

Variation in practice to reduce prosthetic joint infection (PJI) in primary hip and knee arthroplasty

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Introduction & Aim

- ▶ Prosthetic joint infection (PJI) has an enormous physiological and psychological burden on patients.
- ▶ Strategies to reduce PJI varies between units
- ▶ A unified approach may improve outcomes

Aim

- ▶ To determine current practices used to reduce PJI in primary arthroplasty by lower limb surgeons nationally

Method

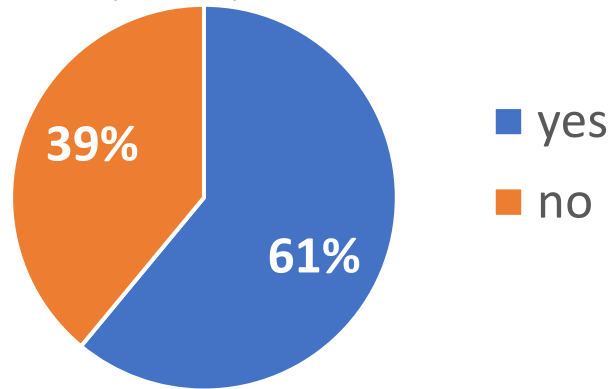
- ▶ A 14 question survey was designed and circulated within the region via email and nationally via the BOA e-newsletter.
- ▶ Answers were collected electronically using Google Forms
- ▶ 56 unique consultant responses were received from 19 trusts



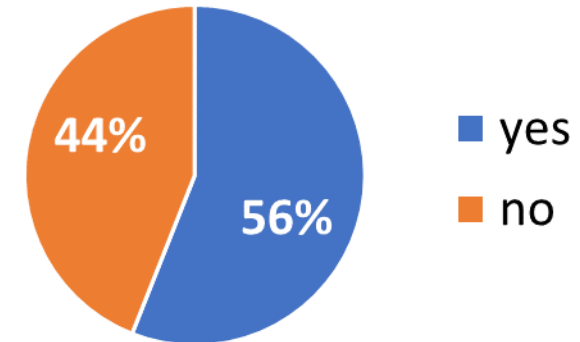
British
Orthopaedic
Association

Screen patients for asymptomatic bacteriuria (ASB) pre-operatively?

(n=56)

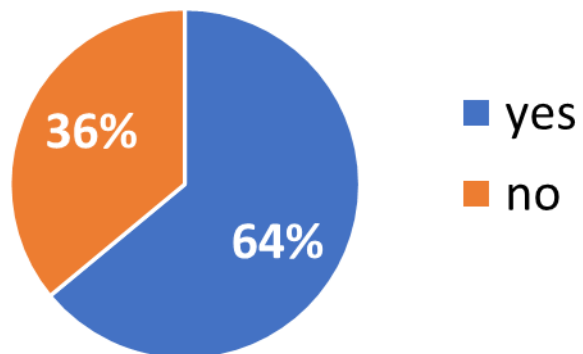


If a positive culture is obtained from the urine screening do you treat this empirically? (n=34)

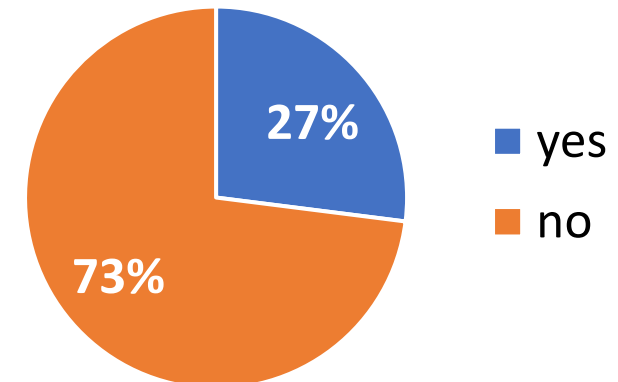


Provide skin decolonisation preparations pre-operatively?

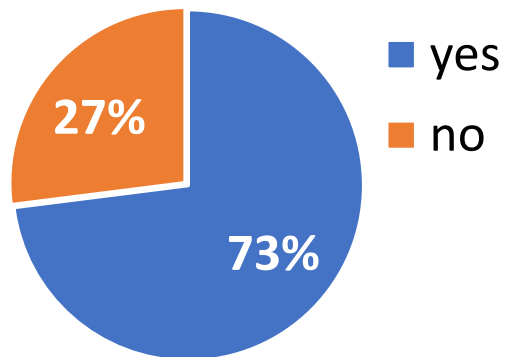
(n=56)



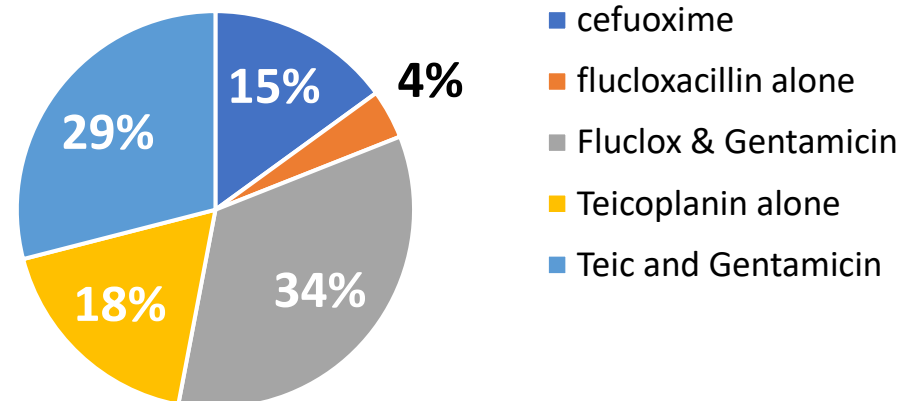
Screen for MSSA or empirically eradicate it? (n=56)



Prescribe intramuscular or intravenous gentamicin to a patient requiring peri-operative catheterisation? (n=56)



What antibiotics do you use at induction? (n=56)



39% of respondents give further doses of antibiotics post-operatively

- ▶ 100% of respondents do not routinely catheterise patients pre-operatively
- ▶ 100% of respondents do screen for MRSA
- ▶ 100% of respondents use laminar flow theatres

Conclusion

- ▶ Our results demonstrate a consensus on the use of laminar flow theatres and the abolition of routine catheter use.
- ▶ *ASB screening, treatment of positive ASB cultures, and intramuscular gentamicin for peri-operative catheterisation is practiced despite little or no evidence to support their use.*
- ▶ Multiple antibiotic regimens exist despite little variation in organisms in PJI.
- ▶ MSSA screening & treatment is underutilised.