

Policy title	Simultaneous joint replacement surgery Version 1.1
Policy position	Intervention Not Normally Funded
Date of Forum recommendation	February 2018

BLMK ICB does **not normally fund** any of the following joint replacement procedures

- Simultaneous hip replacement i.e. replacing both hips at the same time
- Simultaneous knee replacement i.e. replacing both knees at the same time
- Simultaneous shoulder joint replacement

This does not affect staged joint replacement as long as the patient meets the relevant criteria for each procedure prior to the surgical procedure.

Exceptionality to the above can be considered as long as it can be evidenced that simultaneous replacement of joints will not affect the rehabilitation of the patient. Applications can be submitted via the Individual Funding Request (IFR) process.

Rationel

Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks, for example, surgery is longer which alone can increase the risk of complications. Recovery and rehabilitation time may be increased, and this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

References

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- Bhan, S. One- or two-stage bilateral total hip arthroplasty: a prospective, randomised, controlled study in an Asian population. J Bone Joint Surg Br. 2006; 88-B: 298
- 3. Lindberg-Larsen, M., Joergensen, C.C., Husted, H. et al. Simultaneous and staged bilateral total hip arthroplasty: a Danish nationwide study. Arch Orthop Trauma Surg. 2013; 133: 1601
- 4. Parvizi, J., Pour, A.E., Peak, E.L. et al. One-stage bilateral total hip arthroplasty compared with unilateral total hip arthroplasty: a prospective study. J Arthroplasty. 2006; 21: 26
- 5. Eggli, S., Huckell, C.B., and Ganz, R. Bilateral total hip arthroplasty. Clin Orthop Relat Res. 1996; 328: 108
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NOTE:

- This policy will be reviewed in the light of new evidence or new national guidance e.g. from NICE
- Where a patient does not meet the policy criteria or the intervention is not normally funded by the NHS, an application for clinical exceptionality can be considered via the ICB's Individual Funding Request (IFR) Policy and Process

Clinical coding:

See guidance for individual joint replacements.

Key words: Simultaneous, bilateral, joint replacement