Current Service

In line with new PCT requirements patients who have undergone Total Hip or Knee Arthroplasty will now be discharged back to their General Practitioners care at six weeks post operation.

The patients are currently reviewed at six weeks in the Arthroplasty follow up clinic by an Extended Scope Practitioner on behalf of their consultant. At this visit patients receive a clinical and radiological review.

Accessing the follow up service

If a patient develops any of the following problems after six weeks and it is felt that another review would be appropriate please feel free to refer the patient back to us.

- Ongoing Excessive pain
- Instability
- Wound issues
- Suspected Infection
- Patient dissatisfaction
- Poor Range of movement
- Decreased mobility or overall poor function

The service can be accessed in the following way and appointments should be available within 7 days.

- E-mailing charlotte.poole@heartofengland.nhs.uk and Kelly.dack@heartofengland.nhs.uk

Current Guidelines

The BOA best practice guidelines for Total Hip and Knee Replacement follow up can be seen below:
Item 16 The follow up of patients after Total Knee Replacement

16.1 The follow-up arrangements that surgeons and hospitals make for total knee replacements vary across the U.K. Many surgeons discharge patients within one year and few patients are followed beyond five years.

16.2 Primary Knee Replacement may fail between five and ten years but the majority fail after ten years. For best practice, patients should be followed up clinically and radiologically in the long term; however this is rarely possible with current resources. We believe that ideally a minimum requirement is an AP and Lateral X ray at five years and each five years thereafter.

16.3 Failure from aseptic loosening of a knee replacement is often silent – the patient does not complain. Regular follow-up identifies the patient at risk of progressive failure. Exchange or revision operations should be planned and performed before massive bone destruction occurs, as delay may result in the need for much more extensive surgery which is more demanding of resources and has a greater risk of failure.

16.4 Follow-up by using questionnaires with X ray checks by non-medically qualified practitioners is used in some centres, but there is no audit evidence of the efficacy of such arrangements.

16.5 Resources must be made available for prolonged follow-up and data from each Trust should be available and obtainable in a common format for regional and national audits. The establishment of a national knee arthroplasty register must be seen as a priority and must be adequately funded.
Item 18 The follow up of patients after Total Hip Replacement

18.1 Some implants fail before ten years and more thereafter. For best practice patients should be followed up clinically and radiologically in the long term. The minimum requirements include taking a history of any complaints, clinical examination and AP and lateral X rays at one five and each subsequent five years after operation.

18.2 Failure from aseptic loosening of the prosthesis is often silent: the patient may not complain. Regular follow up with X ray examination identifies the patient at risk of failure. Revision procedures should be planned and performed before massive bone destruction occurs. Such operations are usually less successful than primary procedures.

18.3 Outcomes vary between units. To inform the consent process for this common procedure long terms review is essential. Follow up using questionnaires with X ray examination by non-medically qualified clinicians is used in some centres.

18.4 It is recommended that part of the contractual agreement with purchasers/commissioners is to require follow-up to identify premature failure. Data from each centre performing these procedures should be available and obtainable in a common format for regional and national audit.

18.5 Patients should be given written information about discharge from hospital.

We would be grateful if follow up could be provided at the minimum suggested intervals.