



POSITION STATEMENT ON LONG TERM FOLLOWUP OF HIP AND KNEE ARTHROPLASTY

The Australian Orthopaedic Association National Joint Replacement Registry predicts that in the next decade, the number of hip and knee replacements performed per annum in Australia will double.

Even now, it is a practical impossibility for Arthroplasty Surgeons to review all their Total Joint Replacement (TJR) patients on a regular basis without compromising their ability to assess, treat and accommodate the predicted increasing demand for hip and knee arthroplasty.

Therefore while the Arthroplasty Society strongly recommends ongoing long term follow-up of arthroplasty patients, a minimum review requirement is recommended.

TJR patients should re-present, after their initial post op. period (3 months) for follow-up once joint function has normalized, which is at one to two years post operation.

Patients expected to have a reasonable long-term activity profile should also be assessed at 10 years, then, every second year thereafter. These reviews should include a radiological assessment.

A painful TJR or one that changes in function, should prompt the patient to seek Orthopaedic opinion. However, a few TJR's can be asymptomatic until catastrophic failure occurs. Radiological follow-up may detect the less common scenario of an asymptomatic impending failure.

Higher risk patients or prostheses may require more frequent review at the Surgeon's discretion. ie patients with clinical or radiological signs of failure, revision TJR, previous joint sepsis and new prosthetic designs with limited long term clinical trials.

It is also recognized that Surgeons may vary (increase) from this minimum review recommendation as part of their ongoing Arthroplasty Practice.

The patient's obligation to maintain longer term follow-up should be discussed as part of the consenting process for TJR.

These proposals reflect current practice trends among the Members of The Arthroplasty Society of Australia.