

# Joint Approach

The newsletter of the National Joint Registry

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## April launch for ankles

**Surgeons will begin recording ankle replacements in the NJR from 1<sup>st</sup> April. For the first time in England and Wales, the performance of ankle replacements will be monitored on a national scale.**

Like hip and knee patients, ankle replacement patients will now benefit from active monitoring of the performance of their implants. This will help surgeons and hospitals to choose the best implants for their patients in future.

The British Orthopaedic Foot and Ankle Society (BOFAS) has approved the data collection, and enthusiastically welcomed its launch.

### **BOFAS President Mr Sunil Dhar said:**

“BOFAS is excited about its involvement in the addition of ankles to the NJR. We strongly believe that collecting data about the performance of ankle replacements is a key way to enhance clinical standards and improve patient outcomes.”

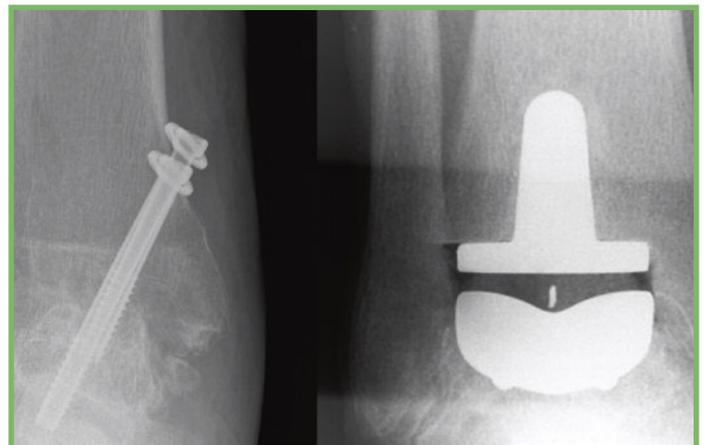
The number of ankle replacements taking place in the UK each year is growing, as is the number of components. Unlike hip or knee arthritis, most ankle arthritis is post-traumatic. The commonest causes are severe ankle fractures or recurrent, severe ankle sprains.

The launch follows a year of preparations, in which the data set was developed with ankle surgeons, and agreed by the BOFAS executive. New data entry screens have been developed, along with new paper forms for use by surgeons. In addition, the consent form has been updated to include ankles.

A successful data entry dress rehearsal was carried out by staff at the Nuffield Orthopaedic Centre in Oxford. Mr Paul Cooke, one of the world’s most experienced ankle replacement surgeons, took part, working with Beverley Thomas, a data manager. The NJR Centre would like to express its thanks to all those involved.

### **NJR Steering Committee Acting Chairman Professor Paul Gregg said:**

“I am delighted that the work of the Registry is now being extended to cover ankle replacements, and that BOFAS see such value in the NJR.”



**LIFE CHANGING SURGERY:** The x-ray shows an ankle replacement following implantation.



# ■ NJR ankles: A guide for hospitals

From 1<sup>st</sup> April, hospitals should begin recording ankle replacements in the NJR. The following short guide tells you how to get started.

## The scope

The NJR now records the following ankle replacement primary and revision procedures in England and Wales:

- Ankle Primary
- Ankle Single Stage Revision
- Ankle Stage 1 of 2 Stage Revision
- Ankle Stage 2 of 2 Stage Revision
- Ankle Conversion to Arthrodesis
- Amputation.

## Data collection forms

There are two ankle data collection forms, available for use from 1<sup>st</sup> April:

- A1: Ankle Primary
- A2: Ankle Single Stage Revision; Ankle Stage 1 of 2 Stage Revision; Ankle Stage 2 of 2 Stage Revision; Ankle Conversion to Arthrodesis; Amputation.

The new forms follow the same format as the existing forms for hips and knees.

The new forms are available to download from the NJR website - [www.njrcentre.org.uk](http://www.njrcentre.org.uk) (click on “Data collection forms” under “Quick Links” on the right hand side).

## Consent form

There is a new version of the consent form, including ankles. This is available from the NJR website - [www.njrcentre.org.uk](http://www.njrcentre.org.uk) (click on “Patient Consent” under “Quick Links” on the right hand side).

## Changes to the Data Entry System

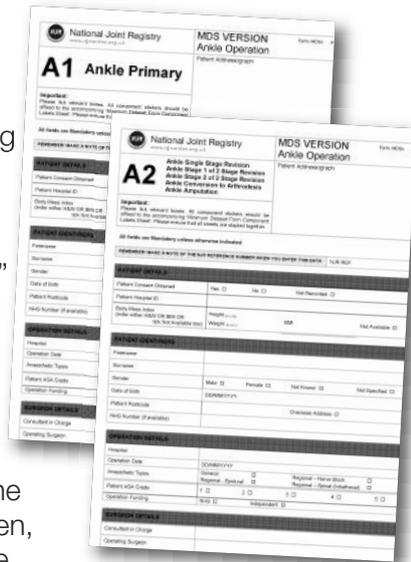
There is a new panel on the “Create Procedures” screen, listing the options for ankle procedures (these match the new ankle data collection form).

Selecting the relevant procedure type will take you into the “Procedure Details” screen for the procedure you have chosen. The “Procedure Details” screen is in the same format as for hips and knees, but matches the relevant ankle form (A1 or A2). There is no option to record a surgeon default technique for ankles.

## Help and advice

If you have any queries, or need further help:

- contact your Regional Co-ordinator
- contact the NJR Service desk on 0845 345 9991 or email: [Health\\_ServiceDesk@northgate-is.com](mailto:Health_ServiceDesk@northgate-is.com)



# ■ Surgeons' consent to share data

**Prior to a recent monthly orthopaedic meeting in a large teaching hospital, the NJR data for all hip and knee procedures for all surgeons was downloaded from NJR Clinician Feedback for review.**

The purpose of the session was to look at how the hospital was performing and to identify and deal with any potential issues. This trial session was successful but could have been improved had all surgeons' data been available.

To enable an individual surgeon's data to be downloaded by hospital data managers, surgeons need to consent to their data being shared. Many are not aware that they have the option to do so.

In addition to providing useful information for discussion at clinical audit meetings, opting to share data means that hospital data managers can audit the coverage and quality of the data submitted to the NJR by individual surgeons.

This ensures that surgeons have access to accurate information and enables an accurate assessment of outcomes at surgeon and hospital level.

Consenting to share does not mean that other surgeons can access a surgeon's record-level data: as before, surgeons can only download data relating to their own patients.

Surgeons may consent to share their data by contacting the NJR Service Desk on 0845 345 9991 or by emailing [Health\\_ServiceDesk@northgate-is.com](mailto:Health_ServiceDesk@northgate-is.com)

Alternatively, surgeons with access to the NJR Data Entry system may switch on this option themselves:

1. log in to the Data Entry system (via the NJR website), and select **System Functions**
2. select **Modify surgeon profile**
3. click on the **Personal Options tab**
4. check the **Consent box**.

To access NJR Clinician Feedback: [www.njrclinicianfeedback.org.uk](http://www.njrclinicianfeedback.org.uk)

# Ankle register sorely needed



Mr Andy Goldberg

**Mr Andy Goldberg, a consultant orthopaedic surgeon heavily involved in the NJR ankles project, tells *Joint Approach* why it is needed.**

Most surgeons who undertake ankle replacements perform less than 10 per year, according to research by Andy Goldberg and colleagues at the Nuffield Orthopaedic Centre in Oxford<sup>1</sup>.

This presents a particular challenge in finding out how successful the surgery is in the long run. Goldberg explained: “If you’re doing such small numbers, then surgeon-reported series are going to be low yield and we’re never going to get any meaningful information to be able to advise patients.” It is for this reason that national data collection via the NJR is particularly important for monitoring the long term outcomes of ankle replacements. This will bring many benefits to surgeons, the implant industry and, ultimately, patients.

## Monitoring implants

A new generation of ankle implants is now on the European market. There are at least 11 ankle replacements available in Europe, but performance data is limited. “The new generation of mobile bearing ankles has got much better results than previously. But only a handful of the joint replacements we’re doing have any long term data,” explained Goldberg. The NJR seeks to change this situation. Collecting data nationally will enable the NJR to monitor the long term performance of all implants used in England and Wales, and to flag up potential problems to the manufacturers and the regulator. In the long run, this will help surgeons and hospitals choose the best implants for their patients.

## Adjacent procedures

When an ankle replacement is performed, it is not uncommon to perform other procedures either in the same operation or a few months either side of the replacement surgery. These additional procedures aim to ensure that the ankle replacement is part of a normally functioning foot.

All of these adjacent procedures are stored in the NJR. This is a tremendous opportunity for surgeons to find out exactly how all of these procedures influence the long term outcome for the patient.

## The power of linking

Most exciting for Goldberg will be the ability to link the NJR to other data sources to perform analysis that

would not be possible with the NJR alone. This powerful data linking could contribute to evidence of which anti-clotting agents are most effective in preventing deep vein thrombosis (DVT) after ankle replacement, as well as useful information on the rates of wound infections, length of hospital stay and mortality.

## To fuse or not to fuse?

There are two main treatment options open for patients with end-stage arthritis (bone rubbing on bone). These are ankle replacement or fusion of the ankle (arthrodesis). Many patients are not keen on arthrodesis, said Goldberg: “People don’t like the thought of having their bones stiffened.” In fact, he emphasises that fusion is often a very good option for patients. Nevertheless, long term results of fusion do show a propensity to develop arthritis in the surrounding joints of the foot. One of the reasons for considering ankle replacement is to avoid this problem. However, there is a lack of good evidence that ankle replacement patients will indeed have a lower rate of surrounding joint arthritis compared to arthrodesis patients. Analysis of NJR data linked to hospital admissions data could contribute to this evidence base.

## The future

Goldberg feels the NJR will have a direct impact on the future expansion and development of ankle replacement surgery in the UK and overseas. The Oxford team asked what the barriers were to more surgeons adopting ankle replacement. “The highest barrier was limited reported outcome data,” said Goldberg. “So there was a clear demand from surgeons that an NJR was needed.”

## Making it work

The addition of ankles to the NJR has been made possible because all stakeholders have come together to address a need that has long been recognised. Andy Goldberg, a Clinical Senior Lecturer and Consultant Orthopaedic Surgeon at the Royal National Orthopaedic Hospital in Stanmore, the team at the NOC, the BOFAS executive and the NJR Centre worked together pragmatically to establish a concise, workable minimum data set. “We all pulled together and we got it from concept to implementation in less than a year,” said Goldberg.

## ■ A new lease of life

Robert Johnstone had an ankle replacement a year ago. He tells *Joint Approach* the difference it has made to his life



**ON THE MEND:** Robert Johnstone's ankle replacement got him moving again. Here he is pictured with Professor Bill Ribbans and Sister Debbie Norman.

The story of Robert Johnstone's ankle problems began in 1962. That was the year he had a motorcycle accident, causing several breakages in his right leg. It was nearly 30 years later that his ankle started to hurt again. His GP referred him to a specialist, who said fusing the ankle was the only option.

"Just carry on until you can't bear the pain any longer and then we'll have to fuse it all up," Robert recalled the specialist saying. So he just put up with it and continued with his active lifestyle as best he could. After retirement, he stayed active with gardening and jobs around the house, and even played lawn bowls. However, by 2008 it was becoming harder and harder, even to get up and walk.

"It got to the stage where I just couldn't bear it any more," he said.

### Referral

Robert was not keen on having his ankle fused, so his GP sent him to Professor Bill Ribbans, who suggested an ankle replacement. Never having heard of ankle replacement, Robert got straight on the Internet when he got home to find out more. He even watched a video of an operation.

"I didn't want ... to put it bluntly... to be peg-legged," he said. So Robert decided to go ahead. At the pre-operative assessment, he had a number of tests done, and discussed his medication, in order to ensure everything was recorded before the operation.

### Surgery

On the day the operation, Robert was not nervous, as the consultant had explained exactly what they were going to do. He had a general anaesthetic for the surgery. "When I woke up, I didn't need any painkillers," he said. "Even the nurses were surprised at how little pain I had."

### The road to recovery

Robert was in plaster for two weeks to allow the wound to heal, after which he could start gentle exercises. The physiotherapist gave him an exercise regime to strengthen the muscles, which he stuck to religiously.

"It really works well if you do what you're told," he said, "You've just got to stick at it!"

After about 11 weeks, Robert was able to walk about reasonably easily. He now needs an insole in his shoe in order to help support his foot when walking. The most frustrating thing was that he was not allowed to drive for several weeks, because it was his braking leg.

### A new lease of life

The operation has made an enormous difference to Robert's life. He is gardening again, and doing jobs such as painting and decorating. After about six months he found he was able to go for walks in the countryside again.

"It's got me going again, really," he said. Once the season starts, Robert intends to take up bowling again, although he will take it easy to begin with.

"I'm very pleased with it. They did a marvellous job," he said. "It's one of the best things that's happened to me."

Robert's operation was not recorded in the NJR, because it took place before the NJR began collecting data on ankle replacements. However, he sees the enormous value in establishing the NJR for ankles. "If other people could benefit from what's happened to me, then great stuff," he emphasised.

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:

The NJR Centre, Peoplebuilding 2,  
Peoplebuilding Estate, Maylands Avenue,  
Hemel Hempstead HP2 4NW

**NJR Helpline:** 0845 345 9991

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