



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
Weight-bearing X-ray (knee)
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

OPEP { 10A rated; new or modified implant Beyond Compliance assessment
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
Consider ceasing use of wool and crepe
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 knee osteoarthritis](#)
[My planned care](#)
[MSK primary and community toolkit](#)
[NICE guidance NG226](#)
[Orthopaedics PIFU guidance](#)
[Referral optimisation orthopaedics](#)
[Shared decision making](#)
[Weight management support](#)