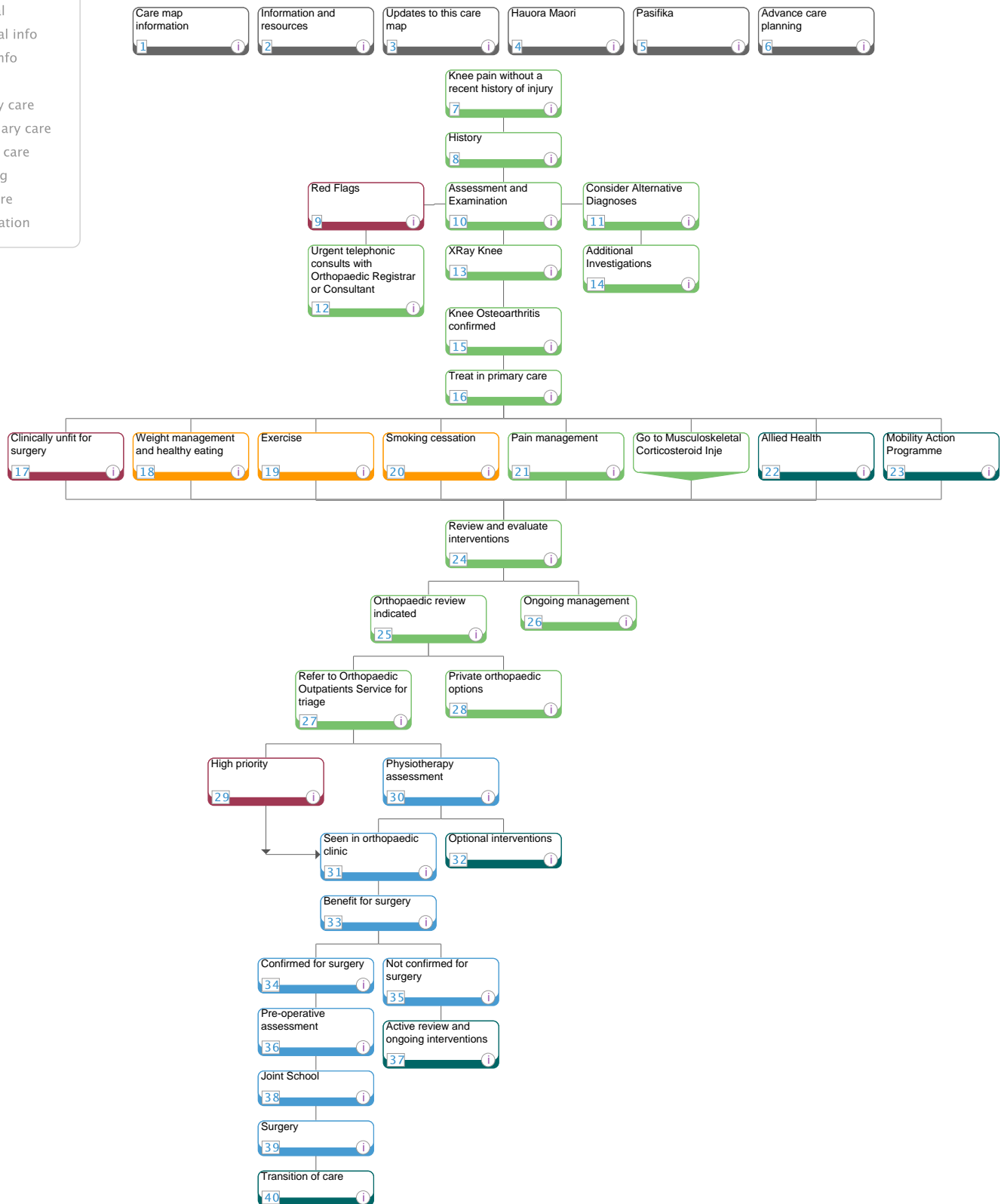


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- i Information
- R Referral
- N National info
- L Local info
- Note
- Primary care
- Secondary care
- Shared care
- Red flag
- Self-care
- Information



Osteoarthritic Knee

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1 Care map information

Quick info:

Scope:

- suspicion of osteoarthritis in the knee joint

Out of scope:

- ACC patients

This Pathway should be used only for people in which it will influence the person's management. It is to be used as a guide and doesn't replace clinical judgement.

2 Information and resources

Quick info:

[Coming to the orthopaedic department at HB Hospital Health Navigator](#)

[A Guide to Elective Surgery at Hawke's Bay Hospital](#)

[Osteoarthritic knee patient pathway](#)

Language translation assistance:

HBDHB Interpreting Service. To make an appointment (charges may apply):

- phone 06 878 8109 ext 5805 or
- email interpreting@hawkesbaydhb.govt.nz

These websites may help with simple words and phrases:

- [Babelfish](#)
- [Google translate](#)

[Language Line](#). Professional interpreters are available, free of charge, for telephone-based sessions (44 languages are supported):

- email language.line@dia.govt.nz
- Phone 0800 656 656
- Monday - Friday 9am - 6pm
- Saturday 9am - 2pm

Bookings are not usually necessary. For longer consultations it is best to make a booking at least 24 hours in advance.

3 Updates to this care map

Quick info:

Date of publication: September 2014

Date of review and republish: January 2018

Next review due: January 2020

This care map has been developed in line with consideration to evidenced based guidelines. For further information on contributors and references please see the Pathway's Provenance Certificate.

NB: This information appears on each page of this care map.

4 Hauora Maori

Quick info:

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

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- considering the importance of introductions ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections between individuals and groups. This means taking a little time to ask where this person is from or to where they have significant connections
- asking Maori people if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori people about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues

Maori health services

HBDHB contracts Maori health providers to deliver community based nursing and social support services. Practitioners should discuss, where appropriate, information about relevant Maori health services. A referral to one of these providers may assist Maori people to feel more comfortable about receiving services following discussions.

Central Hawke's Bay:

[Central Health](#)

Cnr Herbert & Ruataniwha Streets, Waipukurau

Phone: 06 858 9559 Fax: 06 858 9229

Email: reception@centralhealth.co.nz

[Referral Form](#)

Hastings:

[Te Taiwhenua o Heretaunga](#)

821 Orchard Road, Hastings 4156

Phone: 06 871 5350 Fax: 06 871 535

Email: taiwhenua.heretaunga@ttoh.iwi.nz

[Referral Form](#)

[Kahungunu Health Services](#) (Choices)

500 Maraekakaho Road, Hastings

Phone: 06 878 7616

Email: kahungunu@paradise.net.nz

[Referral Form](#)

Napier:

[Te Kupenga Hauora](#)

5 Sale Street, Napier

Phone: 06 835 1840

Email: info@tkh.org.nz

[Referral Form](#)

Wairoa:

Kahungunu Executive (no website)

65 Queen Street, Wairoa 4108

Phone: 06 838 6835 Fax: 06 838 7290

Email: kahu-exec@xtra.co.nz

Secondary care Maori Health Services:

Hawke's Bay DHB - Te Wahanga Hauora Maori Health Services

Phone: 06 878 8109 ext. 5779, 06 878 1654 or 0800 333 671 Email: admin.maorihealth@hawkesbaydhb.govt.nz

Further Information

Practitioners should be versed in the knowledge of:

- historical overview of legislation that impacted on Maori well-being
- Maori models of health, such as [Te Whare Tapa Wha](#) and Te Wheke when working with Maori whanau

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- national Maori Health Strategies:
 - **Mai Maori Health Strategy 2014-2019** - [Full file](#) or [Summary diagram](#)
 - **He Korowai Oranga**: Maori Health Strategy - sets the [Government's overarching framework](#) to achieving the best health outcomes for Maori
- local [Hawke's Bay health sector's strategies and initiatives](#) for improving Maori health and wellbeing
- [Medical Council of New Zealand competency standards](#)

Cultural Competency Training

Training is available through the Hawke's Bay DHB to assist you to better understand Maori culture and to better engage with Maori people. Contact the coordinator

Email: education@hbdhb.govt.nz to request details of the next courses.

5 Pasifika

Quick info:

Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group.

The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you in order to help you work with Pacific people more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Niue, Tokelau, Kiribati and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.

Acknowledge [The FonaFale Model](#) (Pacific model of health) when working with Pacific people and families.

General guidelines when working with Pacific people and families (information developed by Central PHO, Manawatu):

- [Cultural protocols and greetings](#)
- [Building relationships](#) with your Pacific people
- [Involving family support and religion](#) during assessments and in the hospital
- [Home visits](#)

Hawke's Bay-based resources:

- [HBDHB interpreting service website](#) or phone 06 8788 109 ext. 5805 (no charge for the hospital; charges may apply for community-based translations) or contact coordinator at interpreting@hbdhb.govt.nz
- Pacific Navigation Services Ltd Phone: 027 971 9199
- services to assist Pacific people to access healthcare ([SIA](#))
- [Improving the Health of Pacific People in Hawke's Bay](#) - Pacific Health action Plan

Ministry of Health resources:

- [Ala Mo'ui](#) Pathways to Pacific Health and wellbeing 2014-2018
- [Primary Care for Pacific people](#): a Pacific and health systems approach
- Health education resources in [Pacific languages](#) (links to a web page where you can download resources)

6 Advance care planning

Quick info:

Advance Care Planning:

Advance Care Planning is a voluntary process of discussion and shared planning for future health care. It involves the person who is preparing the plan, and usually involves family/whanau and health care professionals.

Advance Care Plan:

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An Advance Care Plan is the outcome of Advance Care Planning. It is formulated by the person and sets out their views about care towards the end of their life. It may also include views about medical care and a wide range of other matters. An Advance Care Plan may include an Advance Directive.

Advance Directive:

An Advance Directive is a statement a person makes about their medical care in the future and becomes effective if a person ceases to be competent to make decisions for themselves. An Advance Directive is legally binding if made in appropriate circumstances.

Competency and Advance Care Planning:

Competent people have the right to make autonomous decisions that as medical professionals we may regard as imprudent, and sometimes such decisions are a reflection of the person's longstanding personality, beliefs or lifestyle. This right is described in the Health and Disability Consumers Rights Acts.

According to ACP - A Guide for the NZ Health Care Workforce - "in the context of ACP, competency relates to an individual's ability to make a decision regarding their own health care (that is, competence at decision-making or decision-capacity). At a minimum, decision making capacity requires the ability to understand and communicate, to reason and deliberate, and the possession of a set of values".

Helpful websites:

- [The code of rights](#)
- [Advance care planning guide Ministry of Health](#)
- [Advance care planning resources](#)

7 Knee pain without a recent history of injury

Quick info:

Knee pain without a recent history of injury.

8 History

Quick info:

Past history of any of the following:

- injury (this does not meet the scope of this pathway)
- knee joint abnormality
- knee joint surgery
- malignancy

Pain:

- where (can be referred from hip, low back, and ankle)
- how severe
- how often:
 - when straightening knee fully
 - when bending knee fully
 - when walking on the flat
 - when walking up or down stairs
 - in bed at night
 - sitting or lying
 - standing upright
 - walking on a hard surface
 - walking on an uneven surface

Stiffness:

- morning stiffness and later in the day after resting

Giving way

Locking

Joint sounds/sensations:

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- grinding
- clicking
- other noise

Functions of daily living:

- going up or down stairs
- standing from from sitting
- standing
- bending
- walking on flat or uneven surface
- getting in and out of a car
- going shopping
- putting on or taking off socks/stockings
- getting out of bed
- lying and turning over in bed
- getting in or out of a bath
- sitting
- getting on and off a toilet
- domestic chores
- kneeling
- squatting
- running
- twisting on loaded leg

Quality of life:

- degree to which knee pain interferes with confidence and ability to live usual life

Knee assessment ([history and examination](#)) (patient.co.uk)

9 Red Flags

Quick info:

Red Flags:

- history of trauma followed by pain
- sudden onset severe pain
- persistent aching pain not related to activity
- weight bearing not possible due to the pain
- person systemically ill with a fever, and a knee joint that is swollen, red and hot with severe pain on minimal movement

10 Assessment and Examination

Quick info:

Examination:

- look at the person:
 - note if person pyrexial or unwell
 - measure weight and BMI
- look at the person's gait:
 - note any limp
- look at the joint:
 - note joint swelling and deformity (valgus/varus)

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- look at the muscles:
 - note muscle wasting or contracture and compare sides
 - examine for an effusion using patellar tap and the massage (bulge) test
 - feel for site(s) of tenderness including the:
 - patellofemoral joint
 - medial and lateral joint including MCL and LCL
 - examine the popliteal fossa:
 - note sites of tenderness
 - Baker's cyst
 - vascular abnormality
 - assess range of movement (active and passive and compare both knees):
 - knee flexion normally 3 to 140 degrees (115 degrees required for most activities of daily living)
 - feel for crepitus with a hand on the knee cap
 - note fixed flexion deformity
 - note clicks or grinding on movement
 - examine the knee ligaments for laxity:
 - MCL and LCL:
 - look for adduction and abduction movement with knee flexed to 30 degrees
 - ACL:
 - Anterior Drawer test (pull tibia forward when sitting on the patient's foot with patient prone with knee flexed to 90 degrees)
 - Lachman's test (pull/push tibia forward and push/pull thigh backward with knee flexed to 15 to 20 degrees)
 - Pivot Shift test (best done by Orthopaedic surgeon)
 - PCL:
 - Posterior Drawer test (as for Anterior Drawer test but push tibia backwards)
 - Posterior Sag test (observe knees with patient prone and knees flexed to 90 degrees. Look for posterior sag)
 - other tests:
 - patellar apprehension test (apply pressure to medial patella when patient prone with knee extended - then, flex the knee to 30 degrees and note lateral patella movement and any patient apprehension)
 - knee joint aspiration if there is an effusion
 - examine the person's hips, ankles and lumbar spine. Note evidence of OA elsewhere and any referred pain
 - vascular examination of lower limb
 - neurological examination of lower limb
- [Knee assessment \(history and examination\)](#) (patient.co.uk)
- [Knee examination for OSCE revision](#) (video)

11 Consider Alternative Diagnoses

Quick info:

Other causes of pain in the knee region:

- knee ligament injury
- meniscal tear
- Bursitis and tendinitis
- osteochondritis dissecans
- inflammatory arthritis e.g. gout, pseudogout, rheumatoid arthritis, haemochromatosis
- referred pain from the hip joint
- malignant neoplasm of bone - primary or metastasis
- peripheral vascular disease causing intermittent claudication
- 'aching' calf pain and weakness when walking. Relieved by rest.

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12 Urgent telephonic consults with Orthopaedic Registrar or Consultant

Quick info:

Contact the Orthopaedic Registrar on call at Hawkes Bay Hospital at 878 8109 and paging the registrar.

13 XRay Knee

Quick info:

A Knee Xray (weight-bearing AP and lateral) is required before referring the person for consideration of a Total Knee Replacement:

- as people require an xray within 6 months of their surgery if a recent xray confirming OA exists it is not necessary to repeat this
- always attach the knee xray report to any referral as reports and films are not routinely available at grading

An Urgent Knee Xray is required for:

- knee injury
 - [Ottawa rules](#)
 - [Pittsburgh rules](#)
 - [Additional information](#)
- persistent aching pain not related to activity
- night pain

Other indications for Knee Xray:

- pain and functional impairment are significant
- pain when the person has had a previous knee joint replacement
- recurrent presentation with same symptoms
- suspected bone malignancy (primary or metastatic)
- knee locking, restricted movement, or deformity

Xray signs of osteoarthritis:

- joint space narrowing
- subchondral sclerosis
- subchondral cysts
- osteophytes

Note that when a septic arthritis or osteomyelitis is suspected or where there is a haemarthrosis then refer urgently to the Orthopaedic Registrar on call on 878 8109.

14 Additional Investigations

Quick info:

To exclude alternative diagnoses. These may include:

- c-reactive protein (CRP)
- erythrocyte sedimentation rate (ESR)
- full blood count (FBC)
- rheumatoid factor (RF)
- anti-cyclic Citrullinated Peptide (anti-CCP)
- uric acid

15 Knee Osteoarthritis confirmed

Quick info:

Symptoms and signs suggesting knee osteoarthritis:

Osteoarthritic Knee

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- activity related pain. May get rest and night pain with advanced osteoarthritis
- knee joint stiffness in the morning (usually less than 30 min) or after a period of rest
- reduced mobility affecting walking, putting on shoes or socks etc
- painful knee joint movement
- restricted knee joint movement
- knee joint effusion
- tenderness over the knee joint.
- crepitus on movement of one or more of the patellofemoral, medial or lateral compartments
- history of previous knee injury predisposing to osteoarthritis
- Xray signs of osteoarthritis (joint space narrowing, subchondral sclerosis, subchondral cysts, osteophytes)

16 Treat in primary care

Quick info:

Attempt non-operative options prior to considering any secondary referral. Evaluate after six months.

17 Clinically unfit for surgery

Quick info:

A person is considered unfit for surgery when they have had:

- myocardial infarction in the last 6 months
- cardiac surgery in the last 6 months
- unstable angina pectoris or angina pectoris at rest or on minimal effort (class 3 or 4)
- crescendo transient ischemic attacks (TIAs)
- uncontrolled hypertension (> 160/90)
- unexplained anaemia
- chronic skin sepsis (refer to Infectious Diseases Specialist)
- BMI > 40 (manage in primary care)

If person is not fit for surgery consider appropriate referral.

18 Weight management and healthy eating

Quick info:

Healthy eating:

- [healthy eating for adults brochure](#)
- [healthy eating for older adults brochure](#)
- [MoH Healthy Eating, Active Living brochure](#)
- [Heart Foundation recommendations, recipes etc](#)
- [low risk alcohol advice](#)

Weight reduction:

- refer to a Dietitian
- [Heart Foundation weight loss tips](#)
- [Diabetes NZ - Healthy Food Choices & Tips](#)

Note: it is important if the person's BMI is > 40 the person will require specific with loss and advice before surgery

19 Exercise

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Quick info:

Exercise should be a core treatment for all people with osteoarthritis (OA) , irrespective of

- age
- co-morbidity
- pain severity
- disability

This is provided by either Sport HB or Iron Maori Green prescription.

Criteria:

- aged \geq 18 years of age
- confirmation medical conditions are stable enough to allow low to moderate physical activity
- currently inactive e.g. < a total of 2.5 hours physical activity per week, but is ready to be more active
- understands what Green Prescription is, and consents to being referred
- able to access appropriate support if there is a physical or mental disability, or language barrier

Contacts:

- Email - grx@sporthb.net.nz
- phone - 0800 22 84 83
- referral can be via form in patient management system

20 Smoking cessation

Quick info:

See [Smoking Cessation ABCD pathway](#).

Quitline:

- [website](#)
- phone 0800 778 778

21 Pain management

Quick info:

Pain management:

- pharmacological (given regularly):
 - paracetamol (first line; maximum 4g a day)
 - glucosamine (1500mg/day)
 - omega 3 Fatty Acids
 - topical treatment with capsaicin or topical NSAID
 - NSAIDS/COX2 (with caution). Add PPI in the over 65 age group
 - tramadol
 - codeine at regular doses
 - strong opiates (e.g. morphine, fentanyl) if an adequate trial of the above therapies fails. Note:
 - review red flags and refer sooner or re-refer if strong opiates required for pain relief, especially if there is a sudden worsening of symptoms
 - [guidelines for opioid analgesia in chronic non-cancer pain](#)
 - [pharmacological management of chronic pain](#)
 - [unable to take NSAIDs](#)
- TENS (for at least 4 weeks)
 - use practice management system to refer to physiotherapy secondary care
- exercise referral:
 - Green prescription for gym programme

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- Tai chi

22 Allied Health

Quick info:

Physiotherapy:

- consider a trial of community physiotherapy to assist (inform the person that they will incur the costs)
- if the person is over 75 years, consider referral to EngAge (see [Older Persons Service](#) pathway)
- NB: If the person is Maori, Pacific or Quintile 5 they may qualify for Mobility Action Plan funding (see [MAP information](#) for details)

Occupational Therapy:

Consider aids for people with biomechanical joint pain or instability:

- bracing
- joint support
- insoles or shock absorbing footwear:
 - all people with lower limb arthritis should be offered advice on appropriate footwear (including shock-absorbing properties) as part of core treatment
 - medial wedge insoles are recommended for lateral compartment osteoarthritis (OA) and subtalar strapped lateral insoles for medial compartment OA
- splints:
 - reduce pain in trapeziometacarpal joint OA
- patellar taping:
 - use tape to stabilise the knee joint, redistributing stresses and joint pressure
 - useful for patellofemoral arthritis
 - is recommended as a short-term, intermittent treatment, to reduce pain and improve function
- consider assistive devices for people who have specific problems with activities of daily living e.g. bath aids, raised toilet seats, stair rails

Other adjunctive therapies:

- heat or cold pack or hot baths
- transcutaneous electrical nerve stimulation (TENS) as an adjunct:
 - to core treatments for chronic moderate to severe pain
 - person does not want surgery
 - contraindications for surgery

23 Mobility Action Programme

Quick info:

Hawke's Bay DHB, Health Hawkes Bay PHO and Ironmaori have established a partnership to address health inequities and reduce pain and disability in people with a musculoskeletal condition. The aim is to build community capacity and capability to support people in Hawkes Bay to participate to the full extent in work, leisure and home life.

A strong partnership approach with the Ministry of Social Development will ensure that people are supported to remain in work or to return to work. The service will be delivered through a Whanau Ora model of care using the principles of Relationship Centred Practise. Barriers to access will be addressed specifically targeting Maori, Pacific and people in work/training/or carers who live in areas of high health need of Wairoa, Takapau, Flaxmere, and Maraenui. Self-referral and walk-in services will be provided at no cost with a range of individually tailored options including physiotherapy assessment and treatment, community wellness programmes, healthy lifestyle education, and self-management support training including the Kia Ora Long Term Condition programme (previously known as Stanford).

See [MAP information](#) for details.

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24 Review and evaluate interventions

Quick info:

Non-operative options should be evaluated after six months.

25 Orthopaedic review indicated

Quick info:

Orthopaedic review indicated:

- moderate to severe persistent pain not relieved by a course of conservative management (e.g. paracetamol + NSAID and including weight management when appropriate):
 - pain severe when present constantly and interferes with most activities of daily living despite analgesia
- severe functional limitation:
 - walking capacity of less than 15 minutes
 - needs a walking aid
 - employment restricted
 - independence at risk
 - no longer able to act as a carer if caring for someone else in need
- radiographic evidence of joint damage

For GP information:

- [physiotherapy assessment used in secondary care](#)

This is intended as information only. It might help decide whether the person will be likely to reach the threshold for FSA (keep in mind that this threshold can depend on demand).

26 Ongoing management

Quick info:

Ongoing management.

27 Refer to Orthopaedic Outpatients Service for triage

Quick info:

Before referring, ensure that the person has been offered at least the core conservative treatment options for at least six months.

Use your practice management system for referrals using:

- HBDHB standard referral
- Orthopaedic electronic referrals form

Elective Surgery Criteria:

- this is managed by balancing incoming referral numbers with resource capacity
- those with the greatest need will be the ones who are offered surgical treatment
- if the person does not meet criteria, they are returned to the person's GP for management. The person may be given treatment recommendations, referred for physio and/or given a review appointment

Referral information should provide:

- detailed symptoms (pain, stiffness, reduced function)
- impact on person's quality of life and refractory to non-surgical treatment
- baseline [Oxford Score](#) where known

[Give patient roadmap document.](#)

28 Private orthopaedic options

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Quick info:

Refer to preferred private orthopaedic specialist, e.g. [Royston Hospital](#) or other private specialist.

29 High priority

Quick info:

High priority referrals include:

- tumours
- cancer
- vascular necrosis
- indication of infection
- loosening of primary joint

30 Physiotherapy assessment

Quick info:

If accepted through triage, person will be assessed by a secondary care physiotherapist.

31 Seen in orthopaedic clinic

Quick info:

Seen in orthopaedic clinic:

- referral assessed by orthopaedic team member
- person and GP/referrer sent a letter identifying expected wait or declining if referral does not meet access criteria
- health questionnaire sent with Physio and Specialist appointments
- physio appointment providing input for possible FSA

Physio appointment purpose:

- to provide musculoskeletal assessment of the people who are referred for hip or knee joint surgery which will inform the surgeon seeing the person at their clinic appointment and enable appropriate selection of people for surgery
- it will help to prioritise people who score similar subjective scores by who may have very different functional scores
- it will assist us to provide a fairer system by having an independent person performing the assessment
- the assessment will also provide alternative options for some people such as physiotherapy classes and potentially allow some of these people to return to primary care without having a surgical treatment
- Orthopaedic Specialist FSA appointment within 5 months of referral - decision regarding treatment made and it is determined whether the elective surgery criteria has been met

32 Optional interventions

Quick info:

Optional interventions might be completed by primary or secondary care:

- wait and see
- musculoskeletal corticosteroid injection pathway ([see pathway](#))
- anaesthetic work up

33 Benefit for surgery

Quick info:

Orthopaedic surgeon will decide if patient would benefit from surgery.

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34 Confirmed for surgery

Quick info:

Confirmed for surgery

35 Not confirmed for surgery

Quick info:

Not confirmed for surgery - go to active review and ongoing interventions node

36 Pre-operative assessment

Quick info:

People should bring **ALL** medications **AND** supplements to pre-assessment.

People will be assessed by the anaesthetist and the nurse.

37 Active review and ongoing interventions

Quick info:

Consider non-operative management options above.

Green Prescription

Referral to:

- GP
- Dietitian
- Physio

Reassess once medical conditions have improved.

When the person is likely to meet the criteria for surgery, the person's GP will need to refer the person back to Orthopaedic Service for reassessment.

If condition is unchanged and there are no red flags present, GP should not refer back in for at least four months.

38 Joint School

Quick info:

Joint School (2 hour class):

- person attends two weeks before surgery
- pre-education class:
 - expectation setting of 4 day length of stay in hospital post operation
 - discharge planning
 - physiotherapy for crutches
 - issued with occupational therapy equipment to take home
 - encourage a support person to attend with the person receiving treatment

39 Surgery

Quick info:

Surgery:

- admitted day of surgery
- 3-4 day length of stay in hospital post operation

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- patient may be mobilised on day of surgery
- if surgery delayed or cancelled the person will be provided with an explanation and a new date for surgery will be discussed

40 Transition of care

Quick info:

Transition of care:

- home visit at 10 days by CNS for Napier/Hastings people
- CNS available for phone support post discharge 027 224 2081 (7am-4pm Mon-Fri)
- prophylaxis for Venous thromboembolism (VTE) is usually for 6 weeks post surgery and prescribed by the team, the choice of drug will be documented in the discharge letter and a prescription given to the person. This will be reviewed at the 6 week follow up appointment at the hospital
- six week follow up by orthopaedic surgeon
- followed by one yearly nurse led hospital follow up if uncomplicated
- under 60 year olds at time of operation will attend a nurse led clinic at the hospital every 5 years
- if over 60 years of age at time of operation attend primary nurse led clinic every 5 years
- all Total knee joint replacement (TKJR) people are referred to outpatient physiotherapy follow up on discharge with aim of first treatment at approximately two weeks

Osteoarthritic Knee Provenance Certificate – review and republish

Overview

This document describes the provenance of Hawke's Bay's District Health Board's Osteoarthritic Knee Pathway. It was developed in November 2013 and first published in August 2014. A review of this pathway was completed in October 2017 and was re-published in December 2017. A further review of the Pathway is due in December 2019.

The Collaborative Clinical Pathways programme is one initiative stemming from the *Transform and Sustain* agenda. The main aims of CCP are to:

- Identify opportunities to improve how health and disability care is planned and delivered within the district to improve patient access to a wider range of health services that are both closer to home and reduce avoidable hospital admissions.
- Provide health professionals throughout the Hawke's Bay district with best practice, evidence-based clinical pathways that are available at the point of care.

Outcomes we expect to achieve include faster access to definitive care, improved health equity and outcomes, better value from publically-funded resources, and better patient experience through clear expectations, improved access and greater health literacy. These outcomes are clearly aligned to the NZ healthcare *Triple Aim* and *Better, Sooner, More Convenient* policy directions.

Editorial methodology

This Pathway was based on high-quality information and known Best Practice guidelines from New Zealand and around the world including Map of Medicine editorial methodology. It was developed by individuals with front-line clinical experience (see Contributors section of this document) and has undergone consultation to gain feedback and input from the wider clinical community.

Map of Medicine Pathways are constantly updated in response to new evidence. Continuous evidence searching means that Pathways can be updated rapidly in response to any change in the information landscape. Indexed and grey literature is monitored for new evidence, and feedback is collected from users year-round. The information is triaged so that important changes to the information landscape are incorporated into the Pathways through the quarterly publication cycle.

An update to this Pathway is scheduled for 12 months after first publication. However, feedback is welcomed at any time, with important updates added at the earliest opportunity within the Map of Medicine publishing schedule (the third Friday of each month).

References

This Pathway has been developed according to the Map of Medicine editorial methodology. Its content is based on high-quality guidelines and practice-based knowledge provided by contributors with front-line clinical experience. Feedback on this Pathway was received from stakeholders during a consultation process.

1	Bay Navigator orthopaedic pathway initiative. Available at: http://baynav.bopdhb.govt.nz/pathways
2	Canterbury DHB (2013) Orthopaedic patient pathway. Christchurch

Contributors

The following individuals contributed to this Pathway:

- Angus Wickham, Orthopaedic Surgeon
- Hannes Meyer, General Practitioner
- Alison Wallis, Clinical Nurse Specialist
- Michele McCarthy, Practice Nurse
- Dawn Birrell, Physiotherapist Team Leader
- Vicky Stephens, Clinical Pharmacist

Review completed by:

- David Rodgers, General Practitioner (Primary Lead)
- Stephen Andrews, Orthopaedic Surgeon (Secondary Lead)
- Leigh White, Portfolio Manager, HBDHB

Map editing and facilitation

- Penny Pere (original pathway)
- Shirley-Anne Gardner, MidCentral DHB (original pathway)
- Alaina Glue (original pathway)
- Rebecca Kay (original pathway)
- Leigh White (review)
- Louise Pattison (review)

Disclaimers

Clinical Pathways Steering Group, Hawke's Bay DHB and Health Hawke's Bay – Te Oranga Hawke's Bay

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