROSTHETIC REPLACEMENT USING CEMENT
2 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT USING CEMENT
3 UNICONDYLAR KNEE REPLACEMENT
4 PATELLO-FEMORAL REPLACEMENT
5 PRIMARY TOTAL PROSTHETIC REPLACEMENT NOT CLASSIFIED ELSEWHERE (EG HYBRID)

COMPLETE FOR PATIENT PROCEDURE

1 LATERAL PARAPATELLAR 2 MEDIAL PARAPATELLAR 3 SUB-VASTUS 4 OTHER (PLEASE SPECIFY)

CEMENTING TECHNIQUE

CEMENT USED (FEMORAL)?

CEMENT MIXING SYSTEM USED:

COMPLETE FOR PATIENT PROCEDURE

a YES b NO
1 OPEN BOWL AND SPATULA 2 VACUUM MIXING 3 FUME EXTRACTION ONLY

CEMENT USED (PATELLA)?

CEMENT MIXING SYSTEM USED:

COMPLETE FOR PATIENT PROCEDURE

a YES b NO
1 OPEN BOWL AND SPATULA 2 VACUUM MIXING 3 FUME EXTRACTION ONLY

THROMBO PROPHYLAXIS REGIME (INTENTION TO TREAT)

CHEMICAL (SELECT ALL THAT APPLY)

1 ASPIRIN 2 CHLOROQUINE 3 LMWH 4 LMWH 5 PENTASACCHARIDE 6 WARFARIN 7 OTHER (CHEMICAL) PLEASE SPECIFY 8 NONE

COMPLETE FOR PATIENT PROCEDURE

MECHANICAL (SELECT ALL THAT APPLY)

1 FOOT PUMP 2 INTERMITTENT CALF COMPRESSION 3 TED STOCKINGS 4 OTHER (MECHANICAL) PLEASE SPECIFY 5 NONE

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Events Diary

The NJR is at:

NATN Speciality Conference
10 - 11 June 2005
Business Design Centre
London

BOA Annual Congress
21 - 23 September 2005
International Convention Centre
Birmingham

Latest NJR news - at a glance

Closure of MDS v1 data entry

The ability to enter MDS v1 data was withdrawn on 1 April 2005. All MDS v1 records that were left in edit mode beyond 31 March (i.e. those records that were not complete) have been collated so that they can be investigated should there be a need, for example, in the event of a component recall.

For further advice, please contact your Regional Audit Co-ordinator or call the NJR Helpline.

Public Key Infrastructure

From summer 2005, the introduction of a Public Key Infrastructure Hardware Security Module will allow for on-line user verification, enabling surgeons to retrieve patient identifiable data. Further details will follow as development progresses.

Submitting NJR data using the bulk upload facility

A test version of the bulk upload facility is now available, allowing interested parties to test their IT systems and create the bulk upload XML file required to use the facility. If your hospital is interested in using the bulk upload facility to submit data, contact the NJR Helpline. See pages 4 and 5 for further information.

Next Newsletter publication: June 2005

If you would like to make a contribution to this Newsletter, please contact the NJR Helpline on 0845 345 9991, or send an email to enquiries@njrcentre.org.uk. Let us know what you would find useful and would like to see in the next issue of the Newsletter.

All NJR information and documents are available on the NJR website www.njrcentre.org.uk

If you do not have access to the web, contact the NJR Helpline to receive a copy by email or by post.

The NJR Centre

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New Surgeon Default Techniques Enhancements

New surgeon default techniques have been developed in response to requests from surgeons for them to be more closely aligned with various patient procedures. These techniques will be made available from 3 May 2005.

Why the NJR records surgeon default techniques

The NJR Data Entry System has a facility for creating default techniques for each surgeon. This facility was developed specifically to help limit repetitive data entry. Pre-recording the surgeon's default techniques on the NJR enables certain data fields to be populated at the data entry stage when creating a record for a new procedure.

Type of surgeon default techniques available

Initially, only one default technique could be set up for hip procedures and one for knees. From 3 May 2005, the selection of default techniques will include:

HIP

- 1 Primary total prosthetic replacement using cement
- 2 Primary total prosthetic replacement NOT using cement
- 3 Primary resurfacing arthroplasty of joint
- 4 Primary total prosthetic replacement not classified elsewhere (e.g. hybrid)

KNEE

- 1 Primary total prosthetic replacement using cement
- 2 Primary total prosthetic replacement NOT using cement
- 3 Unicondylar knee replacement
- 4 Patello-femoral replacement
- 5 Primary total prosthetic replacement not classified elsewhere (e.g. hybrid)

Where possible, default techniques already entered into the system will be automatically allocated to one of the procedure types shown above. However, there are a small number of incomplete default techniques currently on the database for which re-allocation will not be possible. Such datasets will unfortunately have to be deleted when this system enhancement is introduced. The surgeons affected will be informed in writing during April so that they will have sufficient time to complete their existing default techniques prior to launch

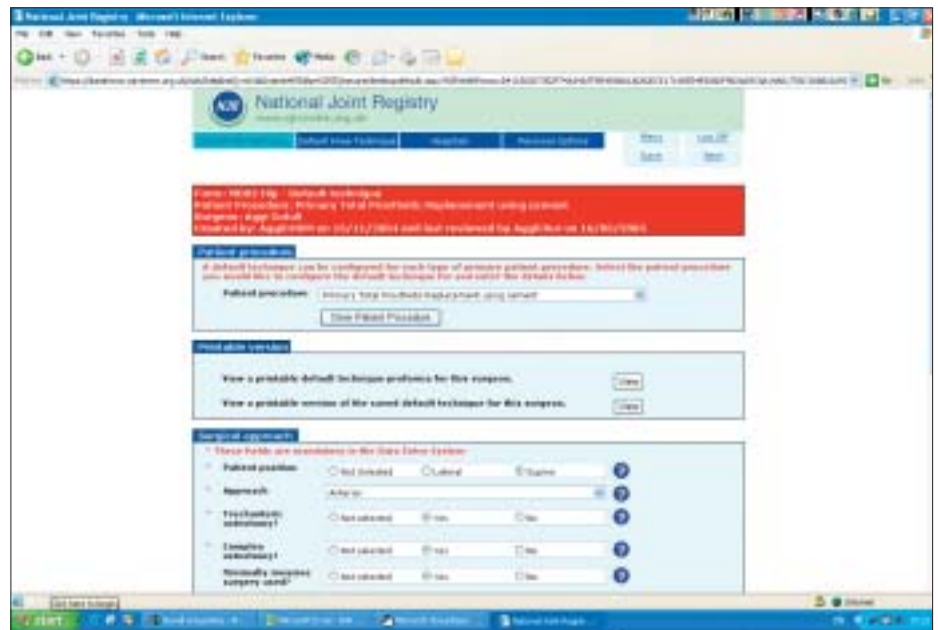


Figure 1 - Default technique screen (hip)

on 3 May. Surgeons will need to ensure all incomplete default techniques are completed by 25 April to allow allocation to the new default techniques ready for launch.

Enabling NJR Hospital Data Managers to help surgeons

Originally, the NJR Data Entry System only allowed surgeons to create their default techniques via their own NJR user accounts. However, not all surgeons completed their default technique on-line, which at times led to some confusion at the data entry stage and resulted in incomplete records that could not be submitted to the NJR.

To help remedy this situation, the ability to create the surgeon's default technique on-line was opened up to Hospital Data Managers (HDMs). This means that an HDM can enter the default techniques on behalf of those surgeons associated with their hospital via their own HDM account (where they have surgeon agreement).

Recording a surgeon default technique

Paper forms have been developed for HDMs to make an initial record of the surgeon default technique. The introduction of additional default techniques means that the existing forms will be revised. MDS v1 forms

will be withdrawn from use altogether - this is in accordance with the removal of the MDS v1 data entry pathway. The following forms will be made available for use on 3 May 2005:

- PRIMARY KNEE default technique
- PRIMARY HIP default technique

A separate form will need to be completed for each patient procedure selected. The forms indicate which sections need to be completed for which technique.

HDMs will need to ensure they are using the latest version of the forms, which are available from the NJR website: just follow the links from the Healthcare Providers area to surgeon default technique. From 3 May, the forms will also be available directly from the surgeon default technique screen in the Data Entry System, see Figure 1 above.

Help and advice

Updated guidance on how to set up the surgeon default technique on the Data Entry System is available from the NJR website (www.njrcentre.org.uk). Or, if you would like specific training, contact your Regional Audit Co-ordinator or call the NJR Helpline on **0845 345 9991**.

Coming soon - NJR StatsOnline

NJR statistics for both English and Welsh NHS hospitals and NHS treatment centres will be made available on the NJR website from early May 2005.

Discussions with representatives from the independent healthcare groups and the Independent Healthcare Forum are underway to find a way forward to also include data from the independent sector on-line. This web facility for displaying NJR statistics will be known as NJR StatsOnline.

The following statistics will be available for a named hospital or treatment centre:

- the total number of completed operations submitted to the NJR
- the number of completed hip procedures submitted
- the number of completed knee procedures submitted
- the patient consent rate (%).

The above statistics will be updated on a monthly basis and will represent data for whole calendar months only (not partial months). The data will be recorded by the

date of submission to the NJR. This means that the statistics will not necessarily reflect the date when the operations occurred.

All website visitors will be able to view and download the above information for every hospital and treatment centre participating in the NJR. Similarly, for NJR eligible hospitals and treatment centres that have not returned data, no submissions will be reported.

Search facility

NJR StatsOnline will be fully searchable so that statistics can be displayed for a particular:

- geographic region
- Strategic Health Authority
- NHS Trust
- hospital or treatment centre.

Users will be able to retrieve statistics for the following time periods:

- totals for the year 2004 (1 January - 31 December)
- a running total for complete months for the year 2005
- totals per individual month for 2005.

All statistics will be provided as a CSV (comma separated value) file format. From early May 2005, direct access to NJR StatsOnline will be available from the NJR website homepage at www.njrcentre.org.uk

Keeping account of hospital and treatment centre data submissions

This development should serve as a useful source to help hospitals and treatment centres assess whether the data submitted to the NJR accurately reflect the total hip and knee replacement operations performed in the hospital or treatment centre. Similarly, patients will be able to look up how many hip and knee replacement operations have been registered on the NJR by their local hospital or treatment centre.

Help and advice

Submission of data to the NJR will help it improve orthopaedic care through clinical audit and development of good practice. Should you require any further information about the availability of NJR statistics, or wish to talk through any issue related with the NJR, please contact your Regional Audit Co-ordinator.

Bulk upload facility - ready for use

The NJR Centre has worked closely with interested hospitals and software providers to develop the bulk upload facility. This facility allows hospitals to collect NJR data in their own IT system and then transfer it to the NJR database at regular intervals. Bulk upload avoids duplicate data entry and hence helps to preserve data quality.

Registering your interest

If you are already using a hospital IT system to collect data and would like to, or are thinking of, using the bulk upload facility to submit data to the NJR, please contact the Helpline to register your interest. This will allow us to work closely with you to ensure your system is fully compatible and that you are kept up to date with all bulk upload developments.

On application, you will be provided with details of how to log on to the test version of the system. This is necessary to test the

compatibility of your hospital system and ensure data integrity so that complete data transfer can take place.

Uploading data to the NJR

Once access to the bulk upload facility has been given and the user has logged onto the NJR Data Entry System, the menu screen will display two new options as shown in Figure 1:

- 1 **Upload XML Submission** - this option allows an XML Bulk Upload document to be uploaded.
- 2 **View Bulk Upload Submissions** - this option lists the previous bulk upload submissions that the hospital has made and details the results of their processing, e.g. displays any processing errors that may have occurred.

Patient Reported Outcome Measurement Study (PROMS) Group

The PROMS Group (previously Patient Feedback Advisory Group - PFAG) was set up in February 2004, to make clear recommendations to the Steering Committee for progressing patient feedback and the means by which it should be implemented.

Members of the group are:

Paul Gregg Vice Chair, NJR Steering Committee

Jan van der Meulen Royal College of Surgeons, Clinical Effectiveness Unit

Alex MacGregor Public Health and Epidemiology, University of East Anglia

Colin Esler Regional Clinical Co-ordinator, Leicestershire, Northamptonshire and Rutland Strategic Health Authority

Richard Parkinson Regional Clinical Co-ordinator, Cheshire and Merseyside Strategic Health Authority

John Timperley Regional Clinical Co-ordinator, South West Peninsula Strategic Health Authority

Leigh Mapledoram Programme Manager, NJR Centre

Martin Pickford Orthopaedic Adviser, NJR Centre

David Helson PROMS Manager, NJR Centre

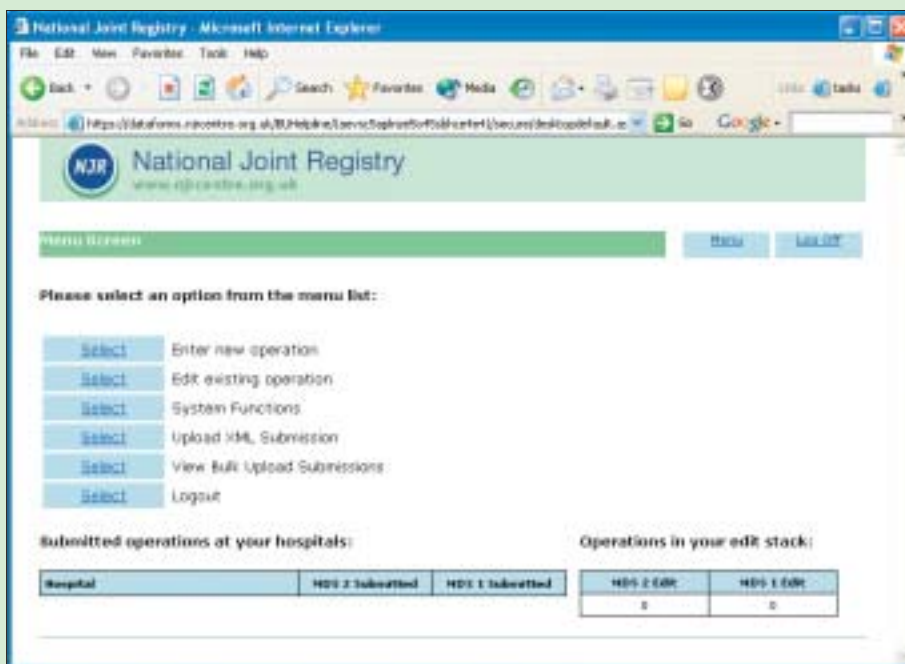
The Group's objectives are to:

- agree the purpose of the NJR Patient Feedback process
- agree upon sample size to achieve that purpose
- determine how often the patient survey should be carried out, i.e. the interval of patient follow-up
- determine when the patient survey should be piloted and launched
- agree the instruments and methodology of the process
- make clear recommendations to the NJR Steering Committee.

The PROMS Group has recommended a two-phase approach:

The first phase will be to implement an 'Interim' PROMS study commencing March 2005. This study involves seeking feedback from approximately 10,000 hip and 10,000 knee replacement patients whose operation took place at least 12 months ago. The results of this study will be published in the 2nd Annual Report in September 2005.

The second phase involves a more detailed cohort study, spanning a period of approximately 18 months. The hope is to take full account of, as well as consider ways to collaborate with, the separate Department of Health's Treatment Centre study.



Help and advice

Further guidance on how to get ready to use the bulk upload facility is available from your Regional Audit Co-ordinator, or call the NJR Helpline on **0845 345 9991**.

User guidance is available from the NJR website (www.njrcentre.org.uk), just follow the links to 'bulk upload'. This guidance gives step-by-step instructions and some useful hints and tips on how to submit data. The guidance is only applicable to users that have already been given access to the bulk upload facility.

Figure 1 - Menu screen on the NJR Data Entry System

NJR Patient Consent - an important link to achieving its aims

For the NJR to be most effective, it needs to collect as many records as possible with patient personal details (forename, surname, date of birth, postcode and NHS number). Patients must give their consent for the NJR to record their personal details (Data Protection Act, 1998).

Recording a patient's personal details allows the NJR to:

- identify patients who have received a specific prosthesis that may later be found to be faulty
- link a patient's primary and revision procedures, enabling survivability of particular implants to be determined (the link being via the NHS number)
- invite patients to participate in any subsequent feedback process so that patient satisfaction can be assessed.

NHS numbers and postcodes

Importantly, the NHS number is used to link a patient's primary joint replacement with any subsequent revision procedures. This linkage is essential to the NJR so that the

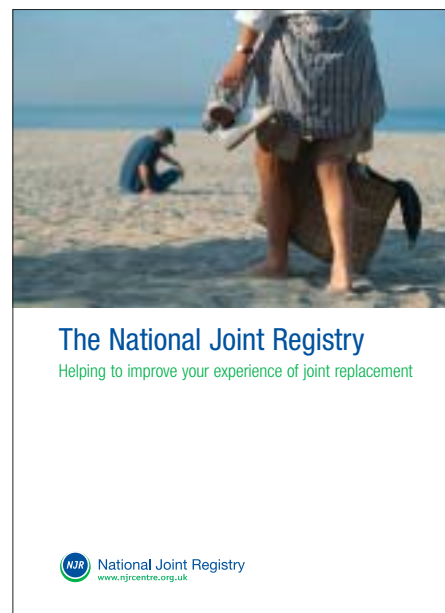
survivability of implants can be determined and patient outcomes after joint replacement evaluated.

The home postcode is used by the National Strategic Tracing Service to backfill missing NHS numbers where they are not known at the time of data entry, hence the importance of submitting the postcode when the NHS number is unknown at the time of gaining consent. Recording these data also enables patients to be invited to contribute to patient satisfaction surveys.

The NJR 1st Annual Report showed that only 65.1% of NHS numbers were recorded for patients who gave consent. However, 23 hospitals had an NHS number for all patients, demonstrating that it is possible to achieve high levels of completeness.

Patient consent rate

Figure 1 shows how the overall patient consent rate recorded on the NJR has been improving over the past few months. However, some hospitals still need to embed a robust patient consent collection process.



The patient consent rate for individual hospitals will be reported on NJR StatsOnline.

Patient leaflet

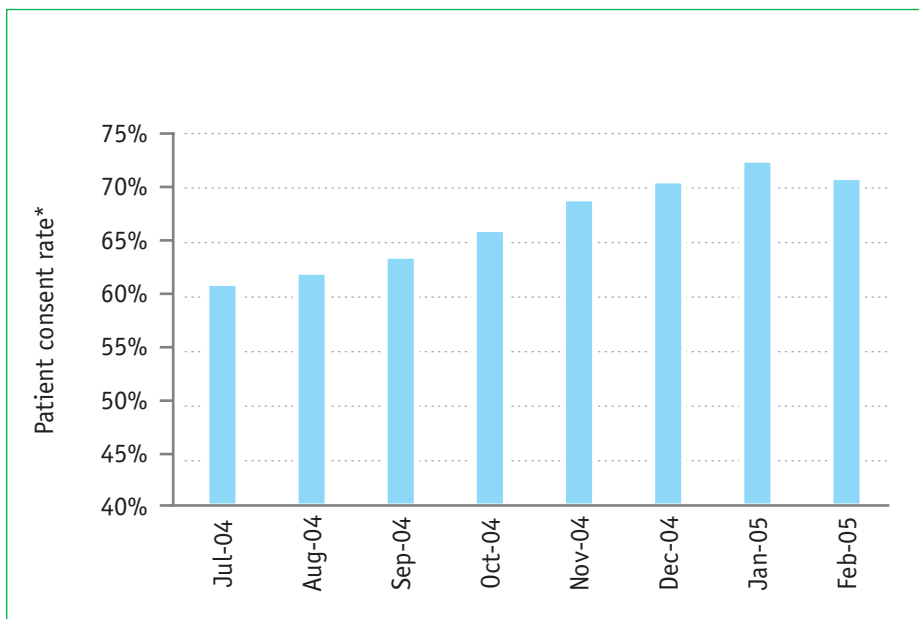
The NJR Centre has produced a patient leaflet (see above) that hospitals may like to use as part of their NJR patient consent process. The leaflet introduces the purpose of the NJR, its benefits and the importance of the NJR recording personal details.

The Nuffield Orthopaedic Centre (NOC) in Oxford is one of the first hospitals to take advantage of the leaflet and has been using it on a regular basis since 1 March 2005.

To request copies of the leaflet, contact the NJR Helpline on 0845 345 9991 or speak to your Regional Audit Co-ordinator.

Figure 1 - The trend in the patient consent rate on the NJR

*The patient consent rate is the number of operations with patient consent as compared to the total number of operations expressed as a percentage.



NJR Stakeholder Survey of Future Reporting Requirements

The NJR Centre is currently conducting a stakeholder survey to gather information on the future reporting requirements of NJR stakeholders. This information will be used to develop the strategy and plan for reporting to stakeholders.

The following stakeholder groups are participating in the survey:

- orthopaedic surgeons
- NJR Regional Clinical Co-ordinators
- patient bodies
- hospital management (this includes Chief Executives, Clinical Directors as well as NJR HDMs)
- regulators: MHRA and PASA
- suppliers and manufacturers of orthopaedic components.

The survey is tailored to each stakeholder group and aims to seek feedback on their fundamental reporting requirements and any additional desired reporting they would like to see in the future. Each group is being asked for their preferred report format, delivery mechanism and frequency of reporting.

The survey also asks what they would like to see in the 2nd NJR Annual Report due to be published in September 2005.

Data gathered so far

Since November 2004, the NJR Centre has sent the survey to the following groups:

- a public group (Goring & Streatley Probus club)
- patient representatives on the BOA patient liaison group
- orthopaedic surgeons (members of BOA and BOTA)
- NJR Regional Clinical Co-ordinators
- orthopaedic implant suppliers
- hospital management.

The survey of suppliers and some regulators is complete and surgeon response has been good. Hospital management were sent their survey in January and their responses are being collated.

The feedback obtained to date is currently being reviewed and analysed. This will form the strategy and planning process for future reporting to NJR stakeholders. The strategy process will take into account:

- confidentiality and security restrictions on data
- adherence to the aims of the NJR
- protocols for ensuring accuracy of data/analyses and that information is provided to authorised recipients only
- interrelation of stakeholder groups and their reporting requirements
- priorities for reporting specific urgencies.

TRAINING AND SUPPORT

The NJR Centre remains committed to providing training and support to orthopaedic hospitals and unit staff. The training is provided directly through your local Regional Audit Co-ordinator. Your Co-ordinator will help you to assess the needs of your hospital and arrange for appropriate training to be provided.

The NJR Centre can provide:

- advice on setting up and implementing the NJR within your hospital
- up-to-date advice on good practice for maintaining NJR data quality
- hands-on training of the NJR Data Entry System
- a user reference manual for the Data Entry System
- supporting user documentation, leaflets and posters
- continued help and support on all aspects of the NJR.

Your Regional Audit Co-ordinator can be contacted by phone or email, and is on hand to visit your hospital as required. Contact your Co-ordinator to register your training requirements.

West Trudy Craig
Email: trudy.craig@aeat.co.uk
Tel: 0870 190 6653

North East Ryan Shirlow
Email: ryan.shirlow@aeat.co.uk
Tel: 0870 190 6695

North West Joanne O'Neil
Email: jo.oneil@aeat.co.uk
Tel: 0870 190 6696

Midlands Amanda Hoare
Email: amanda.hoare@aeat.co.uk
Tel: 0870 190 6147

South East Richard Coombes
Email: richard.coombes@aeat.co.uk
Tel: 0870 190 6698

Alternatively, give the NJR Helpline a call, Tel: **0845 345 9991**.

Don't forget! You can also make use of the Data Entry System reference manual. You can access the latest manual from the NJR website. Go to the Healthcare Providers area and choose reference manual for MDS v2 from the Data Entry dropdown menu.

NJR SUPPLIER DAY

Representatives from orthopaedic implant suppliers and members of the Association of British Healthcare Industries (ABHI) attended the NJR Supplier Day on 16 December 2004. The day provided an opportunity to update suppliers on IT developments for data entry and on-going arrangements for levy collection and reporting. In addition, feedback from the Purchasing and Supply Agency (PASA)/Orthopaedic Devices Evaluation Panel (ODEP) was given, which outlined the information needed to meet ODEP requirements for assessing product compliance with NICE criteria.

An interactive workshop generated a high level of feedback on future reporting requirements. This feedback formed part of the NJR stakeholder survey.

The event proved extremely useful and, as a result, the NJR Supplier Day will be held annually. The next meeting is proposed for late 2005 following the publication of the 2nd Annual Report.

Living Life to the Full - A Patient's Perspective



Two years ago at the age of 60, Julia was full of life. She was enjoying her part-time job as a sandwich delivery lady and took great pride in her garden. She really looked forward to the summer months when she could spend time strolling around flower shows admiring other people's hard work. Sitting down with a cup of tea and watching daytime TV wasn't an option for her.

But Julia started to struggle to keep up with her active lifestyle. In particular, she noticed that spending time with her young grandson, Sam, and standing cooking for any length of time, were two things that left her with pain in her right hip. The pain made everyday tasks difficult and left her feeling tired and frustrated. Julia's family had noticed her struggle and felt that it was about time that she went to see her doctor.

Slowing down

When visiting her doctor it was discussed that she might have the early warning signs of a failing hip joint. The doctor suggested that Julia should take a course of tablets and see if there was any improvement. Unfortunately, the pain increased and her mobility was in decline - it was time for her to go back to the doctor. The doctor arranged for her to have an X-ray at her local hospital, which confirmed her doctor's fears, Julia's right hip joint was starting to degenerate.

Her doctor referred her to an orthopaedic surgeon in June 2003. The surgeon

confirmed that her hip joint was degenerating and that she would need a partial hip replacement. Julia describes her surgeon as 'excellent, a real charmer'. He told her that she would go onto the NHS waiting list, and that it would be approximately six to nine months before she was likely to get an appointment. Julia wanted to get her life back to normal as quickly as possible and so asked to go onto the operation cancellation list.

A period of uncertainty

Six months passed and Julia received an appointment to go back to see her consultant. "Will you be ready for your operation in five days?" her surgeon asked. Julia was shocked initially, she thought that when this day came she would have a bit more time to get used to the idea. Her consultant sent her to have another X-ray. This second X-ray revealed that Julia's hip had deteriorated so much in the last six months that she actually needed a total hip replacement. She knew how important it was that this was done sooner, rather than later, but she just needed a bit more time to prepare. She cancelled her operation but was lucky enough to get another appointment for a week later. This gave her time to make arrangements and prepare for Christmas. Although her operation was funded by the NHS it was carried out in an independent hospital as part of the NHS waiting list initiative.

When the day of her operation came, Julia said that the hospital staff and her surgeon

made her feel more at ease and much more comfortable about having the surgery. Julia explained, "I felt really apprehensive at first, I just didn't know what to expect after the operation, but I can't praise the staff enough for their support."

Julia's determination and positive attitude have helped with her speedy recovery

Recovery

Julia was relieved after the operation, her hip felt a little sore but she was positive that the soreness would subside and she would soon be back to her old self. "I kept hoping that they would say that the operation could be done by keyhole surgery, silly I know. In the end I had 29 clips."

The operation went well and Julia made good progress, so she only needed to stay in hospital for five days. She was apprehensive and nervous about going home because she lived alone and wasn't sure how she would cope.

Julia had a home assessment carried out whilst in hospital. They supplied her with a toilet seat raiser and a long-handled grabber, but she found when she got home that the home aids were useless. She explained that pre-operation she had felt well informed and cared for, but back at home she felt she needed more help and support.

Getting back up to speed

Julia's determination and positive attitude have helped with her speedy recovery. It was just five weeks ago that Julia had her total hip replacement and already she is feeling the benefits. She is once again looking forward to strolling around Chelsea Flower Show, taking in the beautiful sights and smells without pain. She is still unable to drive but is managing to get around the house a lot easier. Julia may need to have her left hip replaced in the next few years, but if this happens she believes the benefits will outweigh the initial discomfort of the operation.