

# Should we change our follow-up of total hip arthroplasty?

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# Introduction

Radiological follow-up after primary THA is a **screening programme** for **asymptomatic osteolysis** and **aseptic loosening**. This detects patients who may benefit from early revision and is advantageous for the preservation of bone and the prevention of **catastrophic failure**.

A system of **self-referral** has been proposed as a safe alternative to routine follow-up for patients undergoing primary **ODEP 10A\*** total hip arthroplasty. There are calls for a similar study using cemented implants. Self-referral is dependent on a **symptomatic** patient to present. Asymptomatic 'silent' osteolysis is less prevalent with modern implants.

The aim of this study was to establish the **method of referral** of patients who undergo revision after primary cemented total hip arthroplasty (THA) to determine **if long-term follow-up is justified**.

# Methods

Between 2008 and 2019, 28 patients underwent a revision from a single surgeon series of 1,924 primary THAs performed since 1998. The primary implants included Charnley/Opera (n=10), Exeter/Opera (n=2), Exeter/Contemporary (n=11), Exeter/Trident (n=3) and Corail/Ogee (n=2).

- Sources

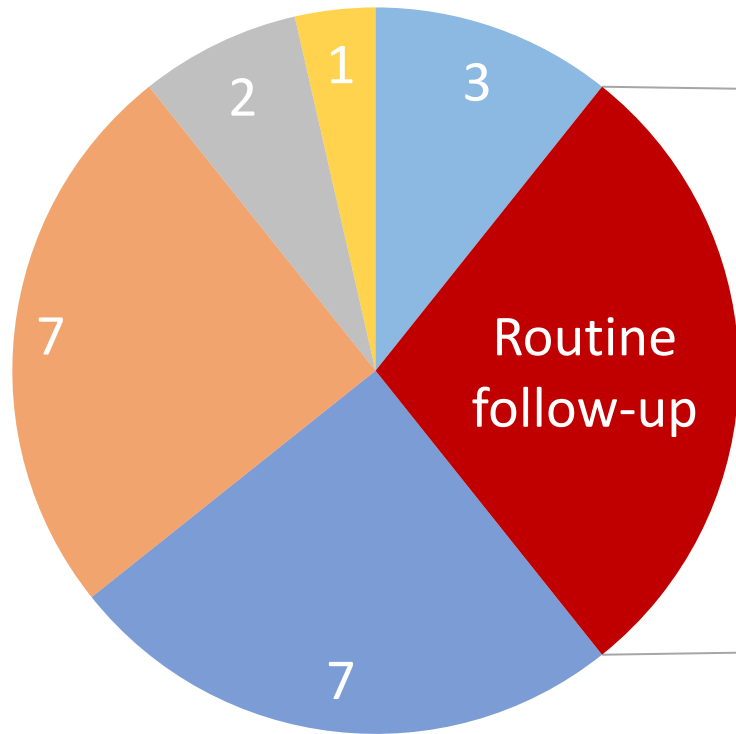
- Electronic Patient Record (EPR)
- Picture Archiving and Communication System (PACS)
- National Joint Registry

- Data

- Demographics
- Dates of primary & revision arthroplasty
- Indication for revision
- Method of referral

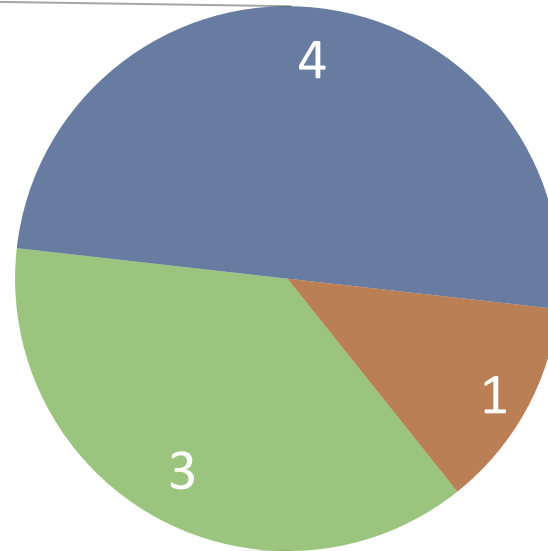
# Results

## Methods of Referral



*n* = 28

## Indications



*n* = 8

- A&E
- GP
- Inpatient
- Self
- Elsewhere
- Infection
- Aspetic loosening
- LLD

# Conclusions

We are no longer able to justify routine clinical and radiological outpatient follow-up after primary THA for our cohort of predominantly ODEP 13A\* prostheses.

Routine outpatient follow-up only identified a minority of our patients who underwent a revision THA.

These patients were symptomatic and may have otherwise presented.

# Take Home Messages

After primary total hip arthroplasty using implants with a minimum ODEP rating of 10A\*, patients should be discharged after a single appointment on the condition they have rapid access to an orthopaedic review.

Radiological screening for asymptomatic osteolysis and aseptic loosening is not justified for implants with a minimum ODEP rating of 10A\*.