

Buckinghamshire Priorities Committee
Policy Statement: Hip and Knee Replacement Surgery
Policy No: 32
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The Buckinghamshire Priorities Committee makes the following recommendation regarding Hip and Knee Replacement Surgery: Patients should be referred for consideration of total joint replacement when all conservative means have failed to alleviate the patient's pain and disability, which should be significantly interfering with their activities of daily living and their ability to sleep. Referral should only be for patients satisfying defined criteria mentioned below.

Referral for consideration of hip and knee replacement surgery should only be where the patient have:

- Moderate-to-severe persistent pain not adequately relieved by an extended course of non-surgical management
- **AND** clinically significant functional limitation resulting in diminished quality of life
- **AND** radiographic evidence of joint damage

The following conservative management should have been attempted where appropriate:

1. Advice to reduce BMI to less than 30 (in some cases other measures of obesity such as waist to hip ratio may be more appropriate than BMI) and the patient having complied with this. All reasonable attempts should be made to reduce weight to a BMI below 30 prior to referral. Higher BMI carries increased risks of bleeding and post-operative thromboembolism.
2. Simple analgesia.
3. Anti-inflammatory analgesia where appropriate.
4. Advice on exercise and if appropriate physiotherapy.
5. Advice on walking aids, home adaptations, curtailment of inappropriate activities and general counselling as regards to the potential benefits of joint replacement.
6. Underlying medical conditions should have been investigated and the patient's condition optimised prior to referral.

Ideally patients should:

1. Be of a state of physical health that does not put them at undue risk from major elective surgery
2. Have the mental and physical capability to under-go their surgery and comply with the rehabilitation process (thus patients with dementia coupled with behavioural disorders might not be suitable).
3. Have had efforts to reduce/eradicate open ulcers, recurrent infections, or MRSA colonisation

Joint replacement is for the alleviation of pain and disability. Where there are multiple joints affected it should be realised that multiple surgeries may be required to improve the patient's overall condition. This may have a bearing on the decision to refer particularly very elderly patients with multiple joint pathologies.

Calculate BMI (for example calculator see: <http://www.nhlbisupport.com/bmi/bmi-m.htm>)

$$\text{Weight (kg)} \div \text{height (m)}^2$$

This statement will be reviewed in light of new evidence or further guidance from NICE