Excluded: Procedure not routinely funded

Bedfordshire, Hertfordshire, West Essex, Luton and Milton Keynes Priorities Forum statement - adapted for Bedfordshire CCG

Number	**87**
Subject	**Simultaneous Joint Replacement Surgery**
Date of decision	**February 2018**
Date of review	**February 2021**

OPCS codes

See guidance for individual joint replacements

GUIDANCE

The CCG will not routinely fund any of the following joint replacement procedures

• simultaneous hip replacement i.e. replacing both hips at the same time

• simultaneous knee replacement i.e. replacing both knees at the same time

• simultaneous shoulder joint replacement

This does not affect staged joint replacement as long as the patient meets the relevant criteria for each procedure prior to surgical procedure.

Exceptionality to the above will be considered, as long as it can be evidenced that simultaneous replacement of joints will not affect the rehabilitation of the patient: evidence will need to be provided as part of an IFR application.

Summary of Evidence

A literature search was undertaken by Castlepoint and Rochford CCG
Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks for example surgery is therefore longer which alone can increase the risk of complications. Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

NHS
Bedfordshire
Clinical Commissioning Group

Total hip arthroplasty (THA) is a highly successful orthopaedic surgical procedure. However, controversies still exist between conducting 1- or 2-stage bilateral THA as studies undertaken have selected their patient cohort which does not conclusively provide evidence for reducing risks from the operation which the older patient could be more susceptible.

There were 13 studies with 17,762 patients who underwent 1-stage bilateral THA and 46,147 patients who underwent 2-stage bilateral THA. However, this study does not encourage performing 1-stage over 2-stage bilateral THA. Higher evidence level studies are necessary for further analysis.

References

1 Shao, H., Chen, C.L., Maltenfort, M.G. et al. Bilateral total hip arthroplasty: one-stage or two-stage? a meta-analysis. J Arthroplasty. 2016; 32: 689
2 Bhan, S. One- or two-stage bilateral total hip arthroplasty: a prospective, randomised, controlled study in an Asian population. J Bone Joint Surg Br. 2006; 88-B: 298
3 Lindberg-Larsen, M., Joergensen, C.C., Husted, H. et al. Simultaneous and staged bilateral total hip arthroplasty: a Danish nationwide study. Arch Orthop Trauma Surg. 2013; 133: 1601
4 Parvizi, J., Pour, A.E., Peak, E.L. et al. One-stage bilateral total hip arthroplasty compared with unilateral total hip arthroplasty: a prospective study. J Arthroplasty. 2006; 21: 26
5 Eggli, S., Huckell, C.B., and Ganz, R. Bilateral total hip arthroplasty. Clin Orthop Relat Res. 1996; 328: 108
6 Rasouli, M.R., Maltenfort, M.G., Ross, D. et al. Perioperative morbidity and mortality following bilateral total hip arthroplasty. J Arthroplasty. 2014; 29: 142

Human Rights and Equalities Legislation has been considered in the development of this guidance