

The impact of the enhanced recovery pathway and other factors on outcomes and costs following hip and knee replacement: routine data study

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Plain English summary

Enhanced recovery pathway following hip and knee replacement

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Plain English summary

Osteoarthritis is a leading cause of pain and disability. Many people with severe hip or knee pain caused by osteoarthritis have an operation called joint replacement. This involves replacing the painful hip or knee joint with an artificial joint. Over 200,000 hip and knee replacement operations take place each year, funded by the NHS, and this number is expected to increase.

A new patient pathway for hip and knee replacement called 'enhanced recovery' has been introduced in NHS and private hospitals. It is hoped that this will benefit patients through patient education before and after surgery, and includes making changes around the home, exercises to strengthen the joint and changes to diet, to help reduce the risk of complications and speed up a patient's recovery. Patients for whom it is suitable will benefit further by being able to return home earlier.

Over the past 10 years, there have been substantial reductions in pain and improvement in functionality of the joint after surgery, fewer complications and reduced need for future reoperation. Large reductions in length of stay and, in turn, hospital costs for the NHS have been achieved without an adverse impact on patient outcomes. There has been an encouraging trend towards reduction in length of stay and improved outcomes, but this started prior to the official launch of the enhanced recovery programme and is likely to reflect early adoption of elements of enhanced recovery in some hospitals.

Although national trends towards improved patient outcomes are encouraging, there is still substantial geographical variation in outcome between Clinical Commissioning Groups. This was not explained by a hospital treating more complex or the most sick patients, nor by factors such as bed availability, numbers of operating theatres and specialist surgeons, using new surgical techniques, or centralising care into specialist high-volume hospitals.

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