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Prakash fibular osteotomy for unicompartmental knee osteoarthritis

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Statement of the Problem: Medial compartment arthritis is very common in Asian population, because of a preponderance of varus knees. The choice in such early OA varus knees has been between two radical surgeries, total knee replacements, and high tibial osteotomies. The Prakash Fibular Osteotomy (PFO) is a much simpler, minimally invasive, day care procedure that realigns the knee joint, and delays knee replacements by a decade or longer.

Methodology & Theoretical Orientation: Based on observations in a prison, and making a correlation between upper fibular fractures and dramatic relief in medial compartment OA, a study of 14000 knees was made, to evaluate the varus scenarios in Indian knee joints. Based on this, the surgery was developed.

Findings: 100 knees operated between 2006 and 2015, showed consistent pain relief lasting five years or longer.

Conclusion & Significance: PFO is a significant development in treating OA knees with varus and primary unicompartmental arthritis, and a better alternative to knee replacements and high tibial osteotomy.

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Post-operative analgesia in day case shoulder arthroscopy

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Background: Shoulder arthroscopy is commonly done for diagnostic and therapeutic purposes mostly done as day case procedures since the advance of regional anaesthesia techniques. There are multiple benefits of the day case system – reduced hospital stay meaning reduced incidence of venous thrombo-embolism, reduced cost for hospital and quicker recovery for patients. Post-operative pain can become an issue the day after or in the weeks following the surgery, after the regional anaesthetic block wears off.

Standard: The Association of Anaesthetists of Great Britain and Ireland (AAGBI) published guidelines for Day case and short stay surgery in 2011. Under these guidelines, shoulder surgery is described as “severe” in terms of pain. The standard was that all patients should be discharged on medication deemed appropriate by the AAGBI guidelines.

Methodology: All patients from day case shoulder arthroscopy were seen in clinic two weeks post-operatively and given a questionnaire asking them about the level of pain on the visual analogue pain scale at the moment of discharge, on day 1 after the operation, and their level of pain generally over the 2 weeks until their clinic appointment. It also asked whether they needed out of hours services and their overall satisfaction. Results were compiled on an Excel spreadsheet.

Results of First Round: 18 patients responded. Only 1 patient was discharged on appropriate analgesia. The rest were given inappropriately low doses or weak opioids. The most common prescription was paracetamol and codeine. 39% of patients reported low levels of satisfaction (“slightly” and “somewhat” satisfied). 28% of patients sought out of hours services for extra pain relief.

Recommendations: Local guidelines should be produced to advise prescriptions of paracetamol with oramorph for patients having day case shoulder surgery, with a re-audit once this has been produced, and the advice disseminated to surgical and anaesthetic teams.

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