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What post-op info does the GP need from the Orthopaedic Surgeon?

Patrik Vankrunkelsven



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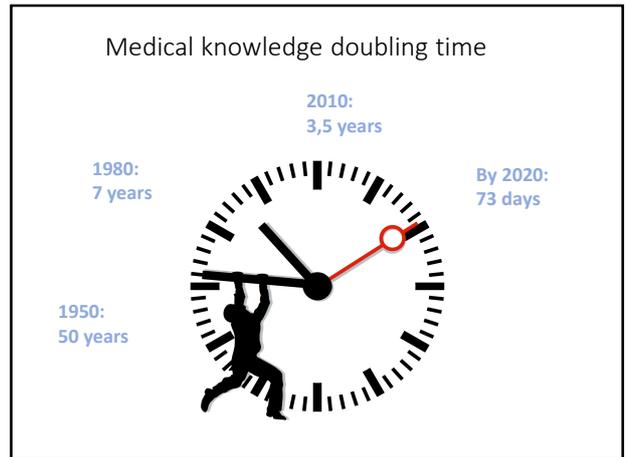
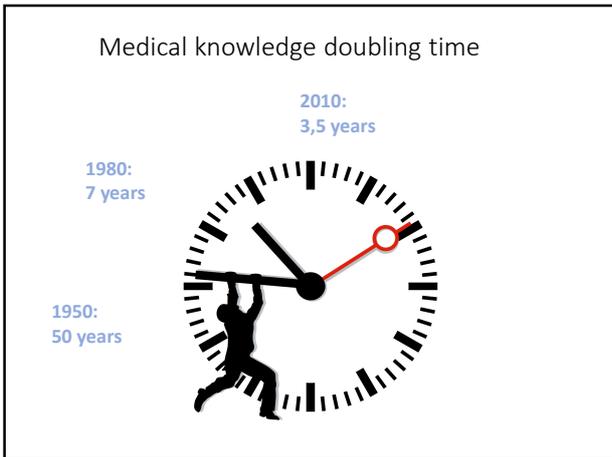
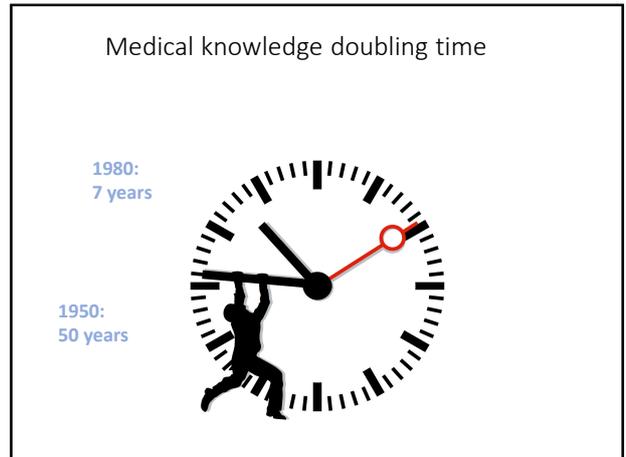
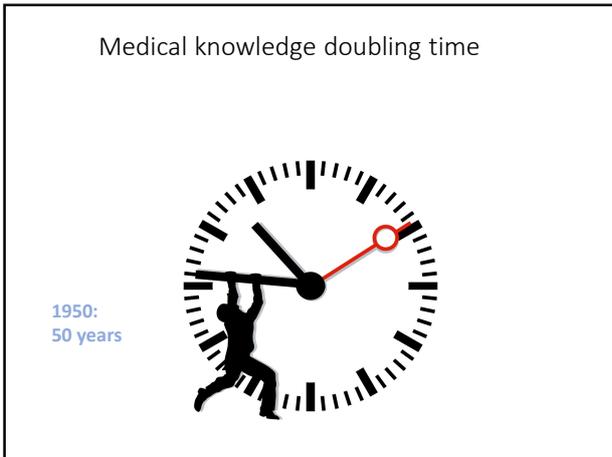
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More need for SR
More need for real evidence
More need for guidelines

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Knee osteoarthritis



Survey in GPs Patients Health Records

- > 10 % physiotherapy
- > 25 % arthroscopy

Knee osteoarthritis



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= opposite of the guidelines

CEBAM Belgian Centre for Evidence Based Medicine

Promotes EBM via

- > Education
- > **Digital library CDLH**
 - > 5 top journals on orthopaedics + **Dynamed plus** (↻ Up to date)
 - > 100 € a year

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G&W Gezondheid en Wetenschap

Promotes EBM for patients

- > **800 guidelines for patients**
- > **Every day critical assessment of medical news in the media**



www.gezondheidwetenschap.be



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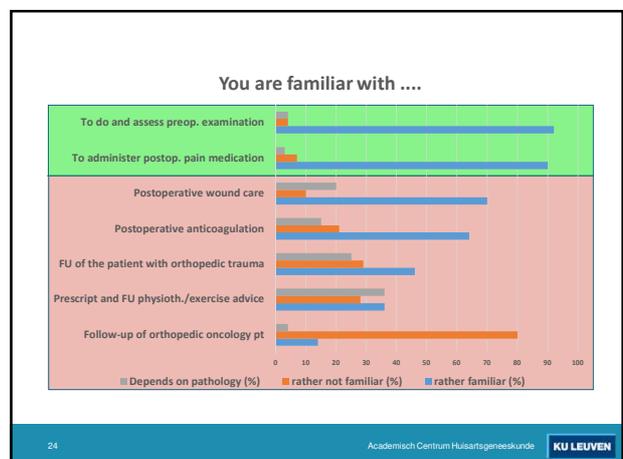
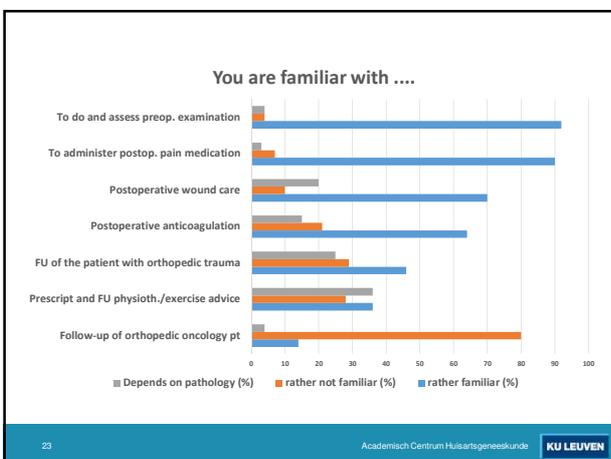
Introduction

- In preparation of this congress we asked 25 GP's some questions on orthopedic surgery
- More specifically we asked about:
 - the (dis)advantages of early hospital discharge
 - the learning points for themselves and for surgeons
- This presentation has no pretention to be complete, but it's exemplary for the feelings of GPs

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1. Are you (as GP) familiar with following procedures?

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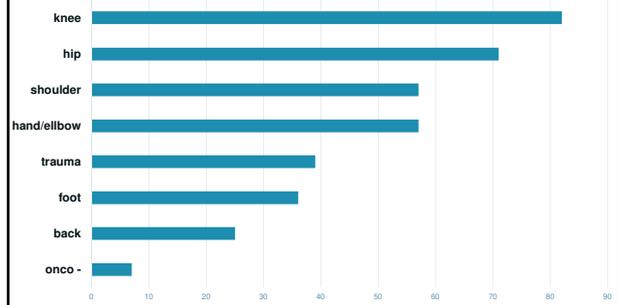


2. With some discharged patients we feel more confident than with others...

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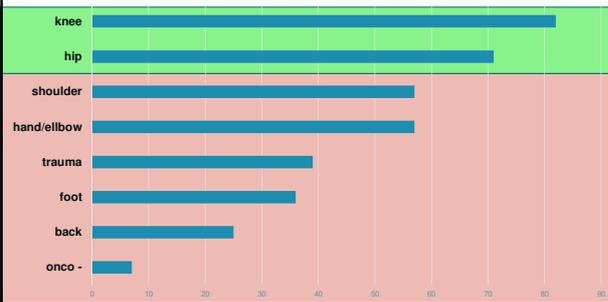
Wich orthopedic pathology you feel sufficiently confident with?



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Wich orthopedic pathology you feel sufficiently confident with?



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3. Advantages of early hospital discharge

- Reduced hospital infections
- Less hospital psychoses
- Patient in his own environment (more pleasant, better sleep, food, ...)
- Benefits for rehabilitation ('to get on his legs again')
- Economic benefits for society and patient

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4. Disadvantages of early hospital discharge

- No high technologic (hospital) service
- Less intense rehabilitation (follow-up, equipment, ...)
- For solitary persons informal care by relatives is not always (quickly) operational
- Complications (eg bleeding) later discovered, more difficult to treat
- No IV catheter (eg pain medications)
- More surinfections (??)
- Difficulties in complex wound care, eg drains
- First line sometimes does not have sufficient knowledge of certain issues

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5. Solutions / learning points

- Better planning of hospital discharge (not on Friday at 5 pm with need for GP ...)

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5. Solutions / learning points

- a. Better planning of hospital discharge (not on Friday at 5 pm with need for GP ...)
- b. Very good and complete discharge letter can solve a lot!
 - i. Which (pain) medication and how long?
 - ii. Which wound care
 - iii. When moving, when leaning on leg, how much%, ...
 - iv. Physiotherapy yes / no, when to start, which physiotherapy
 - v. Anticoagulation policy, depending on the pathology and history of the patient (LMWH / pt on NOAC, coumarine)
 - vi. Normally expected recovery time

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- e. Development of clear protocols containing task agreements for different care providers

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One word

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communication

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Thanks!