

Safety of disinvestment in mid- to late-term follow-up post primary hip and knee replacement: the UK SAFE evidence synthesis and recommendations

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Declared competing interests of authors: Lindsay K Smith reports grants from the National Institute for Health and Care Research (NIHR) (NIHR CAT CL-2013-04-005). Andrew Judge reports personal fees from Freshfields Bruckhaus Deringer LLP (London, UK) and Anthera Pharmaceuticals, Inc. (Hayward, CA, USA) and other from the NIHR Programme Grants for Applied Research programme, outside the submitted work. Robert West reports Health and Social Care Delivery Research (HSDR) Researcher Led Panel membership (2017–21), Public Health Research Funding Board membership (2011–17) and HSDR Funding Committee (Bevan) membership (2020–1). Chris Smith reports directorship of PrivacyForge Ltd (London, UK), which provides software products, consulting services and education and training services in the area of data privacy. Nigel K Arden reports grants from Merck & Co. Inc. (Kenilworth, NJ, USA) during the conduct of the study, and personal fees from Pfizer Inc. (New York, NY, USA), Eli Lilly and Company (Indianapolis, IN, USA) and Bristows LLP (London, UK).

Disclaimer: This report contains transcripts of interviews conducted in the course of the research and contains language that may offend some readers.

Published June 2022
DOI: 10.3310/KODQ0769

Plain English summary

The UK SAFE evidence synthesis and recommendations

Health and Social Care Delivery Research 2022; Vol. 10: No. 16

DOI: 10.3310/KODQ0769

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Plain English summary

Total joint replacement provides considerable improvement in quality of life in people with severe joint damage. However, in a small percentage of people, problems can develop with the replaced joint over time, requiring further surgery.

Providing follow-up care for everyone after their surgery is expensive and the NHS is under increasing financial pressures. Many hospitals have dramatically reduced or stopped follow-up. There is very little research evidence to determine whether not providing follow-up causes harm to people by missing the opportunity to detect problems with a replaced joint before serious damage occurs.

This project aimed to understand whether or not it is safe to stop follow-up of joint replacement.

We gathered evidence from multiple sources to understand when people are most likely to develop problems with their joint replacement and to identify whether or not some people are more likely than others to develop problems. This included a detailed search of published literature, the collection of information from 560 people undergoing revision surgery on their joint replacement and an analysis of routinely collected hospital data on > 350,000 people who had a hip and knee replacement in the last 10 years.

Finally, we presented all of the collected evidence to an expert panel, which included surgeons, general practitioners and people who had undergone joint replacement. Based on the evidence, the expert panel agreed the following:

1. It was safe to stop follow-up from 1 to 10 years after surgery, but only for straightforward operations (involving joint replacement with well-studied implants in patients who are not at high risk of developing problems after surgery).
2. All patients must have a radiographic and clinical review at 10 years.
3. For patients with an increased risk of developing a problem with their joint replacement (e.g. a novel implant), regular routine follow-up should continue to be provided.

Health and Social Care Delivery Research

ISSN 2755-0060 (Print)

ISSN 2755-0079 (Online)

This journal is a member of and subscribes to the principles of the Committee on Publication Ethics (COPE) (www.publicationethics.org/).

Editorial contact: journals.library@nihr.ac.uk

This journal was previously published as *Health Services and Delivery Research* (Volumes 1–9); ISSN 2050-4349 (print), ISSN 2050-4357 (online)

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This report

The research reported in this issue of the journal was funded by the HSDR programme or one of its preceding programmes as project number 14/70/146. The contractual start date was in December 2016. The final report began editorial review in April 2021 and was accepted for publication in December 2021. The authors have been wholly responsible for all data collection, analysis and interpretation, and for writing up their work. The HSDR editors and production house have tried to ensure the accuracy of the authors' report and would like to thank the reviewers for their constructive comments on the final report document. However, they do not accept liability for damages or losses arising from material published in this report.

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