

Central Adelaide Orthopaedics – Hip & Knee Service

Clinical Information Sheet

Clinical Condition	Issue with Prosthesis In-situ (Including Joint Replacements, Rods, Plates, Screws, Pins, etc)
Eligibility	New pain or pain at rest at site of prosthesis Radiographic features suggestive of prosthetic loosening or infection Prominent metal
Priority	<p>Immediate: <u>If peri-prosthetic fracture is suspected, joint dislocated or if the patient has an open or discharging wound post-operatively. DO NOT COMMENCE ANTI-BIOTICS.</u></p> <p>Must be discussed with the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000. If the condition is life or limb-threatening, the patient should be sent to the nearest Emergency Department.</p> <p>Urgent: If prosthesis infection is suspected or internal fixation has failed. Must be discussed with the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000 to obtain appropriate prioritisation.</p> <p>Semi-Urgent: If suspicion of peri-prosthetic loosening or prosthesis associated pain, decrease in function. Referrals should be faxed to the RAH on (08) 8222 2751 or the TQEH on (08) 8222 7244.</p>
Differential Diagnoses	Peri-Prosthetic Fracture Aseptic loosening Prosthetic Infection Migration of prosthesis
Information required with referral	<p>History:</p> <ul style="list-style-type: none"> • History of prosthesis insertion • Duration of symptoms • Characteristics of pain – location, night pain, etc. • Response to analgesia • Use of natural anti-inflammatories (e.g. high dose fish oil) • Level of mobility - walking distance; walking aid • Function – ADLs • History of infective processes (e.g. poor dental hygiene, recurrent UTI's, etc.) • Brief medical history • Current medications – in-particular, blood thinning medication • Relevant psycho-social issues <p>Other medical and allied health practitioners the patient has seen concerning this problem.</p>
Investigations required with referral	X-ray: plain x-ray (preferably weight bearing views) of affected body part <i>Upon attendance to appointment, patient will be required to bring plain x-rays taken since onset of symptoms</i> Bloods: CBE, ESR & CRP to exclude infection

Pre-Referral management strategies (include with referral)	<p>DO NOT COMMENCE ANTI-BIOTICS if infection is suspected, please contact the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000 to obtain appropriate prioritisation.</p> <p>Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated</p> <p>Use of mobility aids (e.g. walking stick or crutches)</p>
Discharge Criteria/information	<p>For discharge to GP if non-operative management to be pursued.</p> <p>Red flags that should trigger referral back for review: pain in affected joint no-longer managed non-operatively</p>

For more information

Central Adelaide Orthopaedics – Hip & Knee Service
Royal Adelaide Hospital, North Terrace ADELAIDE Telephone: 08 8222 4000
The Queen Elizabeth Hospital, 28 Woodville Road, WOODVILLE Telephone: 08 8222 6000

