



## Supplementary Material

10.1302/0301-620X.104B1.BJJ-2021-0032.R2

UK SAFE study (WP2b)

STUDY NO.....

Towards UK post arthroplasty follow-up recommendations

Patient demographics				
1. Patient details	Male (M) / Female (F)		Postcode (first part only):	
	DOB:		.....	
2. Home status on admission	Own home		Residential home	
	Sheltered accommodation		Other .....	
3. Comorbidities <i>Refer to admission details, anaesthetic record, GP letter, other</i>	Asthma		Malabsorptive syndrome	
	Hypertension		Inflammatory bowel disease	
	Hyperlipidaemia		Ischaemic heart disease	
	Stroke		Diabetes	
	Chronic kidney failure		Neoplasms	
	Chronic obstructive pulmonary disease		Other .....	
4. Pre-operative assessment	ASA grade		Units of alcohol per week	
	BMI		Smoking status (Yes, No or Ex)	
Revision Surgery				
5. Type of joint revised <i>Please tick</i>	HIP	Right	KNEE	Right
		Left		Left
6. Reason for revision: Operative record	Infection		Wear	
	Aseptic loosening		Osteolysis	
	Stiffness		Periprosthetic fracture	

	Pain		Implant failure	
	Other (provide details):			
<b>7. Reason for revision: GP letter</b>	Infection		Wear	
	Aseptic loosening		Osteolysis	



<b>UNIVERSITY OF LEEDS</b>	Stiffness	Periprosthetic fracture	
	Pain	Implant failure	
	Other (provide details):		
<b>8. Revision details</b>	Surgeon detail: Indicate level of experience Consultant / Other .....	Time taken <i>from anaesthetic record</i>  .....hours .....minutes	
<b>9. Intraoperative complications</b>	Fracture	Vascular injury	
	Nerve injury	Medical	
	Other (details):		
<b>10. Treatment of intraoperative complications</b>			
<b>11. Removed components</b> <i>Add any details available in operation record</i>			



12. Components inserted in revision surgery	Manufacturer	Description	Size	Quantity
13. Length of stay in acute hospital for revision surgery	Date of admission    ___/___/_____ Date of discharge    ___/___/_____ 			

Primary surgery



14. Primary surgery	Date of primary surgery ____/____/____			
15. Reason for primary surgery	Osteoarthritis / Other .....			
16. Components used in primary surgery <i>Add any details available from primary surgery record or clinic letters</i>	<b>Manufacturer</b>	<b>Description</b>	<b>Size</b>	<b>Quantity</b>
17. Other surgery on this joint	<b>Date</b>	<b>Procedure(s)</b>		



Pathway to revision										
<b>18. Orthopaedic appointments</b>	<b>Source of referral for revision</b>	<table border="1"> <tr> <td>GP</td> <td><input type="checkbox"/></td> </tr> <tr> <td>A&amp;E</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Follow-up Clinic</td> <td><input type="checkbox"/></td> </tr> <tr> <td>Other (Please State)</td> <td>_____</td> </tr> </table>	GP	<input type="checkbox"/>	A&E	<input type="checkbox"/>	Follow-up Clinic	<input type="checkbox"/>	Other (Please State)	_____
	GP	<input type="checkbox"/>								
	A&E	<input type="checkbox"/>								
	Follow-up Clinic	<input type="checkbox"/>								
	Other (Please State)	_____								
	<b>Reason for revision</b> <i>e.g. X-ray changes, pain, other</i>	_____								
	<b>No. of orthopaedic appointments in 12 months prior to revision</b>	<input type="checkbox"/>								
	<b>Was patient on planned follow-up pathway?</b>	<table border="1"> <tr> <td>Yes <input type="checkbox"/></td> <td>No <input type="checkbox"/></td> </tr> </table>	Yes <input type="checkbox"/>	No <input type="checkbox"/>						
Yes <input type="checkbox"/>	No <input type="checkbox"/>									
<b>If yes, when was patient last seen on this pathway?</b>	Date: ____/____/____									
<b>If yes, was the patient admitted from this pathway?</b>	Date: ____/____/____									
<b>No. of DNA for orthopaedics in last 2 years</b>										
<b>19. GP appointments</b>	<b>Date of first letter from GP relating to this revised joint</b>	Date: ____/____/____								
<b>20. Routine medication</b>	<b>List all routine medication at time of admission</b>									



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The Leeds Teaching Hospitals **NHS**  
NHS Trust



**Comments**  
*Please add any information that you consider relevant*

# **Towards UK poSt Arthroplasty Follow-up rEcommendations**

## UK SAFE study

The following pages contain some questions that we would like you to answer about the **knee** joint that requires another replacement, referred to as a revision.

Prior to completing the questionnaire please complete the following:

Today's date:

				2	0	1	
<b>D</b>	<b>D</b>	<b>M</b>	<b>M</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>	<b>Y</b>

On which side of the body is the affected joint?

**RIGHT**     **LEFT**



PATIENT STUDY ID

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These questions are about the **knee** replacement that has just been re-done.

1. In which year did you have the first replacement of this <b>knee</b> joint?	.....	
2. What was the diagnosis when you had the first replacement of this <b>knee</b> joint?	Osteoarthritis	<input type="checkbox"/>
	Rheumatoid arthritis	<input type="checkbox"/>
	Trauma e.g. fracture	<input type="checkbox"/>
	Congenital problem	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	If other, please specify .....	
	Don't know	<input type="checkbox"/>
3. Did you have any complications after your first operation on this <b>knee</b> joint?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4. If yes, please specify	Infection	<input type="checkbox"/>
	Dislocation	<input type="checkbox"/>
	Other	<input type="checkbox"/>
	If other, please specify .....	

PATIENT STUDY ID

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5. Once you had reached one year after the first <b>knee</b> replacement operation, did you have any further check-up appointments for this <b>knee</b> ?	No further check-ups <input type="checkbox"/> Single check-up <input type="checkbox"/> Multiple check-ups <input type="checkbox"/>
6. Leading up to this revision surgery, did you have any problems with this <b>knee</b> replacement?	Yes <input type="checkbox"/> No <input type="checkbox"/>
7. Which of the following statements best describes the reason that you first went to see the surgeon about having the <b>knee</b> replacement re-done?	A health professional told me it needed to be re-done <input type="checkbox"/> I had pain in the affected <b>knee</b> <input type="checkbox"/> I had difficulty walking on the affected <b>knee</b> <input type="checkbox"/> Something did not feel right in the affected <b>knee</b> <input type="checkbox"/> My other <b>knee</b> was causing a problem <input type="checkbox"/>
8. What date did this problem start?	.....

PATIENT STUDY ID

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<p>9 Did this problem prompt you to seek help for your joint?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>10. How long did you wait before you sought advice?</p>	<p>.....</p>	
<p>11. If you delayed seeking advice, was there a reason for this?</p>	<p>.....</p>	
<p>12. If you sought advice, who did you consult?</p>	<p>GP <input type="checkbox"/></p> <p>Hospital (Orthopaedics) <input type="checkbox"/></p> <p>A&amp;E <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other please specify</p> <p>.....</p>	
<p>13. Who referred you to Orthopaedics for this revision <b>knee</b> surgery?</p>	<p>GP <input type="checkbox"/></p> <p>A&amp;E <input type="checkbox"/></p> <p>Other <input type="checkbox"/></p> <p>If other please specify</p> <p>.....</p>	
<p>14. If you were referred by your GP, how many times did you attend your GP surgery about your <b>knee</b> before being referred to Orthopaedics?</p>	<p>Visits <input type="checkbox"/> (number)</p>	

PATIENT STUDY ID

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<p>15. Once you had been referred to Orthopaedics, how long did you have to wait for your revision surgery?</p>	<p>Years <input style="width: 40px; height: 25px;" type="text"/> Months <input style="width: 40px; height: 25px;" type="text"/></p>																		
<p>16. Why do <b>you</b> think your <b>knee</b> replacement needed to be revised?</p>	<p>.....</p> <p>.....</p>																		
<p>17. Have you been to see any health professionals, including your GP, in the last 12 months about the <b>knee</b> replacement on which you have just had an operation?</p>	<p>Yes <input style="width: 40px; height: 25px;" type="checkbox"/> No <input style="width: 40px; height: 25px;" type="checkbox"/></p>																		
<p>18 If yes, what type of health professional and how many times have you seen them?</p>	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 70%;">Type of health professional tick box list here,</th> <th style="width: 30%;">Number of visits in last 12 months</th> </tr> </thead> <tbody> <tr> <td>GP</td> <td></td> </tr> <tr> <td>Hospital doctor</td> <td></td> </tr> <tr> <td>A&amp;E</td> <td></td> </tr> <tr> <td>Physiotherapist</td> <td></td> </tr> <tr> <td>Occupational therapist</td> <td></td> </tr> <tr> <td>Practice Nurse</td> <td></td> </tr> <tr> <td>Community Care</td> <td></td> </tr> <tr> <td>Other</td> <td></td> </tr> </tbody> </table>	Type of health professional tick box list here,	Number of visits in last 12 months	GP		Hospital doctor		A&E		Physiotherapist		Occupational therapist		Practice Nurse		Community Care		Other	
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Community Care																			
Other																			

PATIENT STUDY ID

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<p>19. Have you been to see any health professionals, including your GP, in the last 12 months about any other health problems?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>20. If yes, what type of health professional and how many times have you seen them?</p>	<p>Type of health professional tick box list here,</p>	<p>Number of visits in last 12 months</p>
	<p>GP</p>	
	<p>Hospital doctor</p>	
	<p>A&amp;E</p>	
	<p>Physiotherapist</p>	
	<p>Occupational therapist</p>	
	<p>Practice Nurse</p>	
	<p>Community Care</p>	
	<p>Other</p>	
<p>21. Were you able to live independently before coming to hospital for this operation?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>
<p>22. Do you care for anyone (e.g. a family member or friend)?</p>	<p>Yes <input type="checkbox"/></p>	<p>No <input type="checkbox"/></p>

PATIENT STUDY ID

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23. Were you receiving any care before you came into hospital for this operation?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
24. If yes, was the carer in receipt of payment for their work?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												
25. If yes, who paid for the care you received?	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">Private self financing</td> <td style="width: 30%; text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Private insurance</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>NHS</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Social services</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>Other</td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> <tr> <td>please specify .....</td> <td></td> </tr> </table>		Private self financing	<input type="checkbox"/>	Private insurance	<input type="checkbox"/>	NHS	<input type="checkbox"/>	Social services	<input type="checkbox"/>	Other	<input type="checkbox"/>	please specify .....	
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Private insurance	<input type="checkbox"/>													
NHS	<input type="checkbox"/>													
Social services	<input type="checkbox"/>													
Other	<input type="checkbox"/>													
please specify .....														
26. Did you attempt to access benefits to help with this care?	Yes <input type="checkbox"/>	No <input type="checkbox"/>												

