Central Adelaide Orthopaedics – Hip & Knee Service

Clinical Information Sheet

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<th>Clinical Condition</th>
<th>Issue with Prosthesis In-situ (Including Joint Replacements, Rods, Plates, Screws, Pins, etc)</th>
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| Eligibility        | New pain or pain at rest at site of prosthesis  
|                    | Radiographic features suggestive of prosthetic loosening or infection  
|                    | Prominent metal  |
| Priority           | Immediate: If peri-prosthetic fracture is suspected, joint dislocated or if the patient has an open or discharging wound post-operatively. DO NOT COMMENCE ANTI-BIOTICS.  
|                    | Must be discussed with the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000. If the condition is life or limb-threatening, the patient should be sent to the nearest Emergency Department.  
|                    | Urgent: If prosthesis infection is suspected or internal fixation has failed. Must be discussed with the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000 to obtain appropriate prioritisation.  
|                    | Semi-Urgent: If suspicion of peri-prosthetic loosening or prosthesis associated pain, decrease in function. Referrals should be faxed to the RAH on (08) 8222 2751 or the TQEH on (08) 8222 7244.  |

Differential Diagnoses

- Peri-Prosthetic Fracture
- Aseptic loosening
- Prosthetic Infection
- Migration of prosthesis

Information required with referral

- History:
  - History of prosthesis insertion
  - Duration of symptoms
  - Characteristics of pain – location, night pain, etc.
  - Response to analgesia
  - Use of natural anti-inflammatories (e.g. high dose fish oil)
  - Level of mobility - walking distance; walking aid
  - Function – ADLs
  - History of infective processes (e.g. poor dental hygiene, recurrent UTI’s, etc.)
  - Brief medical history
  - Current medications – in-particular, blood thinning medication
  - Relevant psycho-social issues

Other medical and allied health practitioners the patient has seen concerning this problem.

Investigations required with referral

- X-ray: plain x-ray (preferably weight bearing views) of affected body part  
| Upon attendance to appointment, patient will be required to bring plain x-rays taken since onset of symptoms  
<p>| Bloods: CBE, ESR &amp; CRP to exclude infection  |</p>
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<th>Pre-Referral management strategies (include with referral)</th>
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| **DO NOT COMMENCE ANTI-BIOTICS if infection is suspected**, please contact the on-call orthopaedic registrar via RAH switchboard on (08) 8222 4000 or TQEH switchboard on (08) 8222 6000 to obtain appropriate prioritisation.  
Use of simple analgesia as tolerated including a regular paracetamol product (e.g. Panadol® Osteo) and oral NSAIDs if tolerated  
Use of mobility aids (e.g. walking stick or crutches) |
| Discharge Criteria/information |
| For discharge to GP if non-operative management to be pursued.  
**Red flags** that should trigger referral back for review: pain in affected joint no-longer managed non-operatively |