

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

AVAILABLE AT: **Cirencester NHS Treatment Centre**  
**Devizes NHS Treatment Centre**  
**Emersons Green NHS Treatment Centre**

ALOS: **Up to 4 nights**

#### INDICATIONS

- Painful or stiff hip joint affecting patient 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

#### REFERRAL CRITERIA

- Hip pain/stiffness not controllable by medical means and significant adverse effect on quality of life

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

#### 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

#### DISCHARGE MEDICATION

- **Rivaroxaban** 10mg one to be taken each day for 35 days
- **Co-codamol** 30/500mg
- **Tramadol** 50mg

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

AVAILABLE AT: **Cirencester NHS Treatment Centre**  
**Devizes NHS Treatment Centre**  
**Emersons Green NHS Treatment Centre**

ALOS: **Day case**

**INDICATIONS**

- Meniscal or chondral pathology
- Clinical examination has demonstrated clear evidence of an internal joint derangement (meniscal tear or loose body) and, where conservative treatment has failed, or, where it is clear that conservative treatment will not be effective
- Intractable knee pain or persistent knee symptoms considered likely to benefit from arthroscopic treatment according to specialist assessment

**Arthroscopy is not normally commissioned:**

- For diagnostic purposes only (noting the exception above)
- To provide arthroscopic washout alone as a treatment for chronic knee pain due to osteoarthritis. This procedure may be appropriate in conditions such as septic arthritis

**PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS**

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

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

**PREPARATION FOR SURGERY**

- No food 6 hours prior to the procedure
- Sips of water 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

**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 the treatment centre if not progressing well to walking independently by 2 weeks*

**DISCHARGE MEDICATION**

- **Naproxen** 500mg
- **Paracetamol** 1-2 QDS

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

ALOS: **Up to 4 nights**

AVAILABLE AT: **Cirencester NHS Treatment Centre** (outpatients/follow-up only)  
**Devizes NHS Treatment Centre** (outpatients/follow-up only)  
**Emersons Green NHS Treatment Centre**

**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

**REFERRAL CRITERIA**

- Knee pain/stiffness not controllable by medical means and significant adverse effect on quality of life

**EXCLUSION CRITERIA**

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

**PREPARATION FOR SURGERY**

- No food 6 hours prior to the procedure
- Sips of water 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

**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

**DISCHARGE MEDICATION**

- **Rivaroxaban** 10mg one to be taken each day for 14 days
- **Co-codamol** 30/500mg
- **Tramadol** 50mg

SPECIALITY: **Day Case Orthopaedics**

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

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre  
Devizes NHS Treatment Centre  
Emersons Green NHS Treatment Centre**

#### 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

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

#### FOLLOW-UP

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

#### DISCHARGE MEDICATION

- **Paracetamol** or **ibuprofen**

SPECIALITY: **Day Case Orthopaedics**

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

ALOS: **Day case**

AVAILABLE AT: **Cirencester NHS Treatment Centre  
Devizes NHS Treatment Centre  
Emersons Green NHS Treatment Centre**

#### INDICATIONS

- Palmar contractures interfering with function
- Symptomatic ganglion
- Painful trigger finger or interfering with function
- Symptoms consistent with nerve compression

#### PRIMARY CARE ASSESSMENT +/- DIAGNOSTICS

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

#### EXCLUSION CRITERIA

- Please refer to the UKSH exclusion criteria detailed on pages 6/7

#### PREPARATION FOR SURGERY

- No food 6 hours prior to the procedure
- Sips of water 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

#### 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

#### DISCHARGE MEDICATION

- **Paracetamol** or **ibuprofen**