



**KU LEUVEN**

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

Patrik Vankrunkelsven




**ACHG** Academisch  
centrum Huisartsgeneeskunde



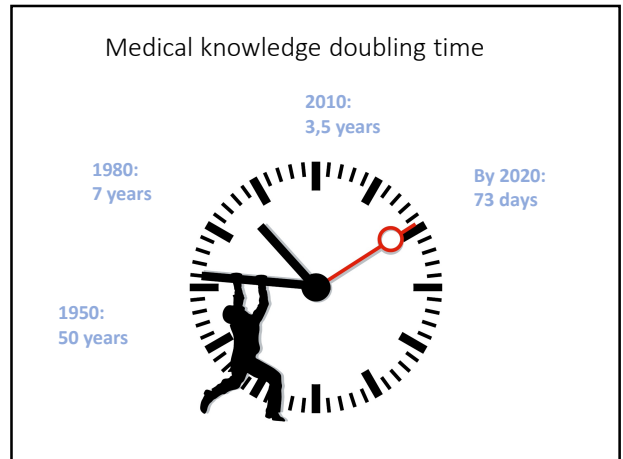
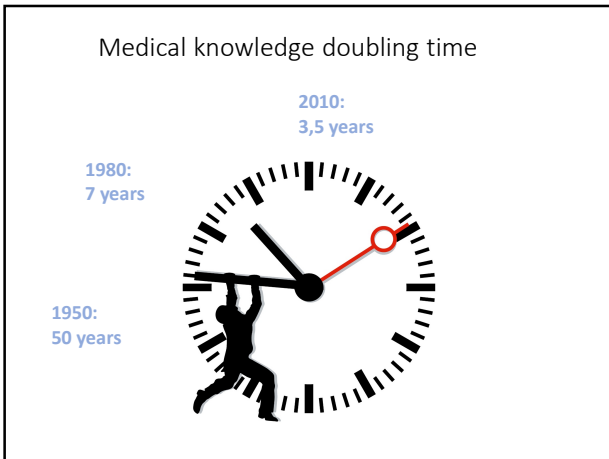
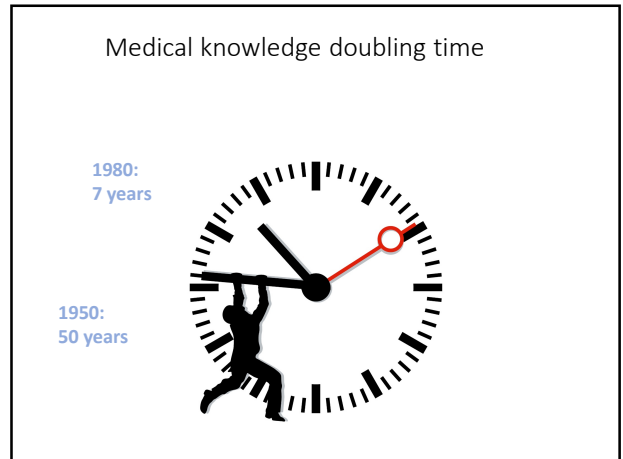
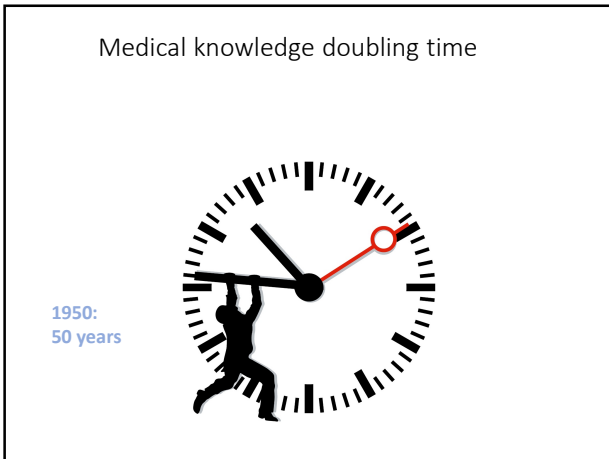
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**CEBAM** Belgian Centre  
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Wetenschap



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

**CEBAM** Belgian Centre for Evidence Based Medicine



### Knee osteoarthritis



Survey in GPs Patients Health Records

- > 10 % physiotherapy
- > 25 % arthroscopy

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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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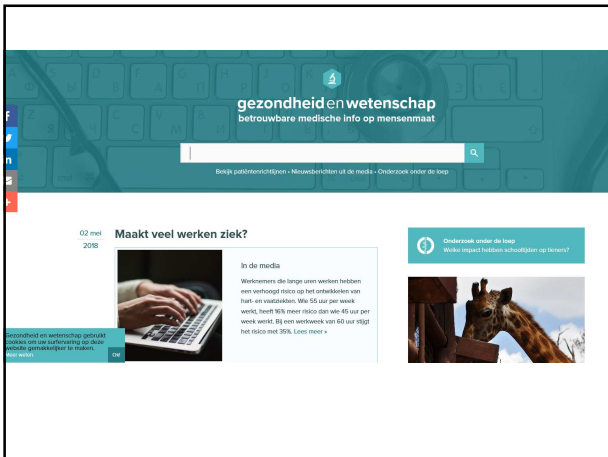
### G&W Gezondheid en Wetenschap

Promotes EBM for patients

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



[www.gezondheidwetenschap.be](http://www.gezondheidwetenschap.be)



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

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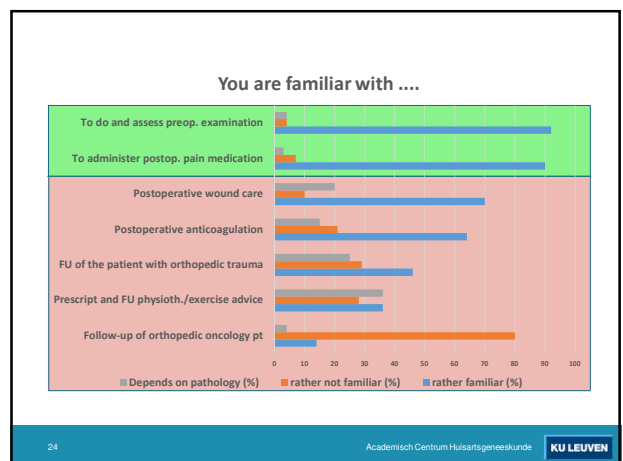
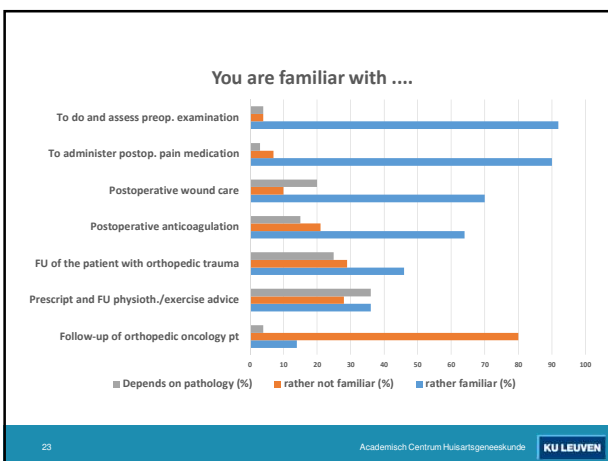
## Introduction

- 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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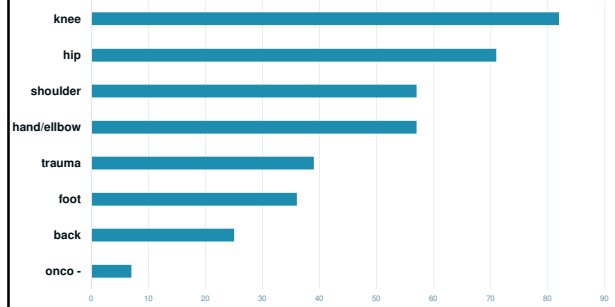


2. With some discharged patients we feel more confident than with others...

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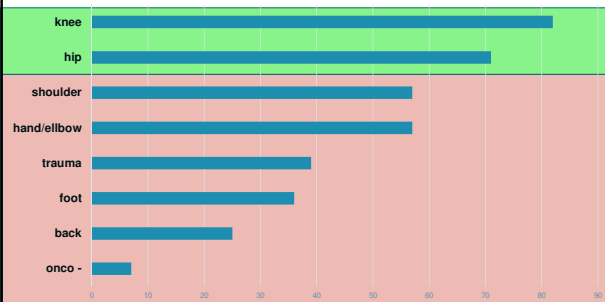
Wich orthopedic pathology you feel sufficiently confident with?



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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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- d. Good communication with orthopedic surgeon!! Good accessibility of the service involved. Would like to have one telephone number where the physician involved, at least assistant, can be reached quickly for information and consultation

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- d. Good communication with orthopedic surgeon!! Good accessibility of the service involved. Would like to have one telephone number where the physician involved, at least assistant, can be reached quickly for information and consultation
- 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!