

SPECIALITY: **Orthopaedics**
 PROCEDURE(S): **Hip joint replacement**

ALOS: **Up to 4 nights**

- INDICATIONS**
- Painful or stiff hip joint affecting patient quality of life
 - Osteoarthritis of joint refractory to non-surgical treatment
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- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
 - X-ray to confirm diagnosis. If x-ray is older than 3 months then new x-ray will be performed at the pre-assessment
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- REFERRAL CRITERIA**
- Hip pain/stiffness not controllable by medical means and significant adverse effect on quality of life
 - All referrals via OASIS
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- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
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- PRE-OPERATIVE ASSESSMENT VISIT**
- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
 - Point of treatment discussion
 - Assessment may be combined with OASIS assessment at satellite clinic
 - Social assessment for discharge by UKSH physio team to include delivery of appropriate equipment
 - All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
 - Patient specific information given:
 - EIDO procedure specific information leaflet
 - Thromboembolism fact sheet
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- PREPARATION FOR SURGERY**
- No food 6 hours prior to the procedure
 - Clear fluids up to 2 hours prior to the procedure
 - If the patient takes **aspirin** they should stop this 7 days pre-operatively
 - If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team. INR to be below 1.4 on day of surgery
 - **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
 - The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

- POST-OPERATIVE CARE**
- Routine wound care
 - Exercise regime
 - Thromboprophylaxis
 - Planned mobility outcomes day 1 to discharge agreed with patient
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- DISCHARGE CRITERIA**
- Walking safely with 1 or 2 crutches
 - Pain controlled
 - Safely assessed on stairs
 - Understands and is able to perform post-operative home exercise regime
 - Thromboembolism fact sheet reviewed
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- FOLLOW-UP**
- Follow-up call 24 hours post-discharge for all patients
 - 2 week follow-up call by physio team to review progress against home exercise plan
 - 6 weeks, 3 months and 1 year follow-up appointments
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- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
 - Walking independently by 6 weeks post operatively
 - Hip flexion to 90 degrees
 - Improvement in Oxford hip score
 - Compliance with National Joint Registry (NJR)
 - No leg length discrepancy
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- ONWARD FORWARD CRITERIA**
- Not anticipated
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- INFORMATION TO GPs AT DISCHARGE**
- Routine letter and prosthesis type (cemented or uncemented)
 - Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
 - Physiotherapy will be arranged by SMTC including onward referral if required
 - Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)
 - Fitness for work certificate will be issued if appropriate

SPECIALITY: **Orthopaedics**
 PROCEDURE(S): **Knee arthroscopy**

ALOS: **Day case**

- INDICATIONS**
- Meniscal or chondral pathology with MRI
 - Continuing diagnostic uncertainty following MRI
 - Intractable knee pain or persistent knee symptoms considered likely to benefit from arthroscopic treatment according to specialist assessment
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- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
 - X-ray within 3 months of referral where appropriate
 - MRI scan (organised by OASIS)
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- REFERRAL CRITERIA**
- All referrals via OASIS interface service
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- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
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- PRE-OPERATIVE ASSESSMENT VISIT**
- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
 - Point of treatment discussion
 - Assessment may be combined with OASIS assessment at satellite clinic
 - Procedure may be carried out at same visit as pre-operative assessment
 - All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
 - Patient specific information given:
 - EIDO procedure specific information leaflet
 - Thromboembolism fact sheet
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- PREPARATION FOR SURGERY**
- No food 6 hours prior to the procedure
 - Clear fluids up to 2 hours prior to the procedure
 - If the patient takes **aspirin** they should stop this 7 days pre-operatively
 - If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
 - **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
 - The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

- POST-OPERATIVE CARE**
- Routine wound care
 - Exercise regime
 - Thromboprophylaxis dependent on risk
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- DISCHARGE CRITERIA**
- Walking safely with 1 or 2 crutches
 - Pain controlled
 - Able to perform post-operative home exercise regime
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- FOLLOW-UP**
- Follow-up call 24 hours post-discharge for all patients
 - Six weeks physiotherapy assessment to review progress against home exercise plan and assess range of movement
- NB: Patient advised to contact SMTc if not progressing well to walking independently by 2 weeks*
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- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
 - Knee flexion to 90 degrees
 - Walking independently by 6 weeks post surgery
 - Cause of knee symptoms identified and treated successfully
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- ONWARD FORWARD CRITERIA**
- May be needed if further complex specialist intervention required
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- INFORMATION TO GPs AT DISCHARGE**
- Routine letter and physiotherapy arrangements
 - Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
 - Physiotherapy will be arranged by SMTc including onward referral if required
 - Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)
 - Fitness for work certificate will be issued if appropriate

SPECIALITY: **Orthopaedics**
 PROCEDURE(S): **Knee joint replacement**

ALOS: **Up to 4 nights**

- INDICATIONS**
- Painful joint damage affecting patients quality of life
 - Osteoarthritis of joint refractory to non-surgical treatment
-
- PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**
- Clinical assessment
 - X-ray to confirm diagnosis. If x-ray is older than 3 months then new x-ray will be performed at the pre-assessment
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- REFERRAL CRITERIA**
- Knee pain/stiffness not controllable by medical means and significant adverse effect on quality of life
 - All referrals via OASIS
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- EXCLUSION CRITERIA**
- Please refer to the UKSH exclusion criteria detailed on pages 4/5
-
- PRE-OPERATIVE ASSESSMENT VISIT**
- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
 - Point of treatment discussion
 - Assessment may be combined with OASIS assessment at satellite clinic
 - Social assessment for discharge by SMTC physio team to include delivery of appropriate equipment
 - All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
 - Patient specific information given:
 - EIDO procedure specific information leaflet
 - Thromboembolism fact sheet
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- PREPARATION FOR SURGERY**
- No food 6 hours prior to the procedure
 - Clear fluids up to 2 hours prior to the procedure
 - If the patient takes **aspirin** they should stop this 7 days pre-operatively
 - If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to the PEC team INR to be below 1.4 on day of surgery
 - **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
 - The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

- POST-OPERATIVE CARE**
- Routine wound care, exercise regime
 - Thromboprophylaxis
 - Planned mobility outcomes day 1 to discharge agreed with patient, physiotherapy twice a day
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- DISCHARGE CRITERIA**
- Walking safely with 1 or 2 crutches
 - Pain controlled
 - Safely assessed on stairs
 - Understands and is able to perform post-operative home exercise regime
 - Thromboembolism fact sheet given
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- FOLLOW-UP**
- Follow-up call 24 hours post-discharge for all patients
 - 2 week follow-up call by physio team to review progress against home exercise plan
 - 6 weeks, 3 months and 1 year follow-up appointments
-
- EXPECTED CLINICAL OUTCOMES**
- Patient reported outcome measures if applicable
 - Knee flexion to 90 degrees
 - Walking independently by 6 weeks post surgery
 - Improvement in Oxford knee score and PROMS
 - Compliance with National Joint Registry (NJR)
-
- ONWARD FORWARD CRITERIA**
- Not anticipated
-
- INFORMATION TO GPs AT DISCHARGE**
- Routine letter and prosthesis type
 - Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
 - Physiotherapy will be arranged by SMTC including onward referral if required
 - Medication (TTOs) will be prescribed as required Pain relief and thromboprophylactic treatment
 - Fitness for work certificate will be issued if appropriate

SPECIALITY: **Day Case Orthopaedics**

PROCEDURE(S): **Lower limb. Procedures include: osteotomy, toenail excisions, hammer toe procedures, toe amputations, phalangeal arthrodesis, bunionectomy, hallux valgus correction, removal of metalwork if inserted by SMTC, excision of exostosis**

ALOS: **Day case**

INDICATIONS

- Symptomatic bunion
- Toe joint pain or fixed flexion
- Symptomatic exostosis
- Suspected Morton's neuroma

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- X-ray within 3 months if appropriate

REFERRAL CRITERIA

- See indications

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- Assessment may be combined with OASIS assessment at satellite clinic
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
 - EIDO procedure specific information leaflet
 - Thromboembolism fact sheet

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery
- **HRT/contraceptive pill containing oestrogen** should cease 6 weeks pre-operatively to reduce their VTE risk
- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

POST-OPERATIVE CARE

- Routine wound care
- Exercise regime in accordance with procedure

DISCHARGE CRITERIA

- Mobile with or without crutches
- Orthotic fitted
- Exercise plan agreed

FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients
- 3 week nurse clinic
- 6 week radiographic image and consultant appointment
- May take place in satellite clinic

EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Relief from original symptoms
- Improvement in function

ONWARD FORWARD CRITERIA

- Not anticipated

INFORMATION TO GPs AT DISCHARGE

- Routine letter and physiotherapy arrangements
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Physiotherapy will be arranged by SMTC including onward referral if required
- Medication (TTOs) will be prescribed as required Pain relief and thromboprophylactic treatment
- Fitness for work certificate will be issued if appropriate

SPECIALITY: Day Case Orthopaedics

PROCEDURE(S): Upper limb. Procedures include: osteotomy, Dupuytren's contracture release, ganglion removal, trigger finger release, carpal tunnel decompression, nerve entrapment decompression

ALOS: Day case

INDICATIONS

- In line with NHS Somerset policy for procedures of limited clinical value
- Palmar contractures interfering with function
- Symptomatic ganglion
- Painful trigger finger or interfering with function
- Symptoms consistent with nerve compression (with or without EMG confirmation)

PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

- Clinical assessment
- X-ray within 3 months of referral where appropriate
- EMG where diagnosis uncertain

REFERRAL CRITERIA

- See indications above
- For ganglion removal through individual patient review panel. If ganglion has resulted in functional impairment which prevents the individual from carrying out work, study or domestic responsibilities or the individual is experiencing considerable pain as a result of the ganglion size or position

EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 4/5

PRE-OPERATIVE ASSESSMENT VISIT

- Multidisciplinary team assessment: consultant / nurse / anaesthetist / physio
- Assessment may be combined with OASIS assessment at satellite clinic
- All patients are individually VTE risk assessed at pre-assessment and admission, appropriate VTE treatment and advice is given
- Patient specific information given:
 - EIDO procedure specific information leaflet
 - Thromboembolism fact sheet

PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Clear fluids up to 2 hours prior to the procedure
- If the patient takes **aspirin** they should stop this 7 days pre-operatively
- If the patient takes **warfarin** they should stop 4 days pre-operatively and visit their GP practice the day before for INR check, the result of this is to be phoned to PACU. INR to be below 1.4 on day of surgery

- The patient receives a pre-admission telephone call no later than 7 days prior to admission to reassess fitness for surgery and reconfirm specific pre-operative instructions

POST-OPERATIVE CARE

- Routine wound care
- Exercise regime in accordance with the procedure

DISCHARGE CRITERIA

- Orthotic fitted if indicated
- Exercise regime agreed
- Pain controlled

FOLLOW-UP

- Follow-up call 24 hours post-discharge for all patients
- No routine follow-up appointment required except for Dupuytren's contracture release – 3 to 4 days (physio/nurse), 2 weeks to see the surgeon

EXPECTED CLINICAL OUTCOMES

- Patient reported outcome measures if applicable
- Relief from original symptoms
- Improvement in function

ONWARD FORWARD CRITERIA

- Not anticipated

INFORMATION TO GPs AT DISCHARGE

- Routine letter and physiotherapy arrangements
- Specific discharge information will be given to the patient for their post-operative management (post-operative exercise regimes and thromboprophylaxis management)
- Physiotherapy will be arranged by SMTC including onward referral if required
- Medication (TTOs) will be prescribed as required (Pain relief and thromboprophylactic treatment)
- Fitness for work certificate will be issued if appropriate