

Scottish Arthroplasty Project

Year Ending 31 December 2016

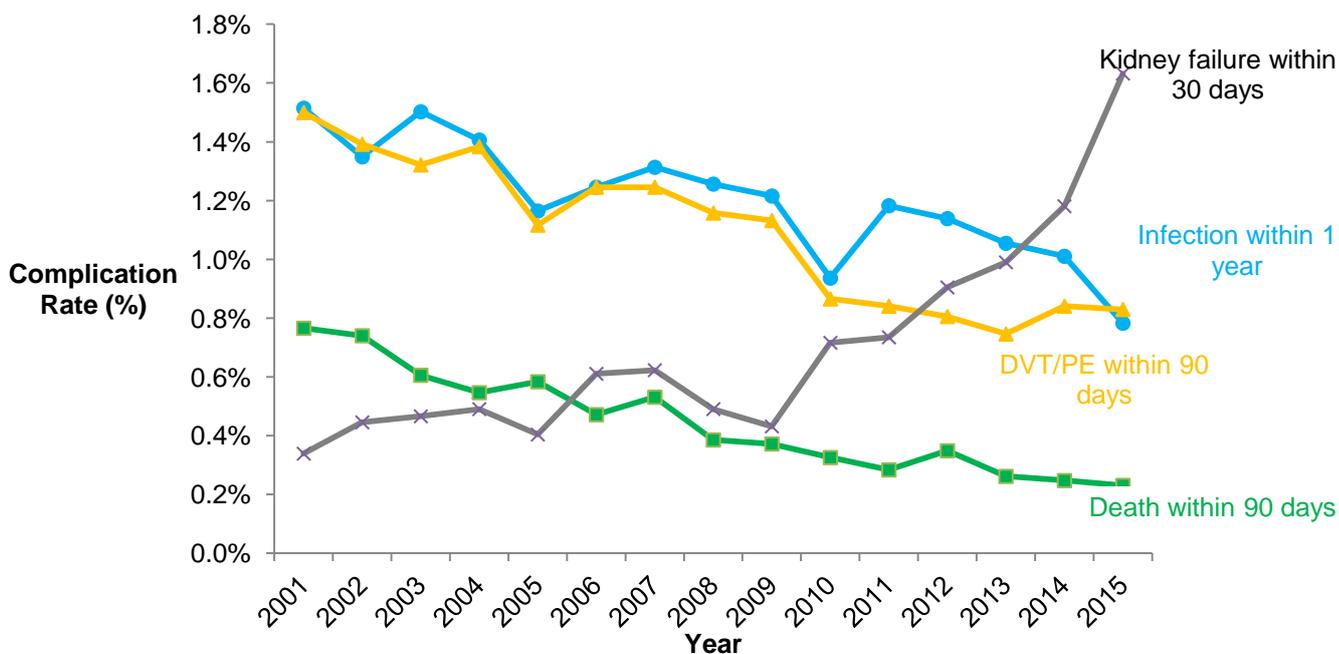
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About this release

This release from the Information Services Division presents data on the number of arthroplasty (joint replacement) operations in Scotland during 2015 and 2016. Medical complications (such as infection or revision surgery) resulting from the most common type of arthroplasty operations (hip and knee) are also analysed within the report.

Main points

- Over the last decade there has been a 37% increase in the number of hip and knee replacements performed in Scotland, from 11,189 in 2005 to 15,328 in 2016.
- The number of patients readmitted due to clots in the leg or lung (Deep Vein Thrombosis/ Pulmonary Embolism) within 90 days or infection within 1 year of surgery has fallen for both complications from 1.5% in 2001 to 0.8% in 2015; however the number of patients experiencing temporary kidney failure within 30 days of surgery has increased in recent years.
- 33 patients (0.2%) who had a hip or knee replacement in 2016 died within 90 days of their operation, which is similar to the mortality rate within the general population.



- 282 patients (2.2%) who had a hip or knee replacement in 2011 had revision surgery within 5 years.

Background

The Scottish Arthroplasty Project remains one of the oldest Arthroplasty registry organisations in the world. It is now a member of the International Society of Arthroplasty Registries and in comparison to many other countries is able to produce good quality data for a very modest outlay with the principal aim of providing quality assurance and adverse outcome monitoring of major joint replacement surgery in Scotland.

The Scottish Arthroplasty Project analyses hospital inpatient information to monitor the number of complications following hip and knee replacements in Scotland, and to ensure that surgeons performing these operations do not have a higher than expected complication rate. Where there is a higher than expected number of complications following operations performed by a particular surgeon, the surgeon is notified and asked to investigate the reasons for the increased rate in complications and to develop an action plan to reduce their recurrence.

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Further Information

Further information can be found in the full Scottish Arthroplasty Project Report at <http://www.arthro.scot.nhs.uk/Reports/Main>

The next update of this publication will be in August 2018.