

Erratum

1-year follow-up of 920 hip and knee arthroplasty patients after implementing fast-track

Good outcomes in a Norwegian university hospital

Siri B WINTHER^{1,2}, Olav A FOSS^{1,2}, Tina S WIK¹, Shawn P DAVIS³, Monika ENGDAL⁴, Vagleik JESSEN¹, and Otto S HUSBY¹

¹Orthopedic Research Center, Orthopaedic Department, Trondheim University Hospital; ²Department of Neuroscience, Norwegian University of Science and Technology; ³Department of Anaesthesiology, Trondheim University Hospital; ⁴Department of Physiotherapy, Trondheim University Hospital, Trondheim, Norway.

Correspondence: siri.bjorgen@ntnu.no

Submitted 14-04-04. Accepted 14-06-19.

Acta Orthop 2015; 86: 78-85. Early online. DOI 10.3109/17453674.2014.957089

A calculation error has been made concerning the two questions (1) “How does the leg that was operated on work today compared to before surgery?”, and (2) “Based on your experience to date, would you go through the surgery again?”. The results were calculated based on all patients included in the study, and not only the patients attending the 1 year follow-up who were asked these specific questions. The results are now corrected and marked with red in the following page, which should replace the fourth page in our article.

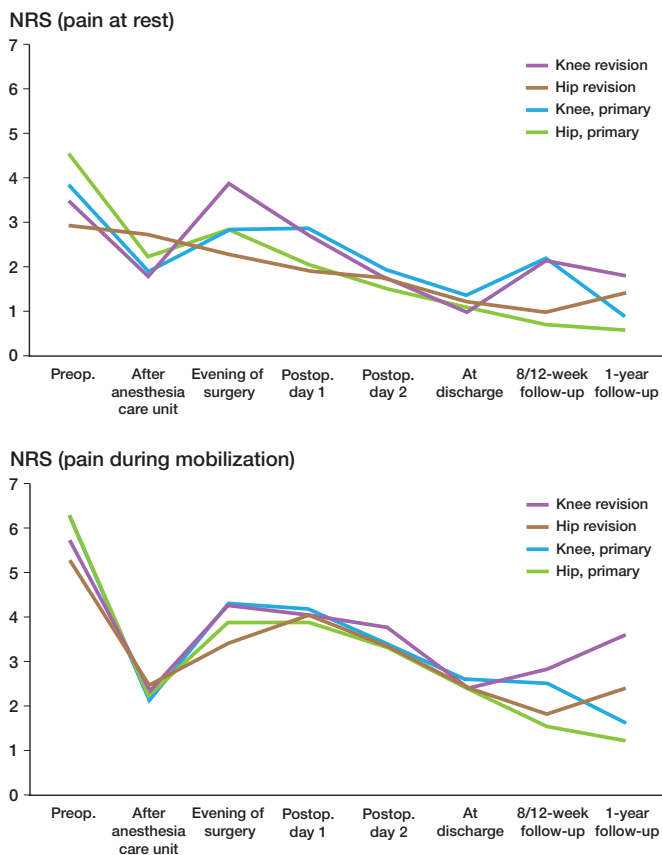


Figure 2. Pain at rest (upper panel) and mobilization (lower panel) at 8 time points, from preoperatively until 1 year postoperatively. Lines represent mean pain score for each patient group.

Table 2. Patient-reported outcome scores (PROMS) in the 4 different groups: EQ-5D, HOOS-PS, KOOS-PS, and the physical function scores HHS and KSS. For abbreviations, see text. All scores were obtained preoperatively, 8 and 12 weeks postoperatively, and 1 year postoperatively. Data are mean (SD)

	Primary surgery		Revision surgery	
	THA	TKA	THA	TKA
Preoperatively				
EQ-5D index score	0.42 (0.30)	0.49 (0.29)	0.42 (0.32)	0.38 (0.36)
HOOS-PS/KOOS-PS	45 (16)	47 (13)	49 (18)	49 (11)
HHS	53 (14)		52 (24)	
KSS knee score		41 (14)		49 (19)
KSS function score		56 (22)		43 (23)
8/12 weeks postoperatively				
EQ-5D index score	0.76 (0.21)	0.68 (0.24)	0.62 (0.32)	0.53 (0.32)
HOOS-PS/KOOS-PS	22 (14)	37 (11)	33 (16)	41 (12)
HHS	82 (13)		69 (20)	
KSS knee score		61 (19)		64 (15)
KSS function score		59 (25)		45 (28)
1 year postoperatively				
EQ-5D index score	0.79 (0.24)	0.76 (0.230)	0.67 (0.27)	0.62 (0.25)
HOOS-PS/KOOS-PS	17 (15)	30 (15)	27 (15)	34 (15)
HHS	89 (14)		77 (20)	
KSS knee score		75 (19)		62 (13)
KSS function score		78 (24)		65 (25)

(4.3–7.0). The revision rate was 2.9% (2.0–3.9), of which 1.6% (0.9–2.3) was caused by infections and 1.0% (0.4–1.5) by dislocations. At 1-year follow-up, 93% reported improved functionality in the operated limb and 95% reported that they would have been willing to have the surgery all over again.

For TKA patients who underwent primary surgery, 96% were mobilized in the recovery unit and the mean time from surgery to mobilization was 3.2 (1.4) h. Mean LOS was 3.1 (0.8) days. 82% of the patients were discharged directly to their homes. Total re-admission rate within 1 year was 10.1% (8.4–11.8). The revision rate was 3.3% (2.3–4.3), of which 1.4% (0.7–2.0) was caused by infections and 1.4% (0.7–2.0) by mechanical causes. At 1-year follow-up, 85% reported improved functionality in the operated limb and 86% reported that they would have been willing to have the surgery all over again.

Revision surgery

For THA patients who underwent revision surgery, 91% were mobilized in the recovery unit and the mean time from surgery to mobilization was 4.6 (2.2) h. Mean LOS was 4.2 (1.6) days and 44% of the patients were discharged directly to their homes. Total re-admission rate within 1 year was 5.6% (4.3–6.9), all of which was caused by infections. At 1-year follow-up, 66% reported improved functionality in the operated limb and 72% reported that they would have been willing to have the surgery all over again.

For TKA patients who underwent revision surgery, 89% were mobilized in the recovery unit and the mean time from surgery to mobilization was 4.9 (1.9) h. Mean LOS was 3.9 (2.2) days and 67% of the patients were discharged directly to their homes. Total re-admission rate within 1 year was 7.1% (5.7–8.6), of which 3.6% (2.5–4.6) was caused by infection and 3.6% (2.5–4.6) was due to mechanical causes. 1 year postoperatively, 68% reported improved functionality in the operated limb and 74% reported that they would have been willing to have the surgery all over again.

Discussion

After implementation of the fast-track course, the number of weekly hip and knee arthroplasty surgeries was increased from 7 to 17. Patient satisfaction was high in all parts of the treatment chain, with a mean score of 9.3 (1.2) out of a maximum of 10. 95% of hip patients and 86% of knee patients were satisfied with the results 1 year