

Improving patients' experience and outcome of total joint replacement: the RESTORE programme

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Plain English summary

The RESTORE programme

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Plain English summary

Many people with pain and disability caused by osteoarthritis receive hip or knee replacement. In around 10% of patients with hip replacement and 20% with knee replacement, pain and disability persist.

In the REsearch STudies into the ORthopaedic Experience (RESTORE) programme, we applied appropriate research methods including literature reviews, interviews with patients and health-care professionals, studies observing patient recovery over time, and randomised trials to assess new methods. Research studies were developed in collaboration with patient representatives.

Patients with worse psychological health, disability or pain before surgery are more likely to have a poor long-term recovery. Patients describe the importance of support by health and social professionals throughout the joint replacement pathway and may benefit from education, pain management, counselling, exercise and management of health conditions before surgery.

Previous small randomised trials suggested that patients might have short-term benefit from exercise or education before surgery, and supply of aids and home modifications and physiotherapy after surgery. We conducted studies that demonstrated the feasibility of trials evaluating the provision of aids and home modifications before surgery and group-based exercise after surgery.

In a literature review and randomised trial we assessed whether or not local anaesthetic injections during surgery improve recovery. In patients with hip replacement, long-term pain was reduced and the treatment was cost-effective. In patients receiving knee replacement, we could not confirm a reduction in pain, probably because patients receive extensive pain control during surgery.

In conclusion, the RESTORE programme has provided important information to guide the development of methods to improve long-term recovery after hip and knee replacement.

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