



**Assessment**  
Including optimisation of pre-existing health conditions and shared decision making with regards to treatment

**Referral to orthopaedics**  
**Medical History to be included:**  
Nature of non-surgical management attempted  
Pain or functional disability impact  
Approval for joint replacement if necessary  
Non-weight-bearing X-ray (hip)  
Smoking cessation and weight management support  
Optimisation of health conditions and medication  
Expectation setting for ambulatory care

**First Outpatient Appointment**  
Review medical history & imaging  
Assess impact of pain on quality of life  
Assess pre-existing pain  
Physical examination  
Discuss risk of surgery  
Discuss conservative treatment options  
Informed consent process begins  
**If confirmation to proceed:**  
Discuss and record implants, anaesthesia, length of stay and recovery  
Identify high risk patients based on age, comorbidities for comprehensive geriatric assessment and in-depth shared decision making consultation involving anaesthetic team

**Pre-operative assessment**  
Including anaemia, diabetic management, infection control, medication checks. This should take place as close to decision to proceed, as possible. If the wait for surgery exceeds 6 months, a review phone call is needed.

**Admission**  
To ring-fenced orthopaedic elective capacity  
Morning lists admit at 0730  
Afternoon lists admit at 1130

**Procedure**  
Neuraxial (single spinal) rather than GA where possible  
Standard perioperative analgesic regime

ODEP { 10A rated; new or modified implant Beyond Compliance assessment  
80%+ patients aged >70yrs should have cemented hybrid  
Minimum volume 30 cases per surgeon per year  
4 joints per 8hr list  
Consistent theatre teams  
Meticulous wound closure of layers  
Use of waterproof dressings recommended to minimise ooze and increase visibility  
Optimal wound closure

**Therapy Goals**  
Ambulant with walking aid / stairs / transfer ability

**Referral for Outpatient Rehabilitation**  
Refer for timely group or individual outpatient rehabilitation for those who have difficulties managing activities of daily

living **or** have ongoing functional impairment leading to specific rehabilitation needs **or** find that self-directed rehabilitation is not meeting their rehabilitation goals **or** have cognitive impairment which may limit recovery

**Further Reading (links)**  
[Digital playbook](#)  
[Making a decision about hip osteoarthritis](#)  
[My planned care](#)  
[MSK primary and community toolkit](#)  
[NICE guidance NG226](#)  
[Orthopaedics PIFU guidance](#)  
[Referral optimisation orthopaedics](#)  
[Shared decision making](#)  
[Weight management support](#)