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### 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





### The Surgeon

workload of recording information

to get his compliance is critical





#### **Compliance**

- Every single mail deserves an answer
- Network of delegates
- Monthly newsletter to individual surgeons
- Monthly reports to Departments
- Regular presence in meetings sponsored by SPOT
- Permanent and personal feed-back with Delegates





Strictly voluntary and private owned project Collecting clinical and outcome data

#### **STRONG POINT**

- The kind of information
- Public and private data

#### **WEAK POINT**

- Low quality data
- Not universal reporting





**Our AIM** 

Collect high quality data in an universal basis and keeping the control of it





Administration has mandatory collected administrative data from public institutions

THR: ICD - 9 715.15 => 81.51 HDG 209





Negotiating with Administration, we achivied

SPOT keeps control of RPA

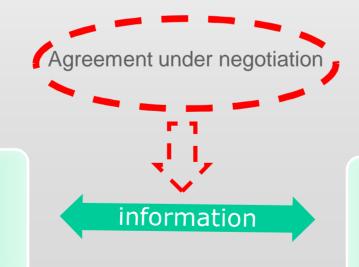
Administration creates a new official organization to survey epidemiology and control quality of Arthroplasties, named National Arthroplasty Survey (NAS)



PAR



## Strategic tips



NAS





#### Our goal

Keep the register in SPOT's control and strictly voluntary but, with the support of the Administration, **strongly recommended** 





### Some early figures

82 Hospitals reporting (in 117)





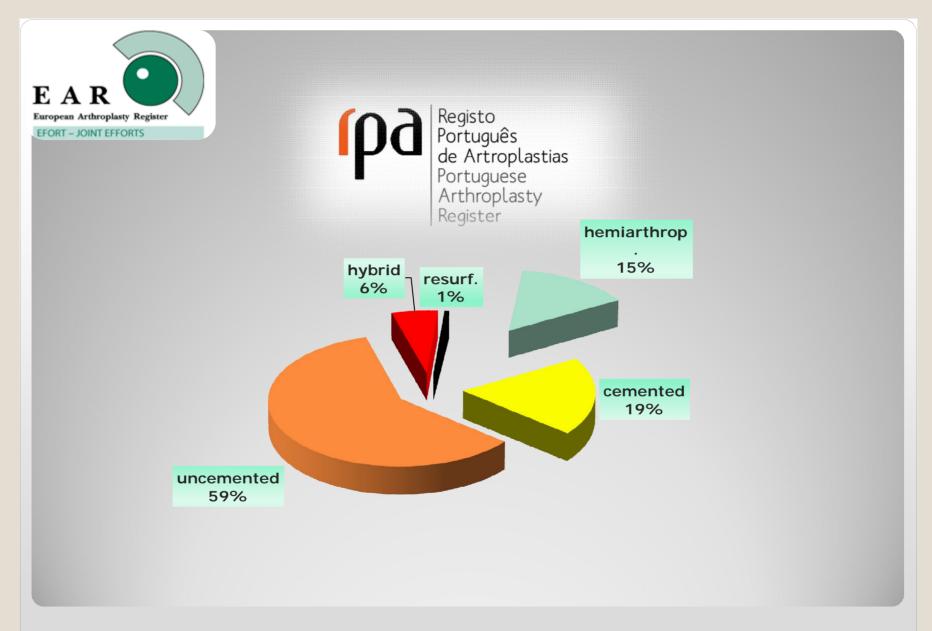
### Some early figures

9.346 – 31<sup>th</sup> May

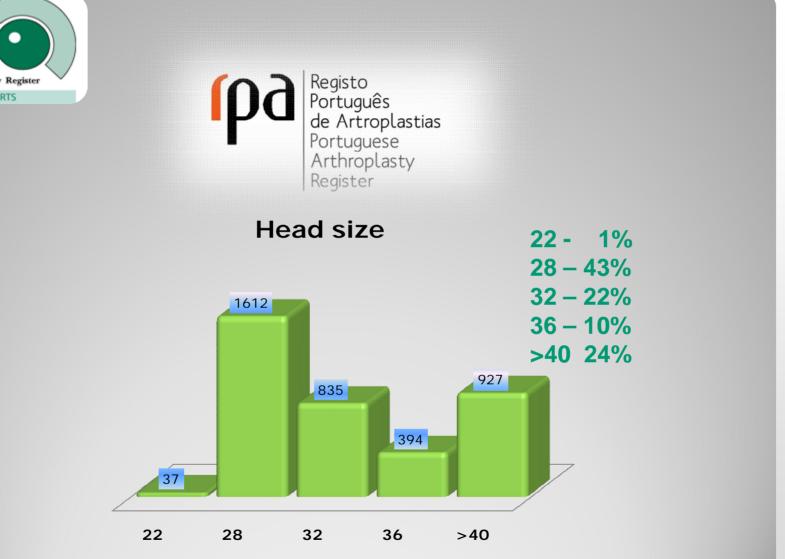
4.888 Hips - 4.235 Knees

Primary HIPS 51,7% (revision burden -> 12,7%)

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



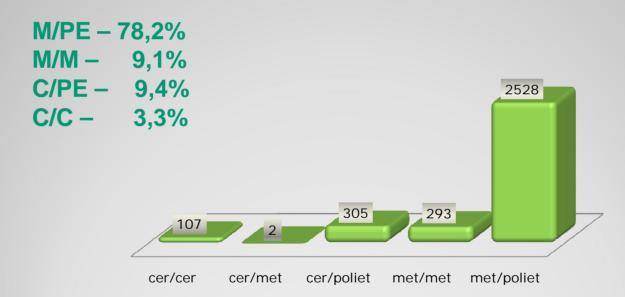


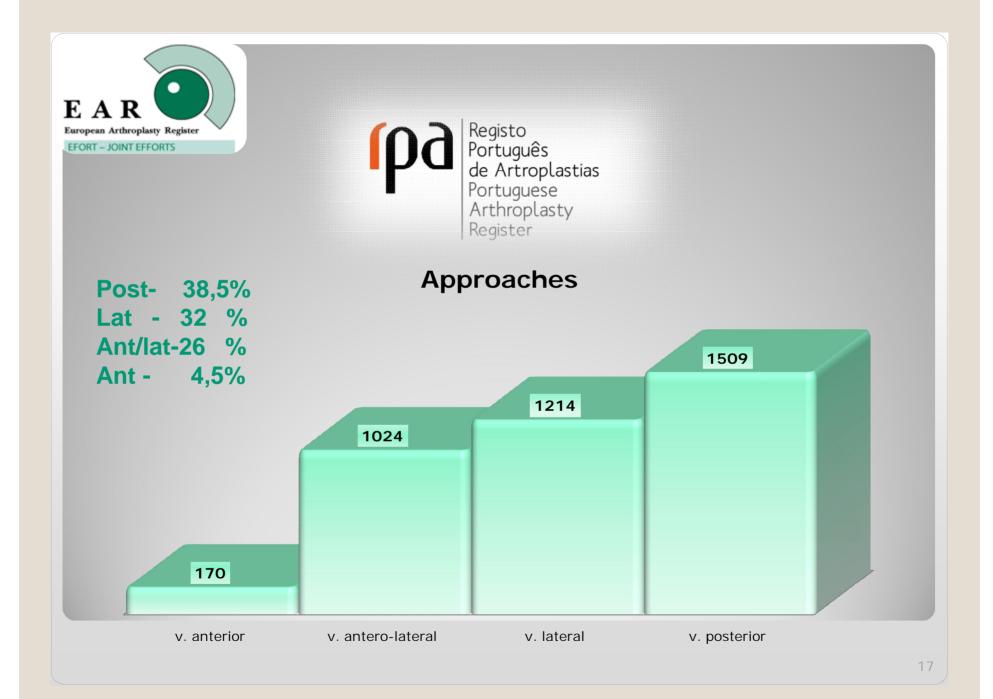






#### **Bearing surfaces**









#### **Indications for Revision Surgery**

Head-neck or metalback-liner dissociation

Technical error

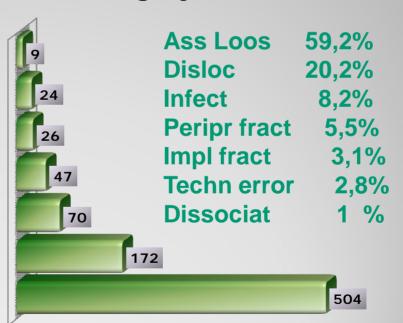
Implant fracture

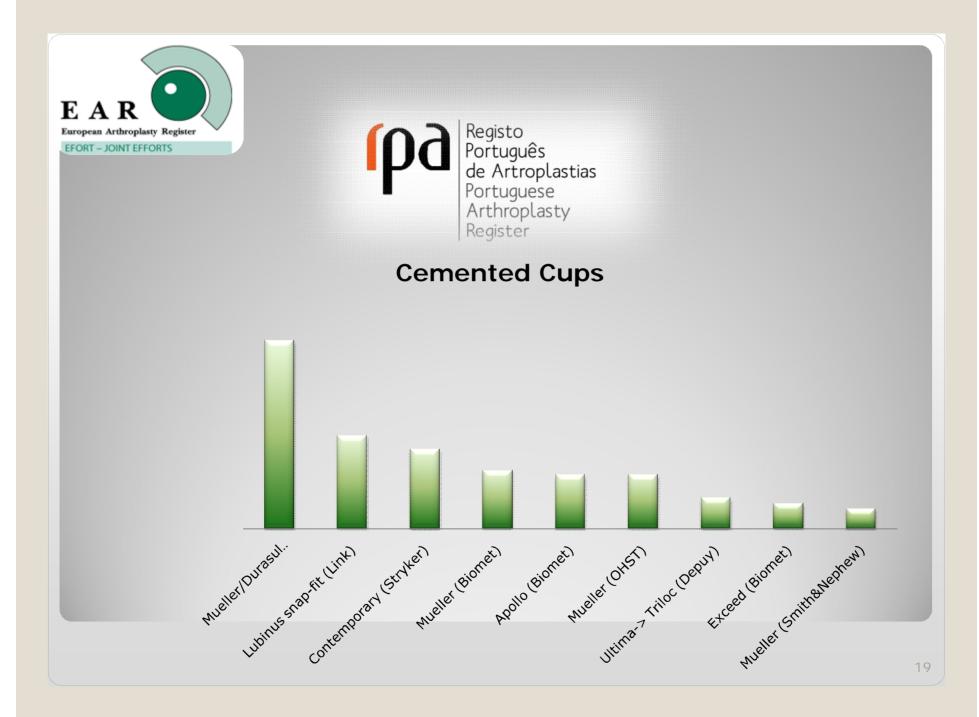
Periprosthetic fracture

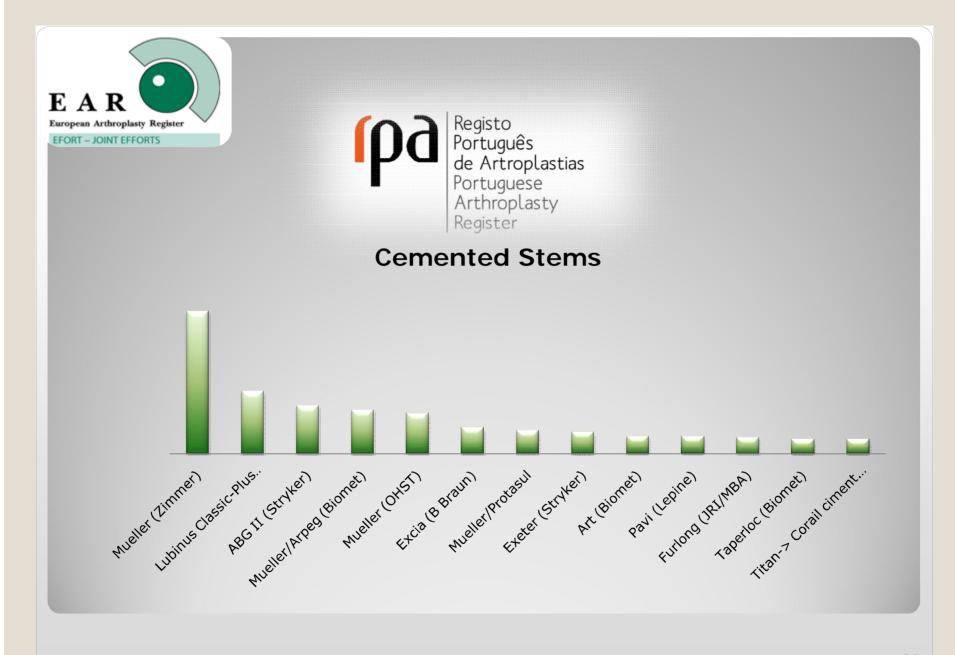
Infection

Dislocation/instability/pain

Asseptic loosening/osteolyse/PE wear



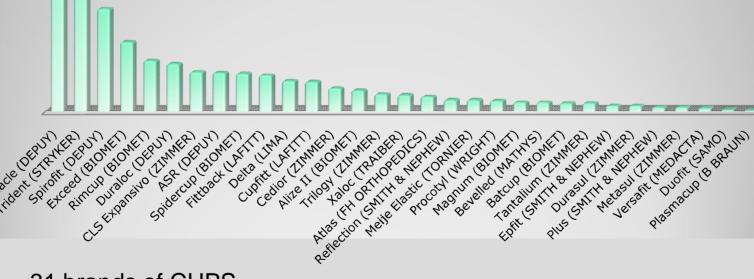


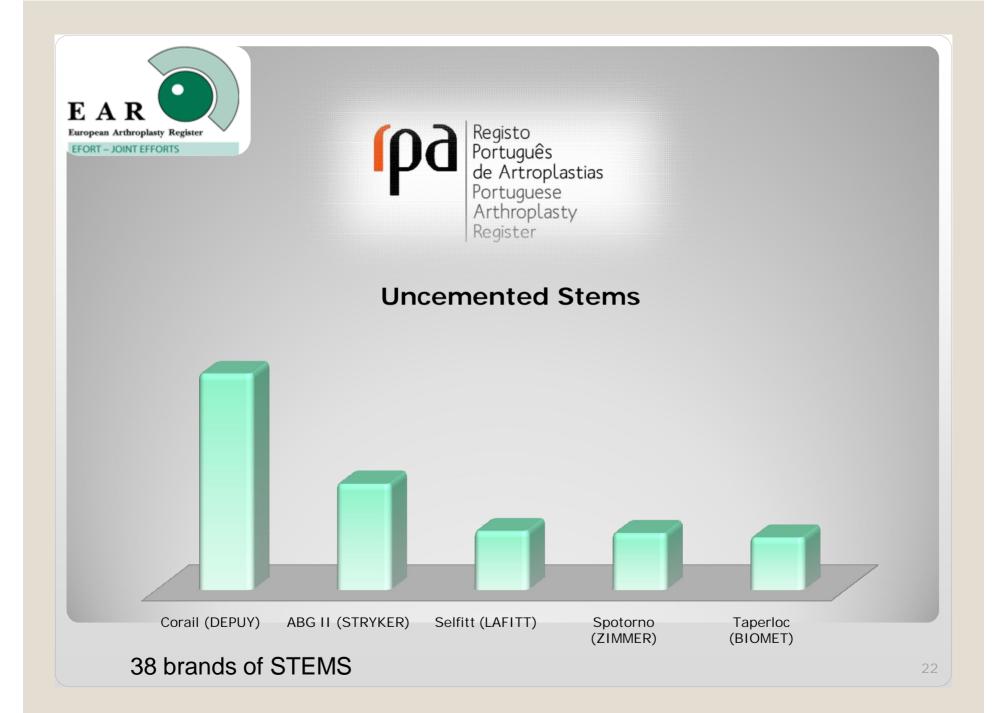






#### **Uncemented Cups**









#### **Knee systems in Primary Surgery**



26 brands of KNEE SYSTEMS





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