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The Set Up and Growth of a National Register

hip
(2008)



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An OBSERVATIONAL and PROSPECTIVE STUDY

Systematic collection
of standardized clinical data
collected in a well defined geographical area
and from different sources





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Purposes

Quality control



Epidemiological study



Market survey



Research tool





Stakeholders

Researchers

Health Authorities

Implant Manufacturers

Orthopaedic Surgeons

Scrub Nurses

Patients



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The cornerstone

The Surgeon

workload of recording information

to get his compliance is critical



Compliance

Monthly newsletter to individual surgeons

Monthly reports to Departments

Regular presence in meetings sponsored by SPOT

Permanent and personal feed-back with Delegates



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PAR

(history)

- Failed attempt in the 90's
- Leadership of SPOT since 2000
 - Forums
 - Domestic Meetings
 - RPOT



Landmarks

EFORT Lisbon 2005

- **Decision has been taken**

Domestic Meeting October 2005

- **Leading group of senior surgeons**

January 2008

- **Permission granted by CNPD (Protection Data Authority)**

May 2008

- **New team appointed took hands on the job**



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Landmarks

Domestic Meeting October 2008

- **Public presentation**

November 2008

- **Begins test phase**

April 2009 (the 28th)

- **Official launch ceremony**

June the first, D day has come

- **Begins active phase**



organization

Steering Committee:

- 1 chairman (appointed by SPOT)
- 1 vice-chairman (appointed by Health Secretary)
- 6 orthopaedic surgeons (appointed by SPOT Affiliated Societies)
- 3 representatives appointed by 3 Health Institutes: DGS; ACSS; Infarmed
- 1 manufacturers representative (appointed by APORMED)
- 1 scrub nurses representative (appointed by AEPOT)



organization

Executive Committee:

•5 members:

- Coordination and representation (President)
- Organization
- Statistics and information
- IT and Web page
- Logistics

2 secretaries



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organization

PAR delegates:

-1 by Institution (public or private)



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The Forms

4 sets of data



IDENTIFICATION of circumstances

Identificação | Doença | Cirurgia | Notas

Doente

Género

Masculino Feminino

Data de Nascimento (dd-mm-aaaa)

Nacionalidade

Equipa Cirúrgica

Cirurgião Principal (Nº Ordem dos Médicos)

Grau do Cirurgião

Selecione ▼

Grau do 1º Ajudante

Selecione ▼

Pré-Operatório

Hospital

Hospital da Misericórdia de Marco de Canaveses ▼

Data da cirurgia(dd-mm-aaaa)

Anestesia

Regional Geral

ASA

I II III IV

Peso

 kg

Altura

 m

Massa Corporal

Calcular Massa Corporal

Actividade Física

Selecione ▼

Cobertura Financeira

Particular Subsistema SNS Seguro



Characterization of DISEASE



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Identificação

Doença

Cirurgia

Notas

Doença

Atingimento

Unilateral Bilateral

Lado

Esquerdo Direito

Cirurgia Prévia

Não Sim

Grau de Dificuldade

Primário Simples Primário Complexo

Etiologia

Artrose Primária Necrose Avascular Secundária a doença de infância / adolescência
 Displasia Reumática Outra
 Pós-Traumática Fractura do colo

Tipo de Procedimento

Cimentada Não Cimentada Híbrida
 Resurfacing

Outras Patologias Associadas

HTA
 Diabetes
 Artrite Reumatóide
 Dislipidemia
 Cardiopatias
 Doença Pulmonar
 Doença Circulatória Periférica

Outras:



Details of SURGICAL PROCEDURE



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Identificação

Doença

Cirurgia

Notas

Cirurgia

Técnica Protocolada

Posição

Decúbito Lateral Decúbito Dorsal

Abordagem

Anterior Posterior Lateral Anterolateral

Nº de Incisões

1 2

Osteotomia

Não Sim

Cimento

Não Sim

Comprimento Total de Incisão

 cm

Enxerto

Não Sim

Par Articular

Metal/Polietileno
 Metal/Metal
 Cerâmica/Polietileno
 Cerâmica/Cerâmica
 Cerâmica/Metal

Tamanho da Cabeça

22
 28
 32
 36
 Grandes Diâmetros





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NOTES and implants identification

Identificação

Doença

Cirurgia

Notas

Notas Cirurgião (Condições Prévias; Achados Cirúrgicos e Eventos Intraoperatórios)

Obrigatório mencionar todas as ocorrências cirúrgicas.

Autocolantes (Incluir parafusos, cimento e enxerto ósseo ou substitutos)

1) Código de Barras	<input type="text"/>	Componente	<input type="text"/>	Modelo	<input type="text"/>	Fabricante	<input type="text"/>	
2) Código de Barras	<input type="text"/>	Componente	<input type="text"/>	Modelo	<input type="text"/>	Fabricante	<input type="text"/>	
3) Código de Barras	<input type="text"/>	Componente	<input type="text"/>	Modelo	<input type="text"/>	Fabricante	<input type="text"/>	





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Some early figures

79 Hospitals reporting (in 112)



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Some early figures

7.664 – 14th April

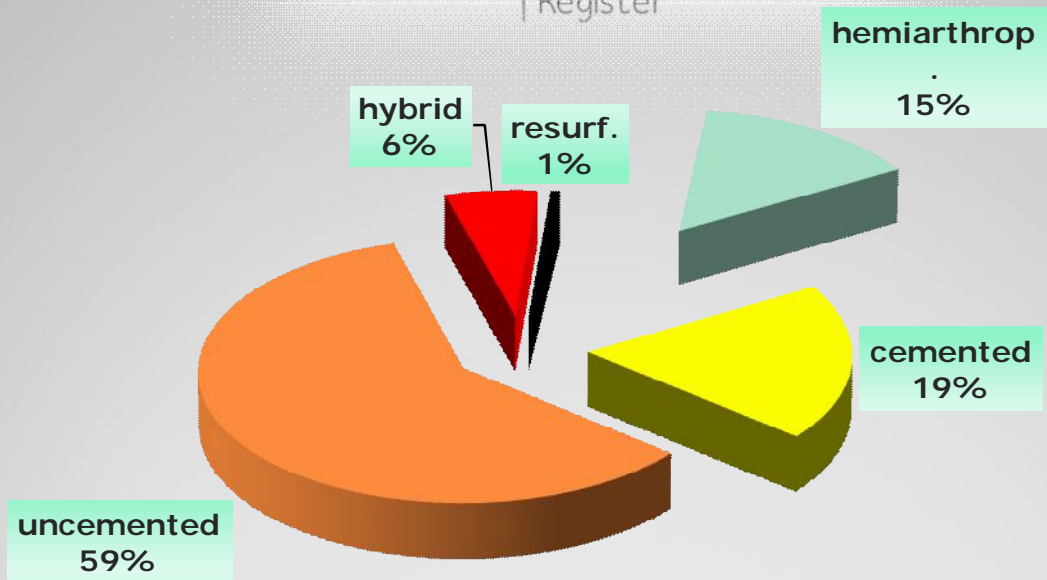
4030 Hips - 3442 Knees

Primary HIPS 52% (revision burden -> 12,7%)

Primary KNEES 48% (revision burden -> 6,3%)



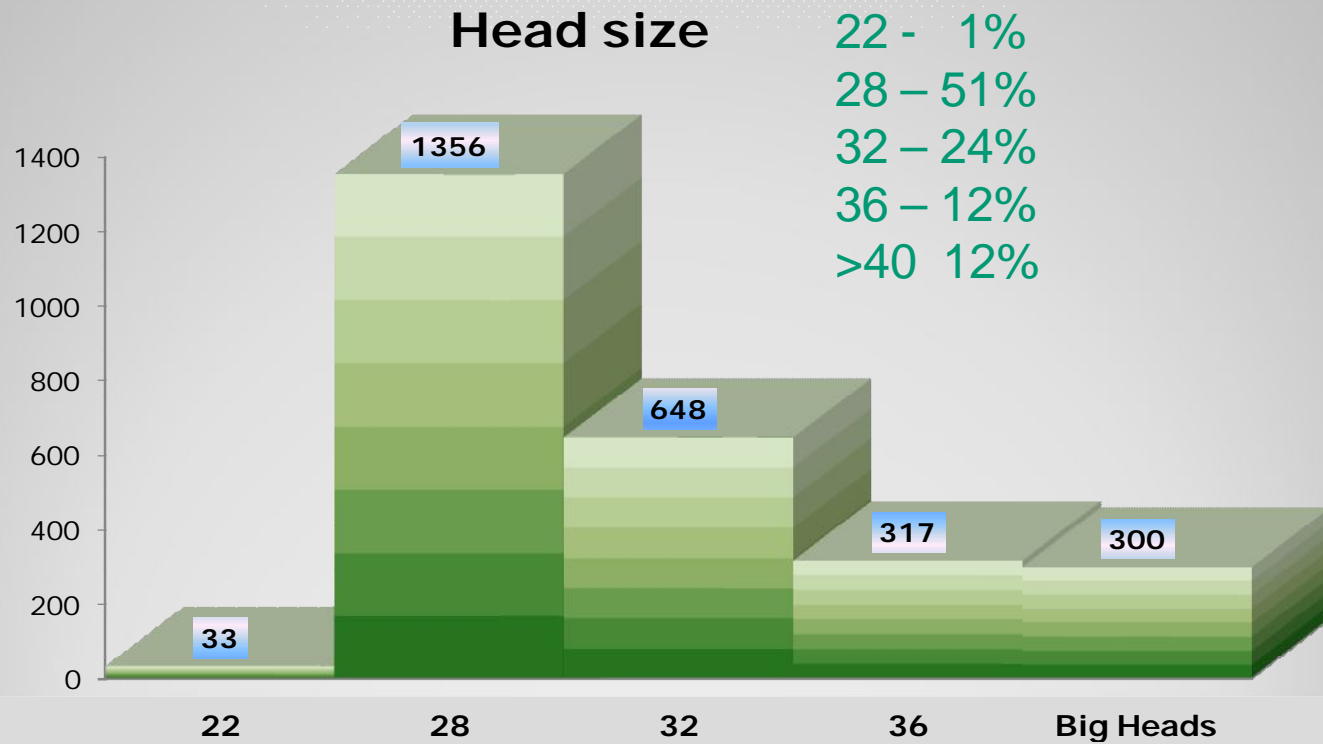
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Uncemented: cemented **3:1** (even greater without hemiarthrop.: 70%/22%)



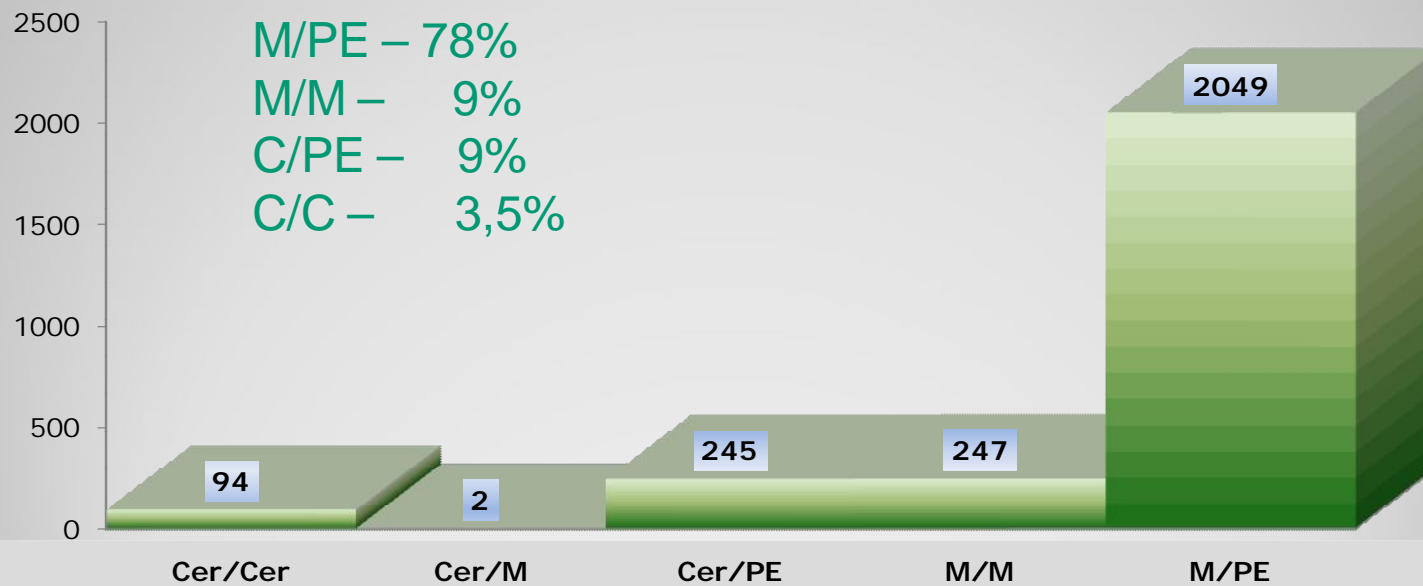
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Bearing Surfaces

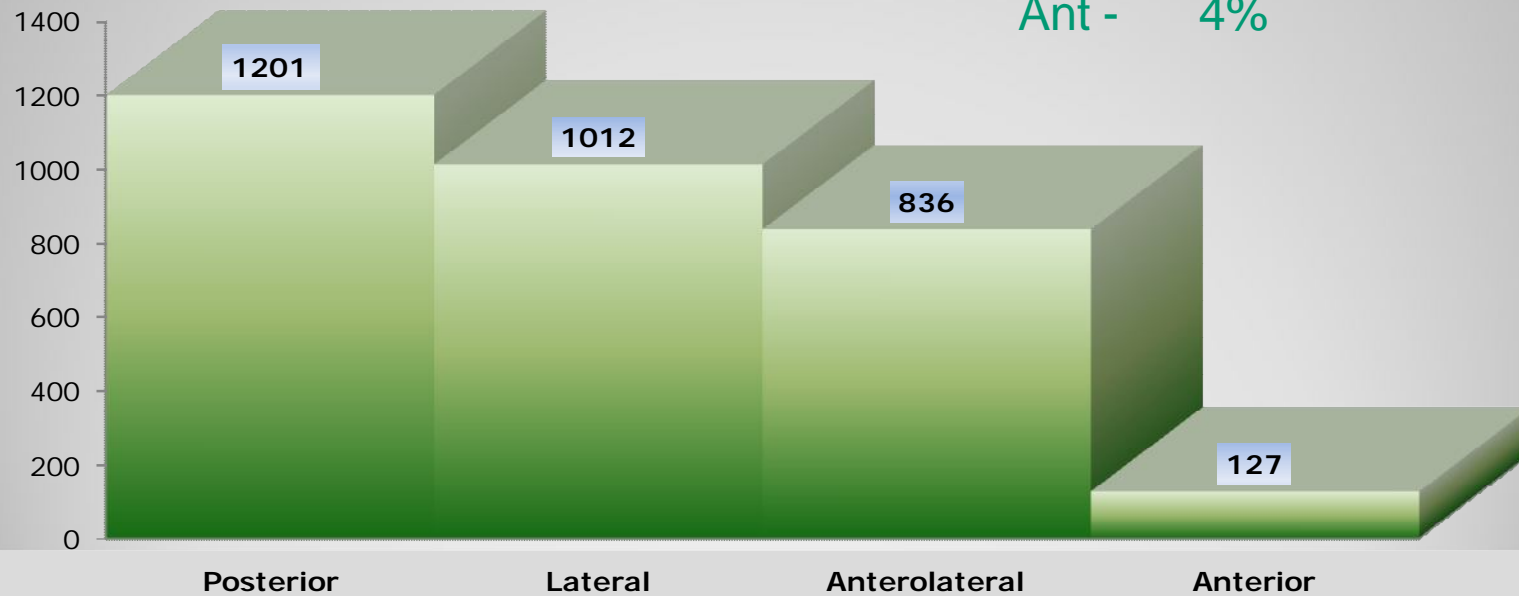




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Approaches

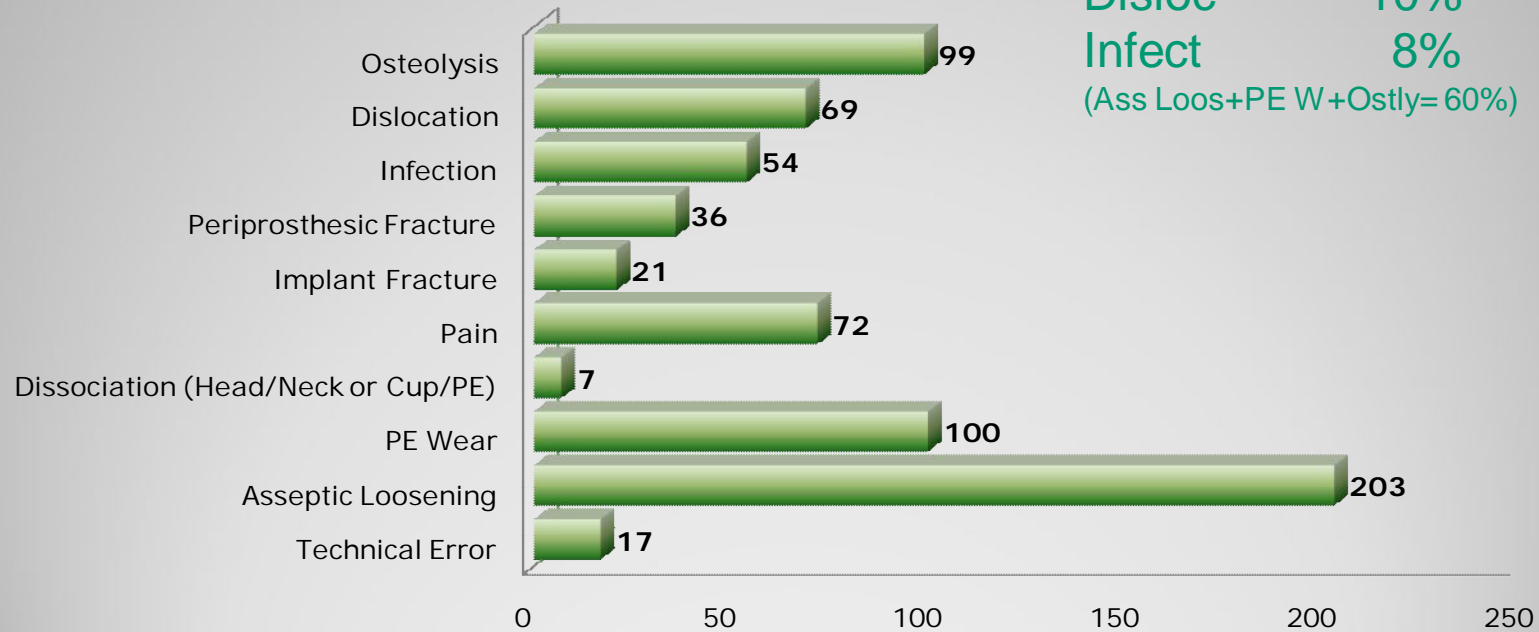
Post- 38%
Lat - 32%
Ant/lat-26%
Ant - 4%





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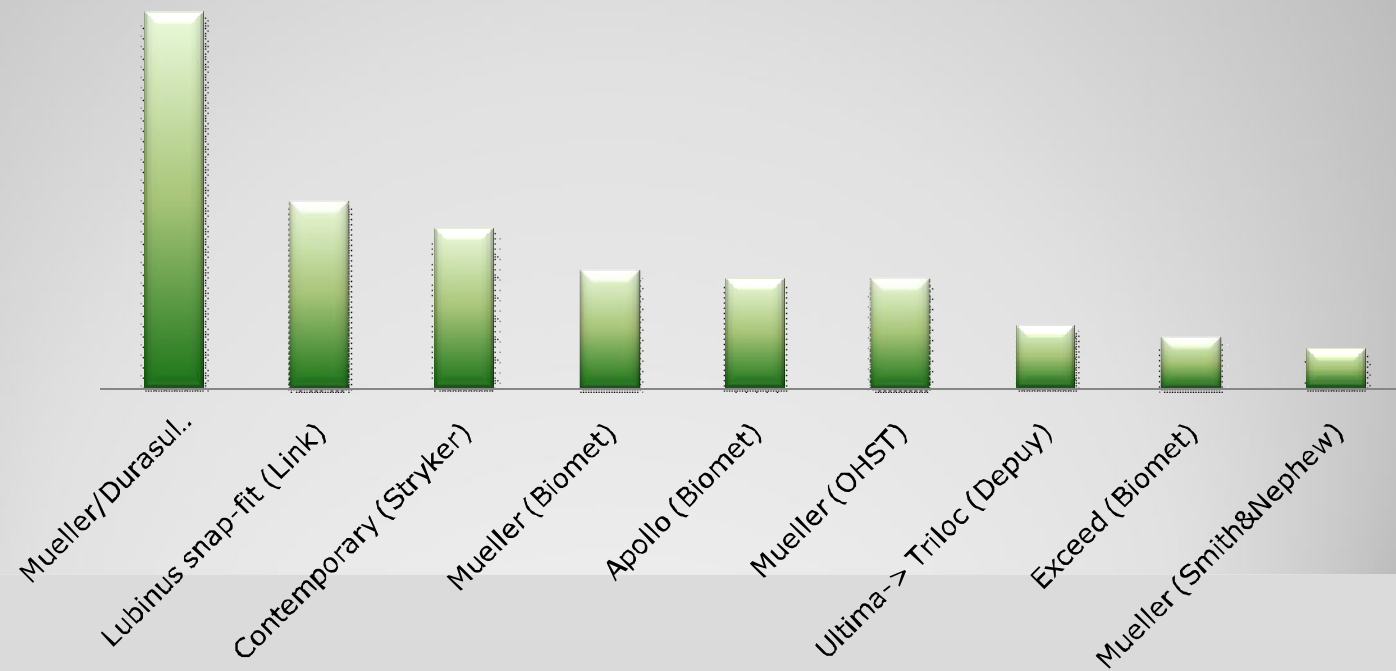
Causes of Revision





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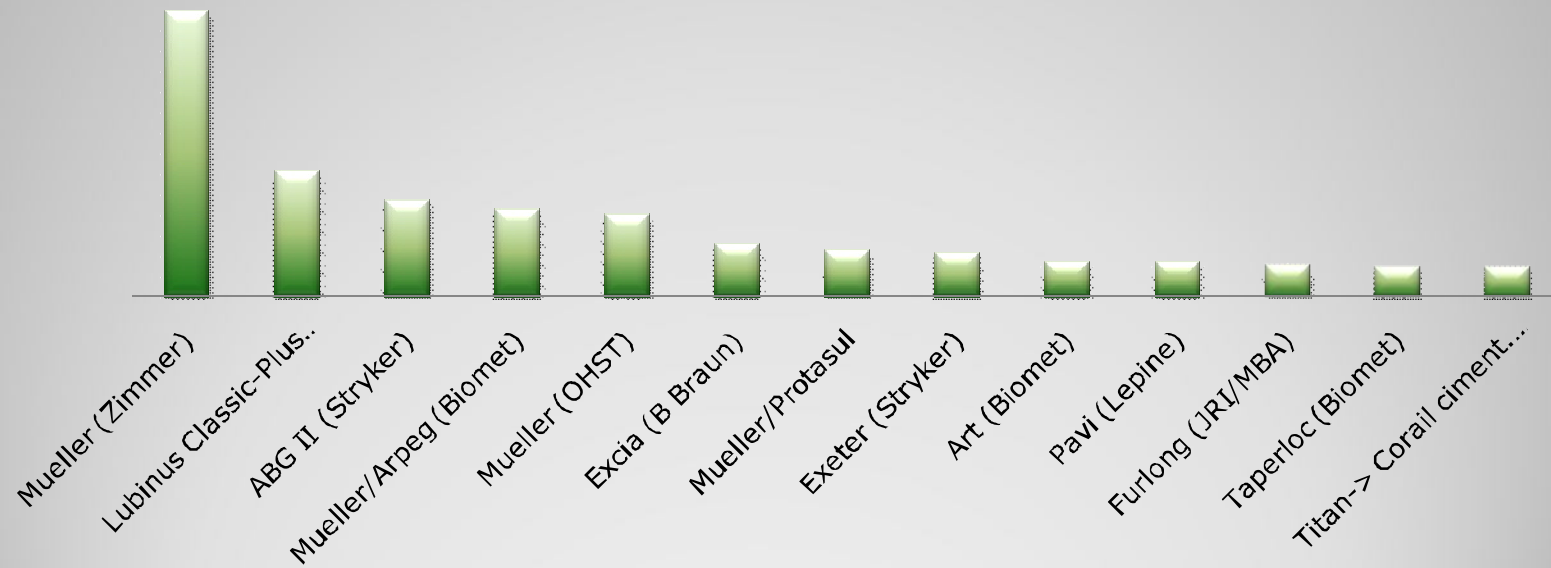
Cemented Cups





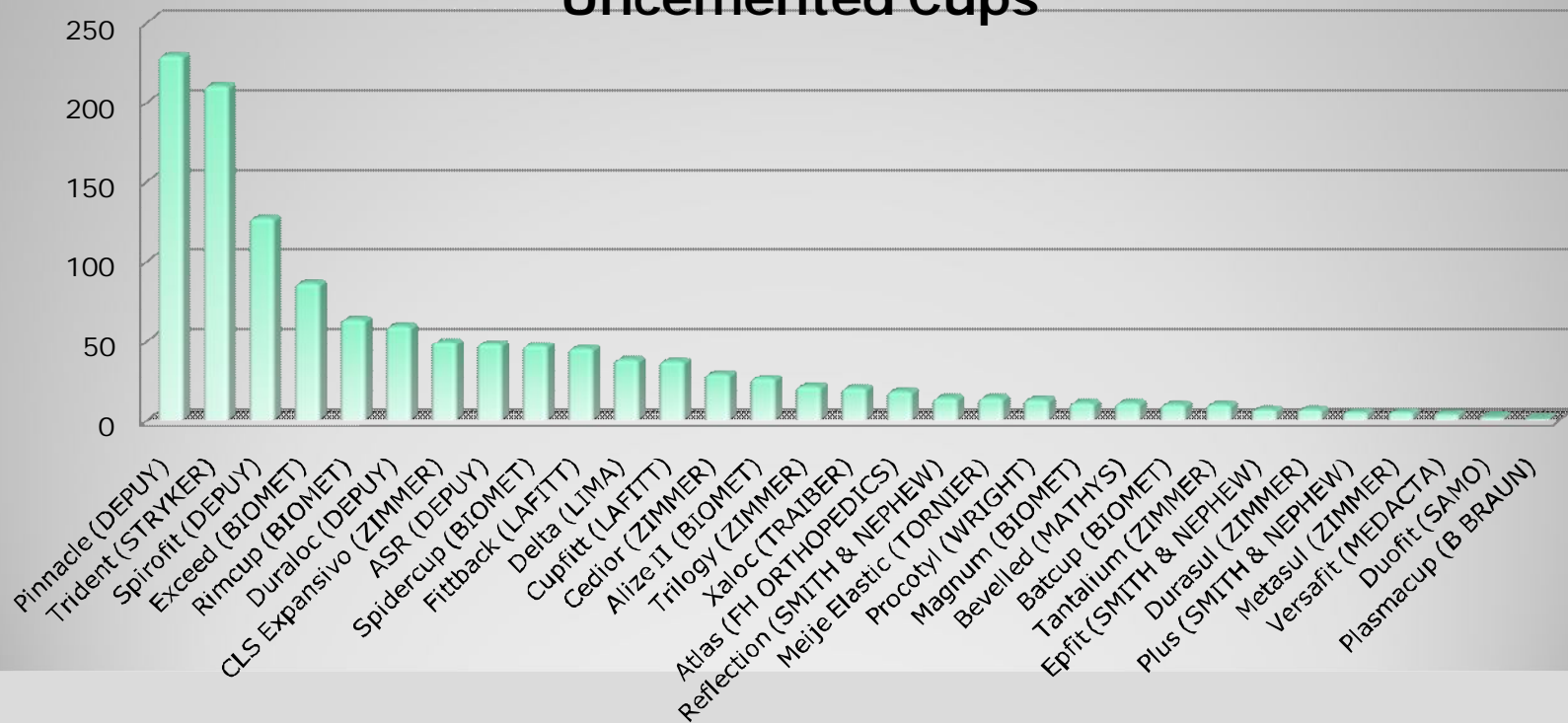
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Cemented Stems





Uncemented Cups

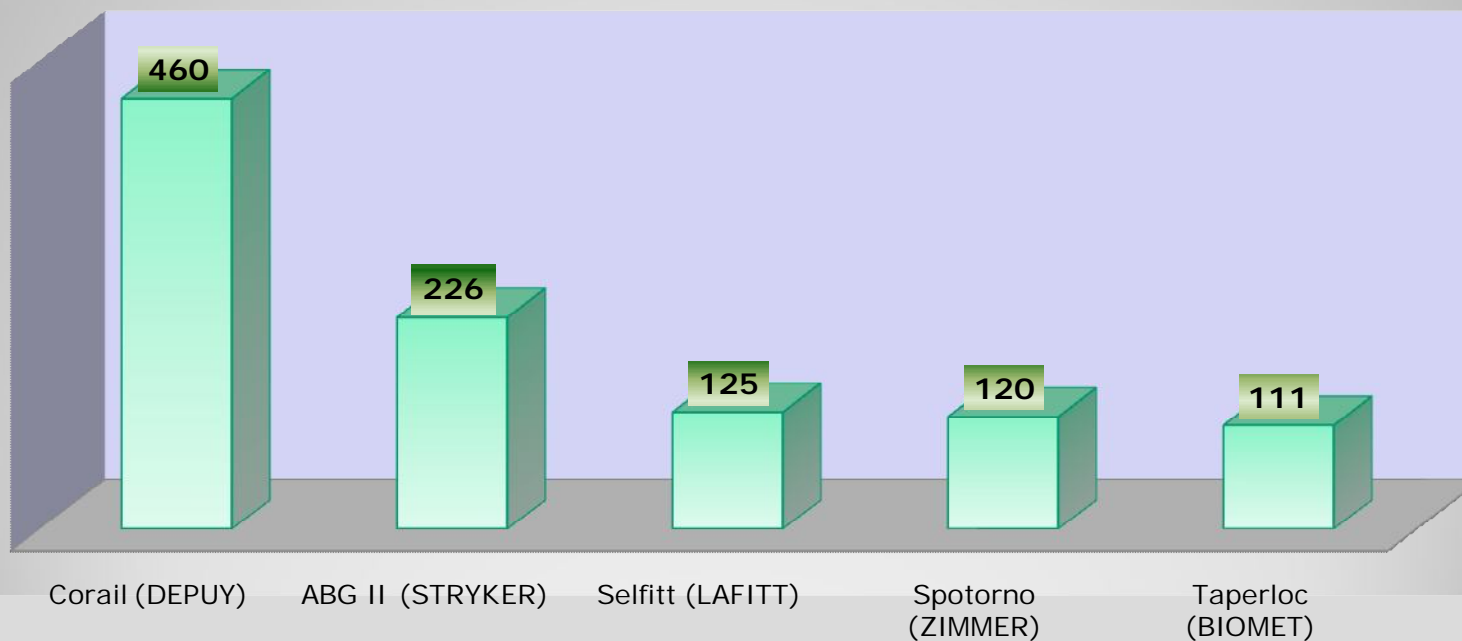


31 brands of CUPS



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Uncemented Stems



38 brands of STEMS



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CONCLUSION

The usual business

Portuguese do it first



Spanish came after and do it even greater and better





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Thank you