



REPORT

June 2017

Norwegian National Advisory Unit on Arthroplasty and Hip Fractures

Norwegian Arthroplasty Register
Norwegian Cruciate Ligament Register
Norwegian Hip Fracture Register
Norwegian Paediatric Hip Register

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NORWEGIAN NATIONAL ADVISORY UNIT ON ARTHROPLASTY AND HIP FRACTURES 2017 ANNUAL REPORT

This annual report presents results and descriptive statistics from our five registers.

Results aimed at the general public are published in November of each year on the website of the National Service Centre for Medical Quality Registers (<http://www.kvalitetsregistre.no/resultater/>). Some of the results are included in this annual report.

The Cruciate Ligament Register has tried out an electronic medical registration system (MRS) at Haukeland University Hospital, and is now ready to test it at other hospitals. A corresponding system of electronic registration of patient-reported outcome measures (PROM) for total hip arthroplasty has been created in the MRS and is currently being tested at Haukeland University Hospital. There are plans to start at other hospitals in 2017.

This annual report is sent electronically to all Norwegian orthopaedic surgeons. Paper copies can be obtained by contacting us. The National Advisory Unit website <http://nrlweb.ihelse.net/> contains all our annual reports and references to all our scientific papers and presentations. Most of the papers are also available electronically from our website. Since we mainly publish findings from implants and surgical methods in scientific journals where we can account for materials and methods and discuss strengths and weaknesses and the significance of the findings, these are to be found in the reference lists at the end of this annual report. This year for the first time we present percentages of three- and ten-year durability of the most commonly used hip and knee prostheses in Norway. This is also available on the website of the National Service Centre.

A completeness analysis is published for each of the registers. These analyses were conducted in cooperation with the National Service Centre and the Norwegian Patient Register. Hospitals with low reporting need to review their reporting routines. Please contact us and we will be happy to offer our assistance.

The Norwegian Arthroplasty Register now has its own Facebook page <https://www.facebook.com/leddregisteret/>, which we hope you will visit. You will find a QR code on the back of this year's report.

Hospital-based annual reports, with data from each hospital, will as before be sent to our contact persons at the hospitals and to the general manager. We encourage our contacts to pass on the reports to the hospital administration and to their colleagues, and to check that the figures recorded from the hospital are correct. The reports should be used for local improvement work.

Please remember that the Norwegian Data Protection Authority requires statements of consent to be signed by patients before operations are reported to the registers, and the statements to be stored in locked archive cabinets or on a secure server at each hospital.

We would like to thank Leif Ivar Havelin for thirty years' work for the registers. He retired in 2016. Geir Hallan has taken over as head of the Hip Arthroplasty Register.

May we remind you of the Hip Arthroplasty Register's 30-year anniversary celebration on 28-29 September 2017. Please remember to sign up.

We would like to thank all orthopaedic surgeons in Norway for good reporting. We are also grateful for good cooperation with the Reference Group, Helse Bergen, Helse Vest, the Centre for Clinical Documentation and Evaluation (SKDE) via the National Service Centre for Medical Quality Registers, the equipment suppliers, the University of Bergen, the Norwegian Patient Register (NPR), the Norwegian Knowledge Centre for the Health Services, the Norwegian Institute of Public Health, the Office of the Auditor General, the Norwegian Board of Health Supervision, the Directorate of Health and the Ministry of Health and Care Services.

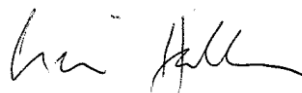
Bergen, 17.06.2017



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THE HIP ARTHROPLASTY REGISTER 2017 ANNUAL REPORT

This year's annual report contains data on *211 234 hip replacement operations*. The milestone of 10 000 operations per year was reached in 2016! 8881 primary operations and 1452 revisions were recorded; this is an increase of about 500 compared to 2015. Thirty-two patients received two primary prostheses in the same session.

Forty-one revisions were reported where the prosthetic parts were not changed. These were soft tissue debridement due to infection, osteosynthesis of periprosthetic fractures, muscle transposition and muscle reconstruction. These re-operations without replacement of prosthetic parts were added to the form in 2015.

Surgical approach has changed over the last five years. Anterior approaches now account for about 20% of primary operations and are used in fewer than 5% of revisions. The direct lateral approach is used less and less, having decreased from more than 70% 10 years ago to 16% in 2016. In revision operations, this approach is also used less than previously, but still accounts for close to 40%. The posterior approach is becoming increasingly popular and was recorded for 58% of primary operations in 2016. These changes are thought to be beneficial, since patient experience of direct lateral approach is inferior to that of other approaches (Amlie et al., 2014). The posterior approach is also used more frequently in revisions (48%). In patients operated since 2008, we find no difference in prosthetic survival between the approaches (Figure r). Mjaaland et al. showed that overall prosthetic survival is similar in the different approaches, but that a lateral approach increased the chance of revision due to infection, while a posterior approach was associated with more dislocation (Mjaaland KE et al., 2017).

Fixation: Our register and all other registers have repeatedly shown poorer results with uncemented stems than with cemented stems in the oldest patients, especially in women. There are signs of increased use of cemented femoral stems over the last couple of years, especially in the form of classical hybrid fixation. About 60% of patients above 75 years now receive cemented stems, and we believe that this proportion should be further increased. In revisions, there has been a gradual increase in the use of uncemented fixation since 2003. Both in the acetabulum and in the femur, three out of four revisions are currently uncemented. Bone impaction grafting with cement in the femur has been decreasing for the past ten years, and in 2016, no cases with the use of this technique were recorded. Also in the acetabulum, there is less bone impaction grafting with cement than previously.

The use of *32mm heads is increasing* steadily (2016: about 73%) and there has been a slight increase in the use of 36mm heads over the last 10 years (2016: about 10%). Heads >36mm are no longer used, which we view as beneficial because it appears from some other registers that the larger heads lead to poorer prosthetic survival. Cross-linked polyethylene used with metal or ceramic heads predominates in the articulations (>90%) and we find good support for this in the literature.

Metal-on-metal prostheses with heads larger than 32mm are no longer used in Norway. Survival rates for the 485 patients operated with these prostheses in Norway are somewhat worse than with conventional prostheses, see figure s. However, the main problem with these prostheses is

the risk of developing a pseudotumour, which can be a very serious complication. Please remember that hospitals have a duty to monitor all patients with such prostheses for the rest of their lives. Recommendations for monitoring are available here: <http://nrlweb.ihelse.net>.

This year's report contains two figures (t and u) which illustrate *to what degree each point on the registration form is completed*. The Norwegian Arthroplasty Register (NRL) records a very high proportion of the arthroplasties performed in Norway. In order for an operation to be registered with us, we need the patient's date of birth, ID number, date of surgery, side (right or left), type of surgery and implant (using stickers) on the form. If any of this information is missing, the form is returned or a secretary from the Register will call the hospital to have it completed.

If there is missing information on points other than these key points, the form is registered with missing data on those points. Some points often have missing data, as seen in the figure.

Examples of points where information is commonly lacking are the registration of bone grafting (about 30%) and the degree of bone loss (more than 50%) in revisions. We hope that surgeons will take even greater care in completing the forms.

One of the great advantages of the NRL over some other registries is the amount of detail, and it is therefore important that we have good reporting of details. The report from the Register on the website of the National Service Centre for Medical Quality Registers (<https://kvalitetsregistre.no/registers/522/resultater>) includes publication of prosthetic results as well as results at hospital level. These results must be seen in conjunction with the completeness of reporting of revisions. Results from hospitals with less than 80% completeness of reporting for revisions are excluded from these analyses.

PUBLICATIONS SINCE 1 JANUARY 2016

Johanson PE et al. (a NARA study) compared the risk of cup or liner revision in cup designs used with conventional and cross-linked plastic. For some cups (Reflection, ZCA), there were better results with cross-linked plastic, while for others there was no difference after ten years.

Wangen H studied reverse hybrid hip replacements and compared these to cemented ones (NARA). There was a 40% greater risk of revision with a reverse hybrid hip replacement, and the risk was particularly high for periprosthetic fractures.

Johnsen MB et al., in a gene study, showed that in smokers there is an inverse correlation between the level of smoking and the risk of hip or knee arthroplasty, and they argue that this is a causal relationship.

Magnusson K et al. linked the Arthroplasty Register with the Twin Register, and found that the risk of hip arthroplasty was greatly influenced by genetic factors, while the risk of knee arthroplasty was more strongly associated with BMI.

Junnila M et al. studied the most common cemented hip prostheses in NARA data and found differences in the results. Spectron EF/Reflection and Elite THA had the poorest results.

Tsukanaka M et al. studied results of hip arthroplasty in the youngest patients (<20 years) and found that 30% were revised within ten years and that the bone quality around the prosthesis was poor in many patients.

Mjaaland KE et al. compared implant survival after minimally invasive surgery or anterolateral surgical approach with posterior or direct lateral approach. Results from the Register show that overall prosthetic survival is similar in the different approaches, but there were more dislocations with the posterior approach and more infections with the lateral approach.

Hellevik AI et al. studied the incidence of total hip and knee arthroplasty due to osteoarthritis and the association with thyroid function in a prospective cohort study with data from the NRL and the Health Survey in Nord-Trøndelag (HUNT). The study showed no association between thyroid function and the risk of hip or knee arthroplasty due to osteoarthritis.

Johnsen MB et al., in a study using data from the NRL and HUNT, showed that increased recreational activity was associated with a greater risk of hip arthroplasty in women and men aged 45-59. The risk of knee arthroplasty increased for young women with high leisure-time activity, but not for men.

Please also consult the list of publications in this report and on our website <http://nrlweb.ihelse.net/>

Thank you for good reporting, and we welcome suggestions for research projects.

Bergen, 16.06.2017



Geir Hallan
Chief Physician/Professor



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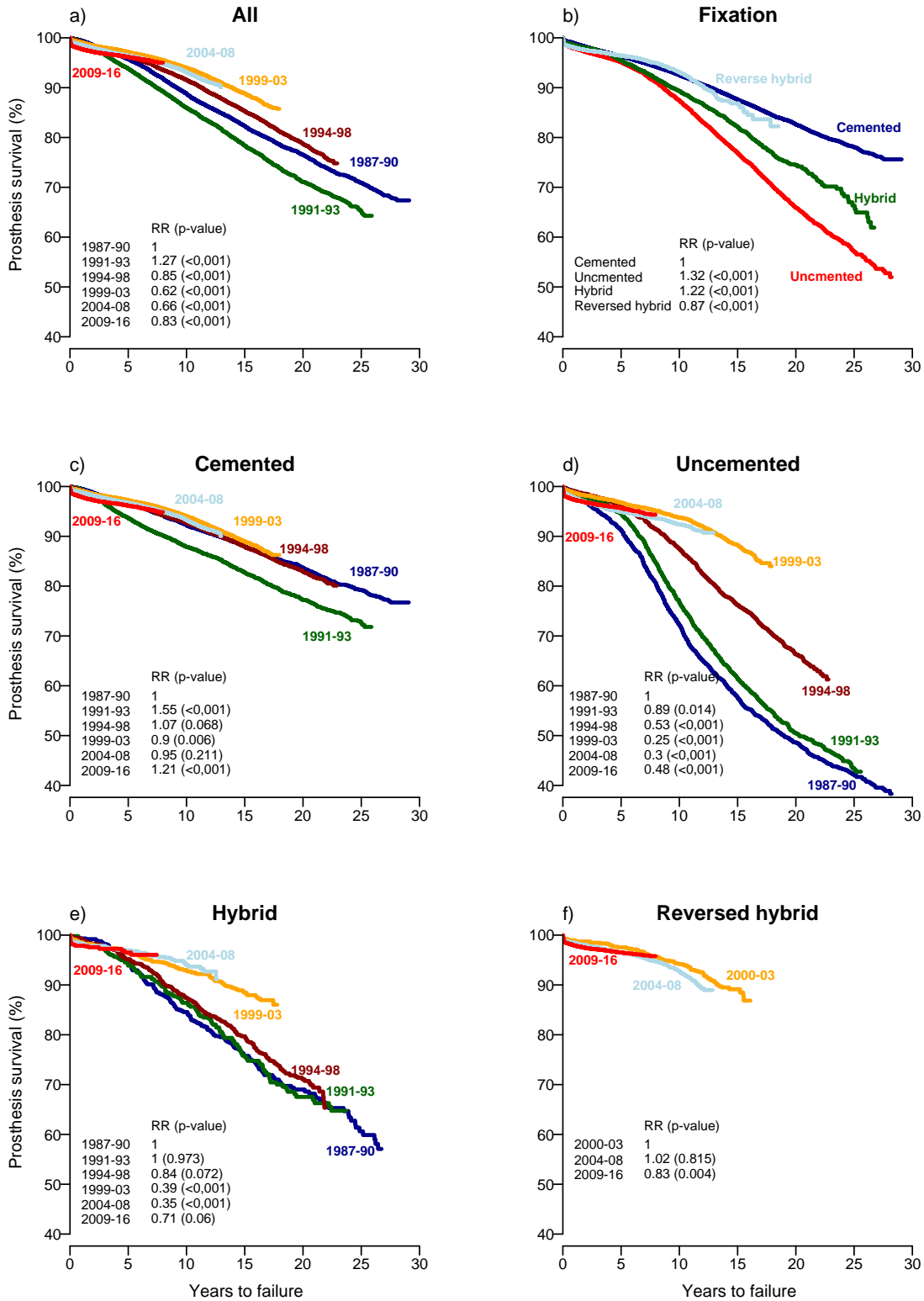


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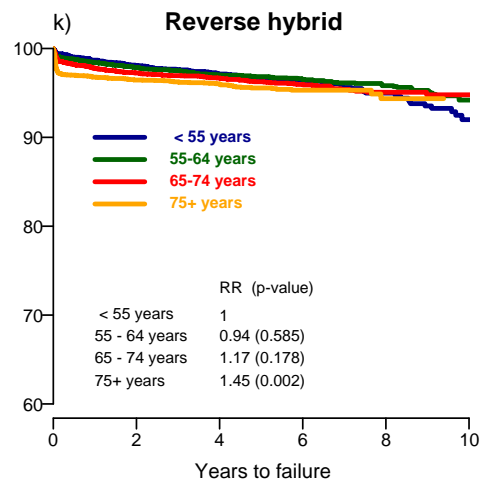
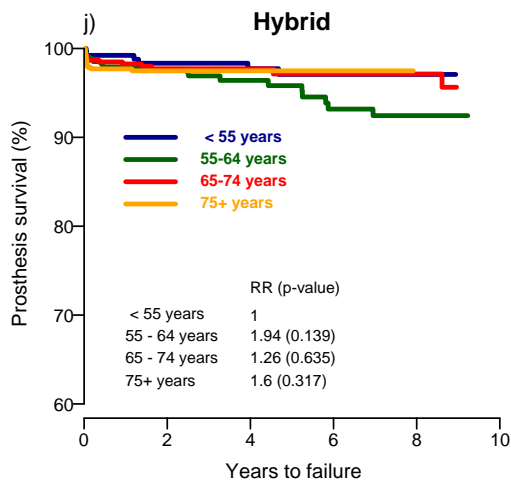
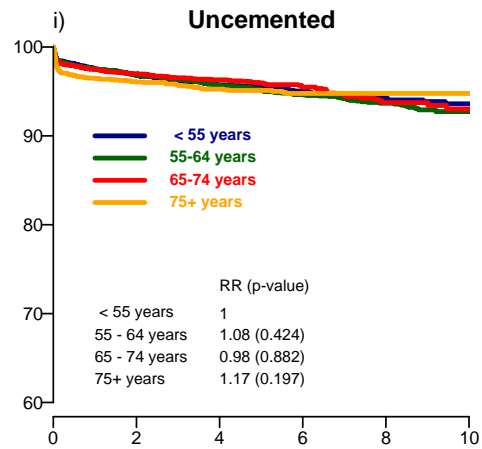
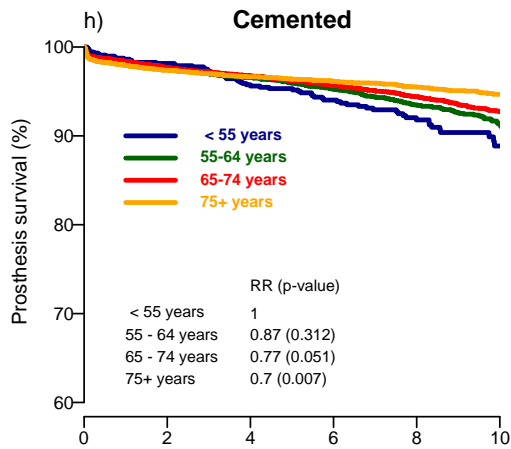
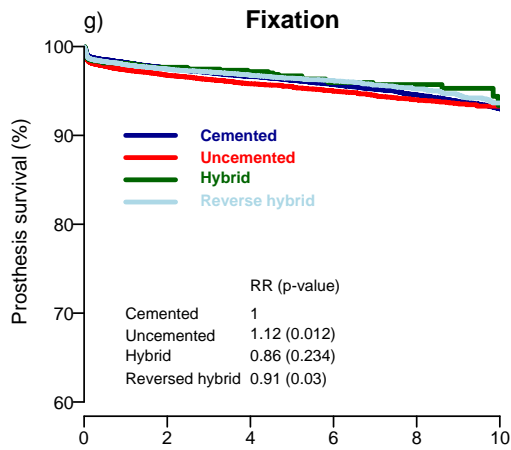
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Survival of total hip prostheses 1987-2016



Kaplan-Meier survival curves. Rate ratio (RR) is adjusted for age, gender and diagnosis. Survival estimate is given as long as more than 50 prostheses are at risk.

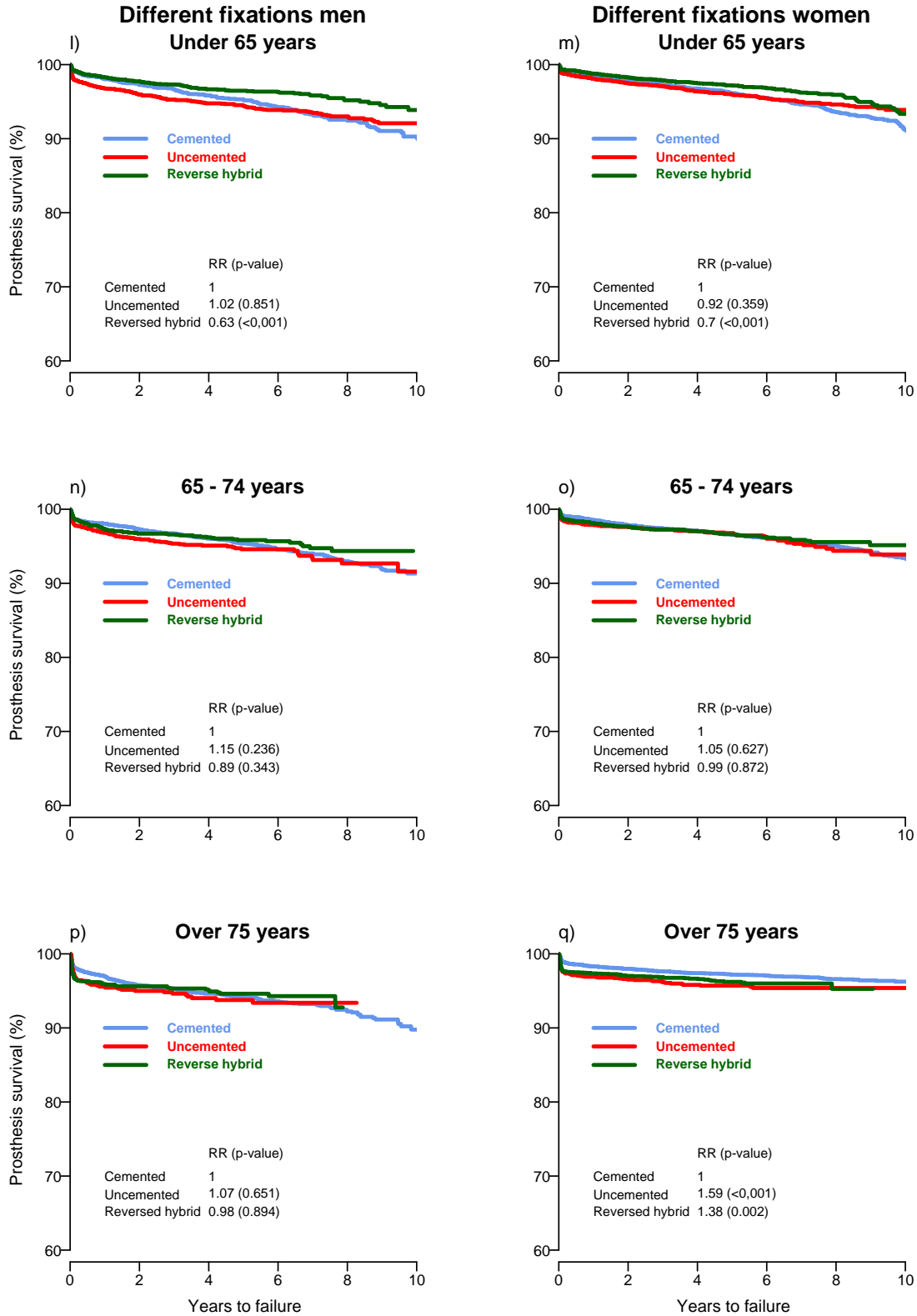
Survival of total hip prostheses 2006-2016



Kaplan-Meier survival curves. Rate ratio (RR) is adjusted for age, gender and diagnosis. Survival estimate is given as long as more than 50 prostheses are at risk.

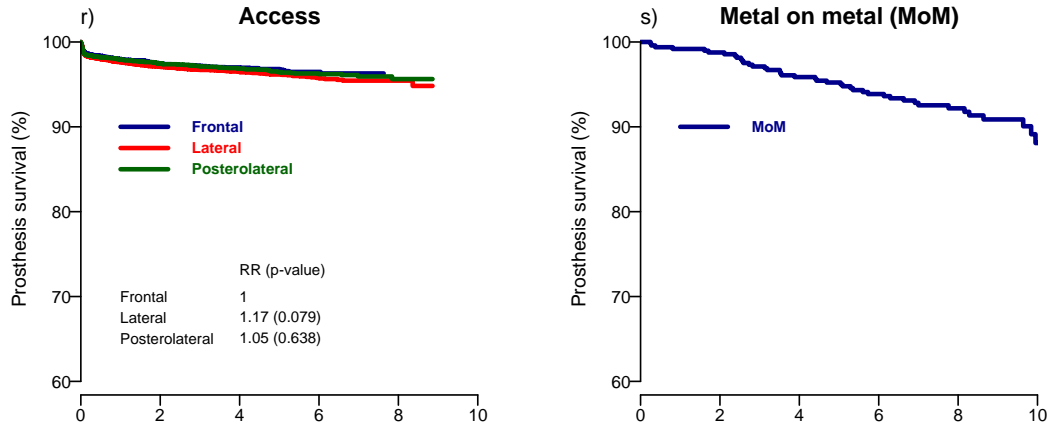
Survival of total hip prostheses

2006-2016

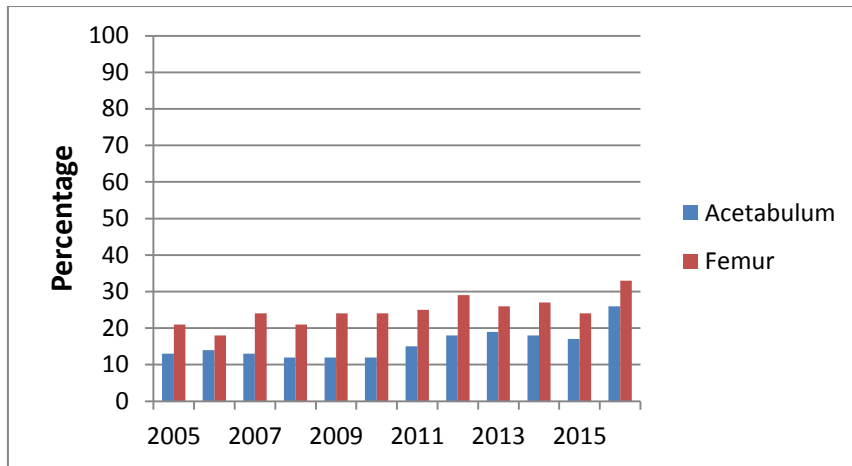


Kaplan-Meier survival curves. Rate ratio (RR) is adjusted for age, gender and diagnosis. Survival estimate is given as long as more than 50 prostheses are at risk.

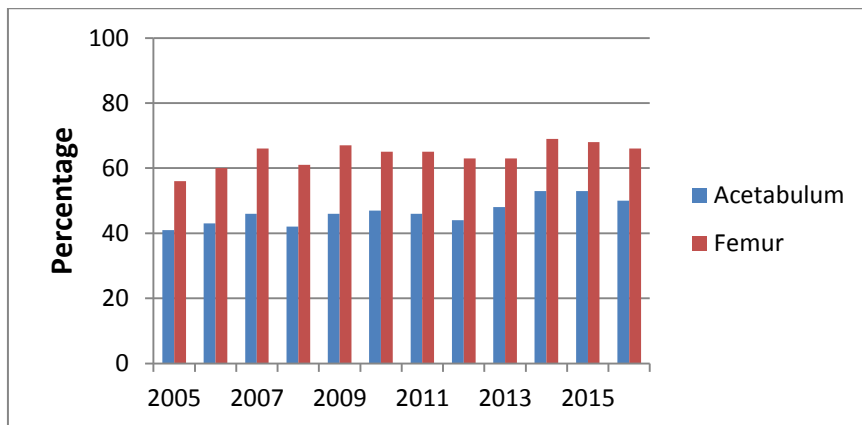
Survival hip prostheses



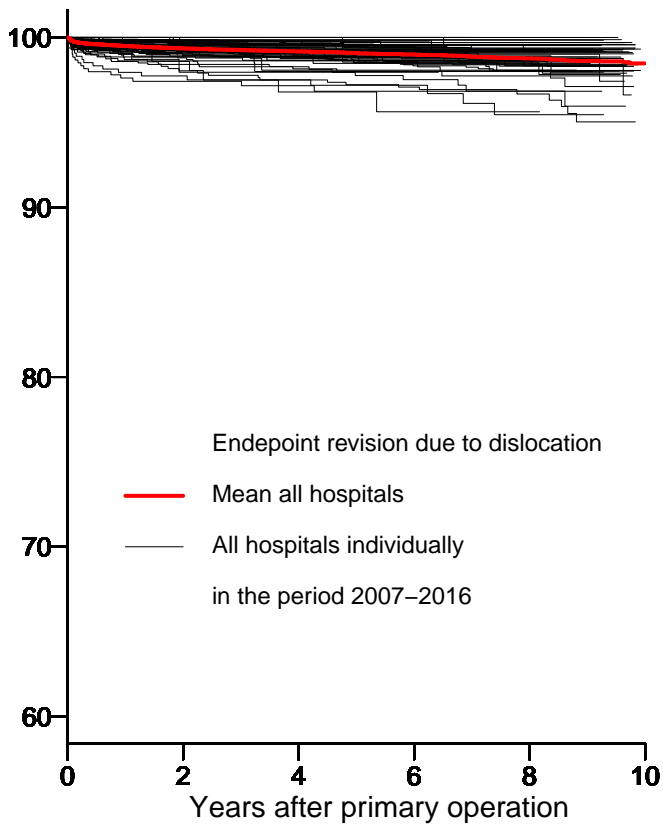
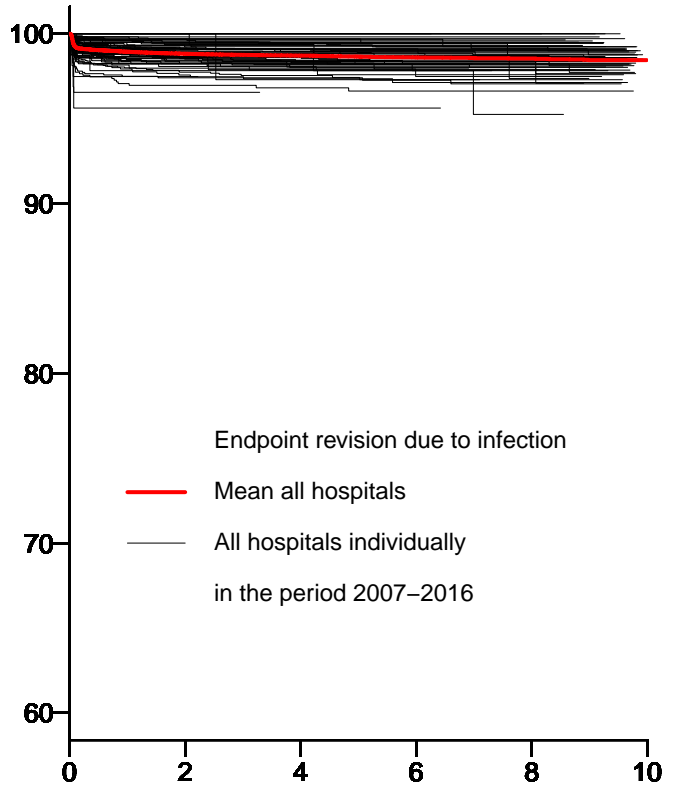
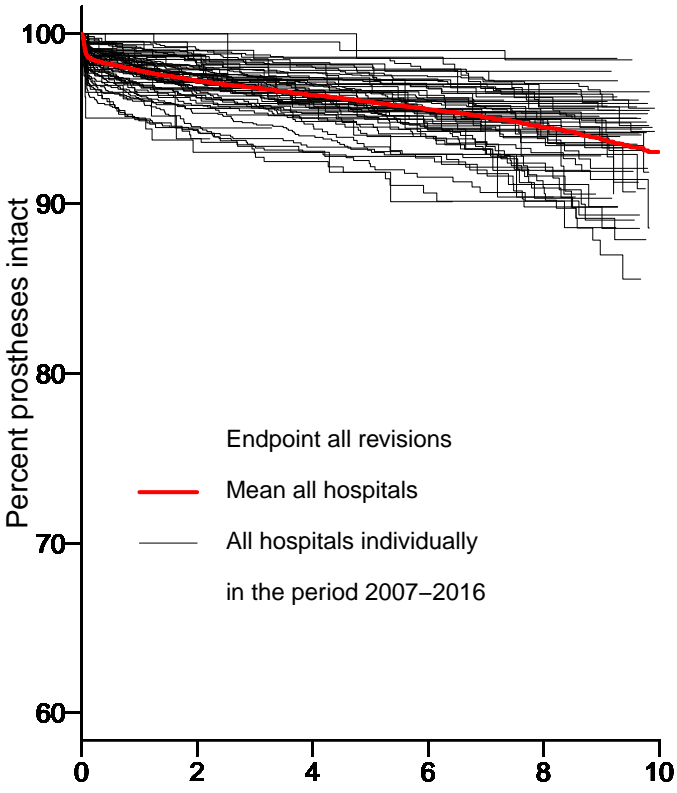
t) Bone transplant, revisions - percent of cases with missing data



u) Bone loss, revisions - percent of cases with missing data



Total hip arthroplasty - Last 10 years survival curves for all hospitals



One stage bilateral hip prosthesis operations

Year	1987-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Sum:
Number of patients	148	12	15	13	19	15	15	18	26	23	22	28	32	386

A one stage bilateral operation is an operation where the patient is operated on both hips during the same operation or on the same day. Only primary operations are included.

Figure Y: Number of primary THA operations, 2016

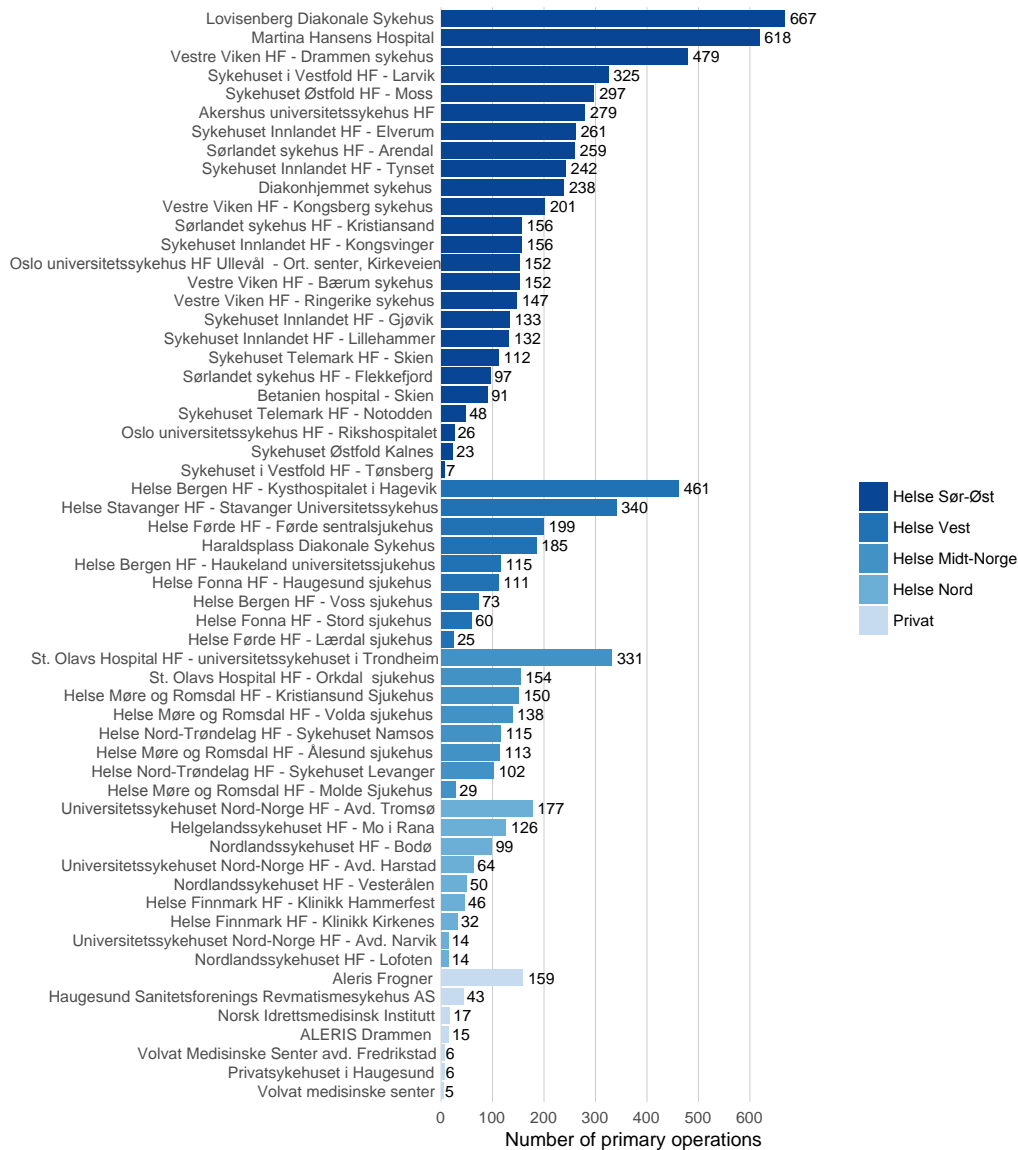
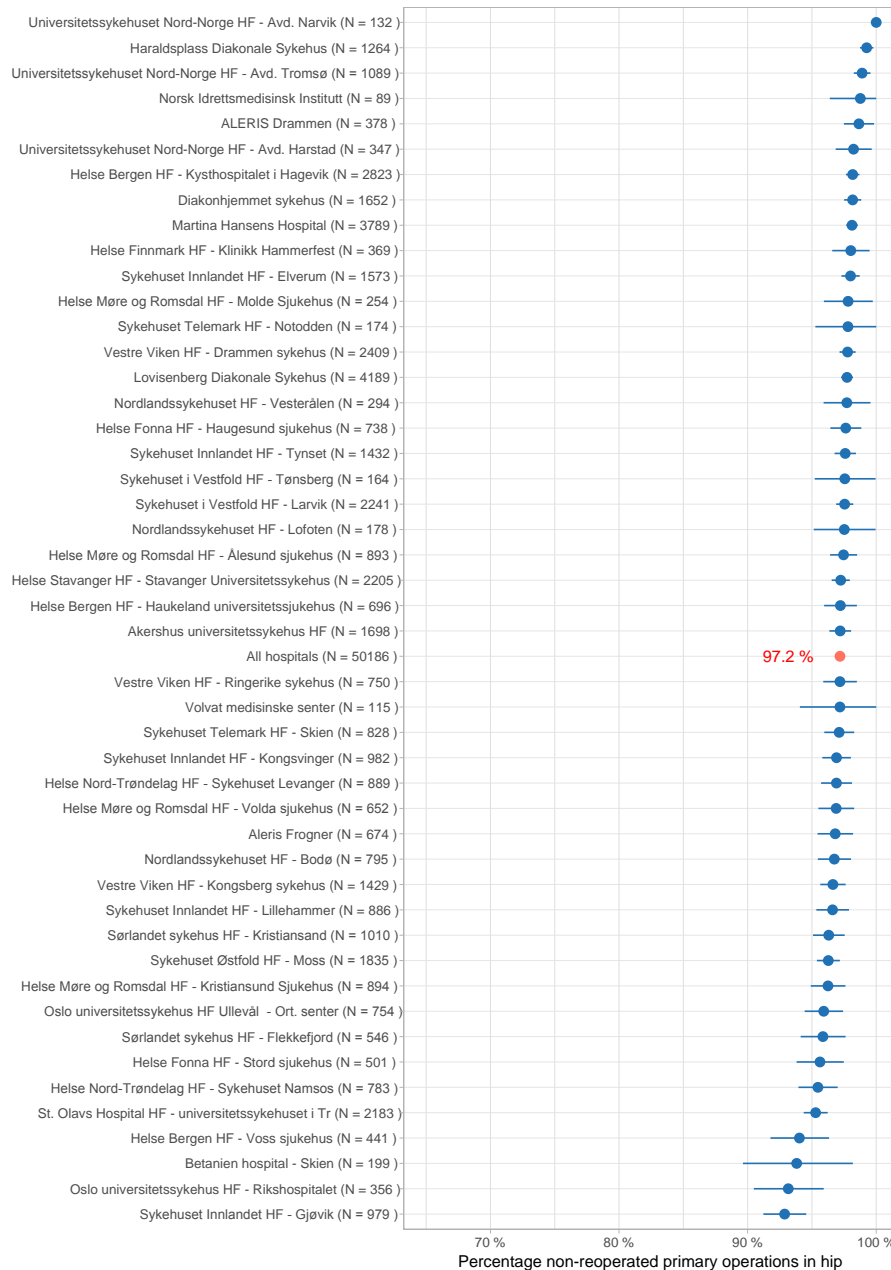
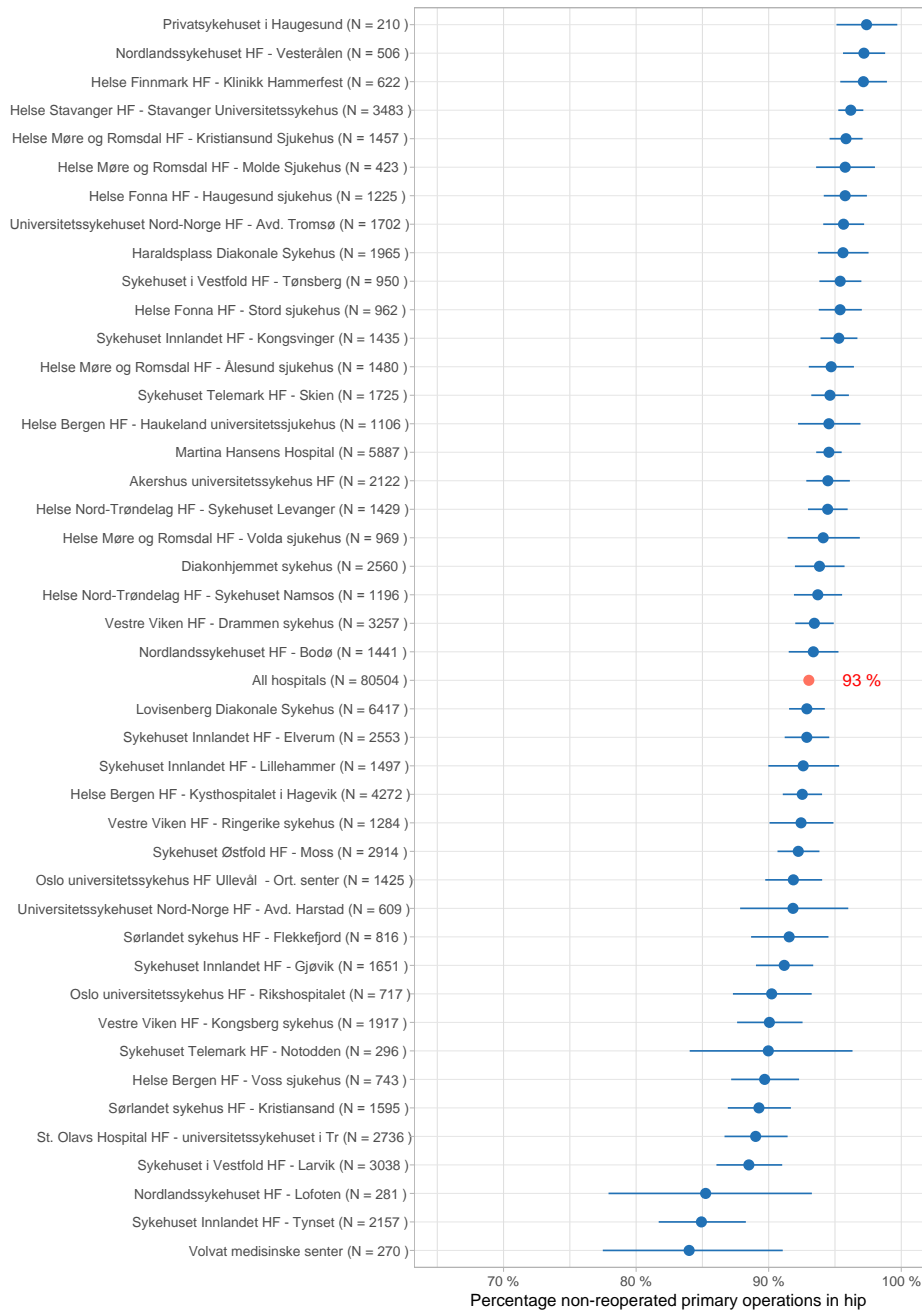


Figure Z: Percentage non-revised patients two years after operations in 2010-2016



Kaplan-Meier estimates of percentage non-revised patients after two years with 95% confidence interval. Endpoint is all revisions. Reoperations, i.e. revision operations without insertion, removal or replacement of the prosthesis, are excluded. Included are all patients operated on in the years 2010 to 2016. Only hospitals with operations in 2016 and with more than 50 operations from 2010 to 2016 are included. A further requirement is that the hospital must have at least 30 patients followed up for more than two years. Only hospitals with coverage of at least 80% for revisions from 2008 to 2012 are included.

Figure A: Percentage non-revised patients ten years after operations in 2005-2016



Kaplan-Meier estimates of percentage non-revised patients after ten years with 95% confidence interval. Endpoint is all revisions. Reoperations, i.e. revision operations without insertion, removal or replacement of the prosthesis, are excluded. Included are all patients operated on in the years 2005 to 2016. Only hospitals with operations in 2016 and with more than 50 operations from 2005 to 2016 are included. A further requirement is that the hospital must have at least 30 patients followed up for more than ten years. Only hospitals with coverage of at least 80% for revisions from 2008 to 2012 are included.

How to interpret the hospital-based results:

When hospitals are ranked by percentage of revisions, results must be interpreted with caution, as there may be many reasons for different revision percentages:

1. Hospitals that are more rigorous in reporting their complications and reoperations to the Register could have unfairly negative results in the analyses.
2. If surgeons at one hospital are more diligent in facilitating check-ups for patients than at other hospitals, and thus discover more complications, this could lead to unfortunate results despite the fact that this hospital in reality is doing a better job than other hospitals.
3. If the waiting time for reoperations is longer in some hospitals than others, the longer wait could erroneously lead to better results than those of hospitals with a short waiting time.
4. If the surgeons at one hospital have a higher threshold for recommending reoperation than at other hospitals and thus prolong patients' problems, this will also give skewed results in the statistics.
5. Poor hospital results from an earlier period will remain with the hospital, even though the hospital may have acted upon previous problems by switching to better prostheses and improving procedures and surgical skills.

There is also a statistical uncertainty in the ranking lists because the data from the NRL are poorly suited for such calculations. The NRL was designed to compare the results of implants and surgical procedures nationwide. To compare quality in hospitals is a complex matter, because some hospitals operate on more patients with poor prognosis than other hospitals, and because many hospitals, especially the small ones, have so few reoperations that the statistics are too weak, and are further weakened by the fact that the hospitals' coverage (reporting rate) of reoperations varies from 16.7% to 100%. This issue is explained in detail in the following articles: Ranstam J, Wagner P, Robertsson O, Lidgren L. "Health-care quality register outcome-orientated ranking of hospitals is unreliable." *J Bone Joint Surg Br.* 2008 and Ranstam J, Wagner P, Robertsson O, Lidgren L. "Ranking in health care results in wrong conclusions". *Läkartidningen.* 2008 Aug 27-Sep 2;105(35):2313-4.

Moreover, it is a well-known phenomenon in quality assurance that if those who report their complications and errors the most accurately receive a lower ranking because of this, the reporting may eventually deteriorate.

If league tables of hospitals are publicised, there is thus a danger that hospitals' reporting of revisions may become poorer, leading to inferior quality of the registers. In order to achieve complete reporting of reoperations (revisions), reporting to the Register should be linked to performance-based financing, reporting should be made mandatory, and the requirement for the patient's written consent to reporting of the operation to the Register should be waived and replaced by presumed consent.

Figure Ø: Durability of hip replacements 2005-2016

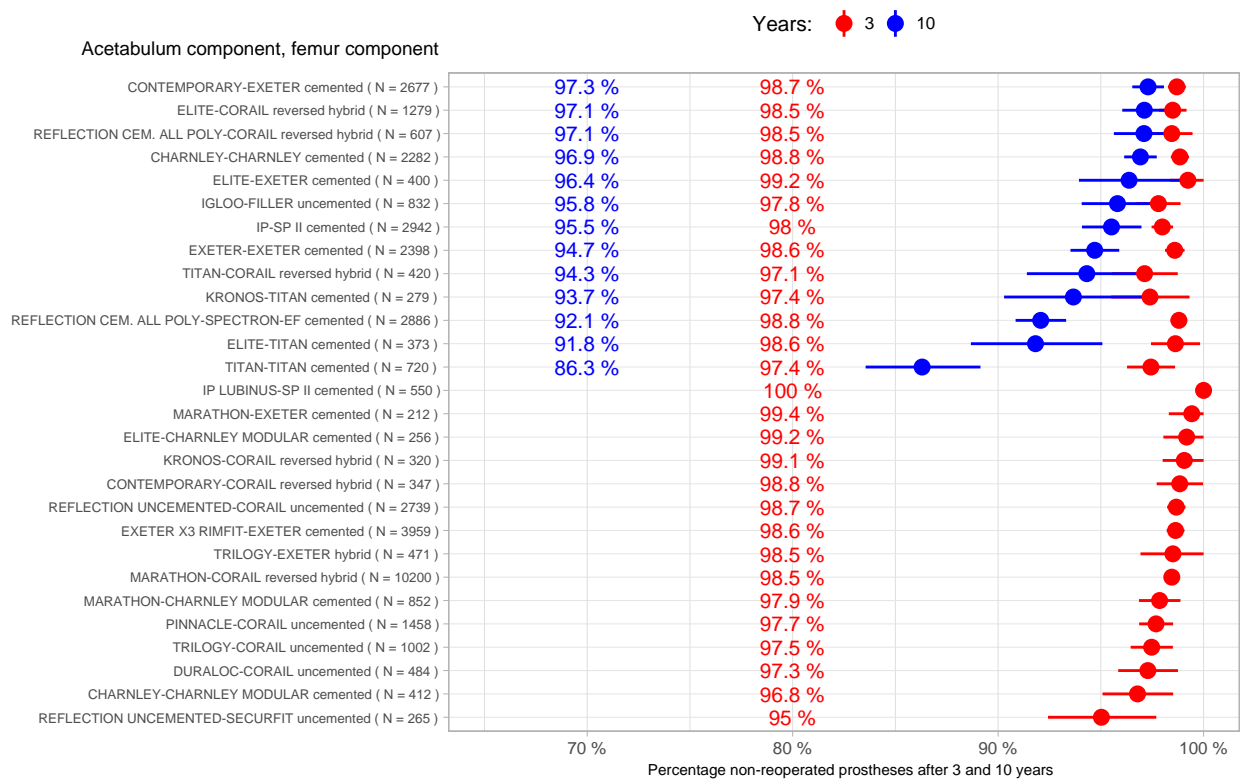


Figure Ø shows the estimated Kaplan-Meier percentage at three and ten years for different combinations of hip prostheses. We have only included combinations used in 500 or more operations in 2005-2016. A further requirement for inclusion in the figure is that there must still be at least 50 examples of the combination at three and ten years respectively. Only **standard patients** from 2005 to 2016 have been included, and the number of prostheses will therefore be below 500 in some cases. A standard patient is aged 55-85 years, has ASA class 1 or 2 and was diagnosed with idiopathic osteoarthritis at primary surgery. Using standard patients provides a more homogenous group of patients, and we believe that this makes the results more comparable.

Endpoint is all revision operations, except infections and reoperations without insertion, removal or replacement of the prosthesis. As recommended in Report No. 6/2002 from the Norwegian Centre for Health Technology Assessment (SMM), “Choice of Implants in Primary Total Arthroplasty in Norway”, most health trusts will require ten-year documentation on the prosthesis. The combinations Reflection All Poly/Spectron EF (cemented) and Titan/Titan (cemented) are no longer in use. This is based on results in studies published by the Register (Espehaug B 2009, Hallan G 2007, Hallan G 2010, Hallan G 2012 and Kadar T 2011), see our list of publications in the annual report <http://nrlweb.ihelse.net/> The results in this report must be compared with results in our publications, where we can account for materials and methods and discuss strengths and weaknesses and the significance of the findings.

How to interpret the prosthesis results

When prostheses are ranked by percentage of revisions, results must be interpreted with caution, as there may be many reasons for different revision percentages. We mainly publish prosthesis results in scientific journals and presentations where we account for materials and methods and discuss strengths and weaknesses and the significance of the findings (see the reference list in <http://nrlweb.ihelse.net/Rapporter/Rapport2017.pdf>).

In general, we can state the following:

1. A poor result for a particular prosthesis may be caused by a learning curve for its use, which means that some patients will be revised due to the lack of experience with the particular implant.
2. In our papers, we adjust for differences in patient groups such as age, gender, diagnosis, joint surface material and fixation. Some prostheses and materials tend to be used in younger and more active patients. Such patients may wear out the prosthesis faster. A prosthesis used in many such patients may have poorer results than a prosthesis used in older and less active patients. The degree of activity is not recorded in the registers.
3. A prosthesis may be used at few hospitals and in small numbers, which may mean that the revision percentage reflects the skill of the surgeon or the threshold for revision rather than the qualities of the prosthesis.
4. If a prosthesis is used in a large number of patients (>3000) and in several hospitals (>5), we consider the results more reliable.
5. Scientific papers discuss the reason for revision of the prosthesis. If there is a natural biological or mechanical reason, we have more faith in the results, i.e. we consider a high revision rate to be due to qualities of the prosthesis rather than the surgeon.
6. National registers are observational studies and cannot normally explain the reasons for the results of a particular group of prostheses. The results must be compared with those of experimental studies and randomised controlled trials. Furthermore, the results must be reproduced in other studies and registers before being considered valid.

Results of hip and knee arthroplasty in Norway are generally good and comparable to results in the other Nordic countries (Mäkelä K 2014, Junnila M 2016 and Robertsson O 2010), see the reference list in our annual report. The two hip prostheses with poorest ten-year results (Titan/Titan and Reflection cemented/Spectron EF) have been discontinued in Norway on the basis of results in our earlier publications (Espehaug B 2010, Hallan 2012 and Kadar T 2011). This also applies to the Duracon knee prosthesis (Gøthesen 2013).

TOTAL HIP ARTHROPLASTY

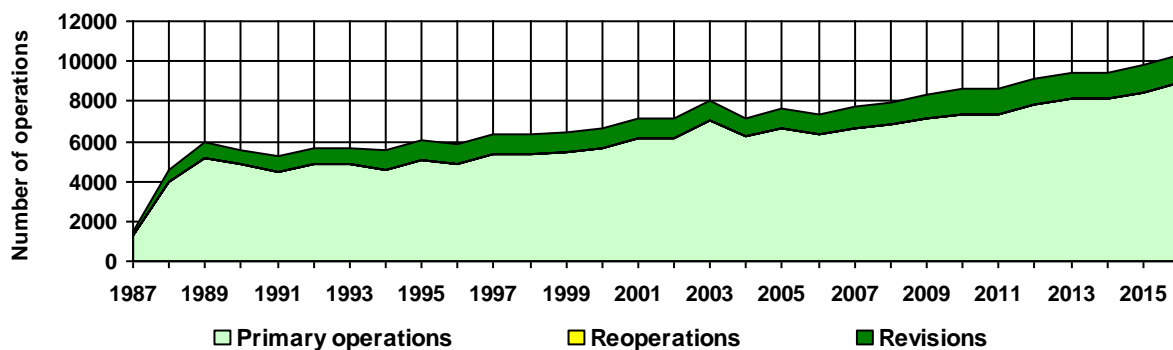
Table 1: Annual numbers of operations (Hemi prosthesis operations for hip fracture are not included here. These are found in tables of The Norwegian Hip Fracture Register)

Year	Primary operations *	Reoperations **	Revisions	Total
2016	8 881 (85,8%)	41 (0,4%)	1 433 (13,8%)	10 355
2015	8 438 (85,7%)	16 (0,2%)	1 392 (14,1%)	9 846
2014	8 127 (86,3%)	23 (0,2%)	1 269 (13,5%)	9 419
2013	8 096 (86,0%)	15 (0,2%)	1 305 (13,9%)	9 416
2012	7 846 (85,6%)	24 (0,3%)	1 291 (14,1%)	9 161
2011	7 360 (85,1%)	13 (0,2%)	1 274 (14,7%)	8 647
2010	7 330 (85,4%)	1 (0,0%)	1 257 (14,6%)	8 588
2009	7 114 (85,5%)		1 209 (14,5%)	8 323
2008	6 848 (85,9%)		1 122 (14,1%)	7 970
2007	6 660 (86,4%)		1 052 (13,6%)	7 712
2006	6 319 (86,3%)		1 007 (13,7%)	7 326
2005	6 597 (86,2%)	1 (0,0%)	1 056 (13,8%)	7 654
2004	6 218 (86,9%)		940 (13,1%)	7 158
2003	7 040 (87,7%)		990 (12,3%)	8 030
1998-02	28 841 (85,6%)	1 (0,0%)	4 844 (14,4%)	33 686
1993-97	24 670 (83,8%)	1 (0,0%)	4 754 (16,2%)	29 425
1987-92	24 663 (86,5%)		3 855 (13,5%)	28 518
Total	181 048 (85,7%)	136 (0,1%)	30 050 (14,2%)	211 234

* In addition, there were reports on 136 primary hemi prostheses done for other reasons than hip fractures.

** Reoperations where prosthetic parts are not changed or removed (soft tissue debridements for infected prosthesis, soft tissue procedures for gluteal insufficiency etc.).

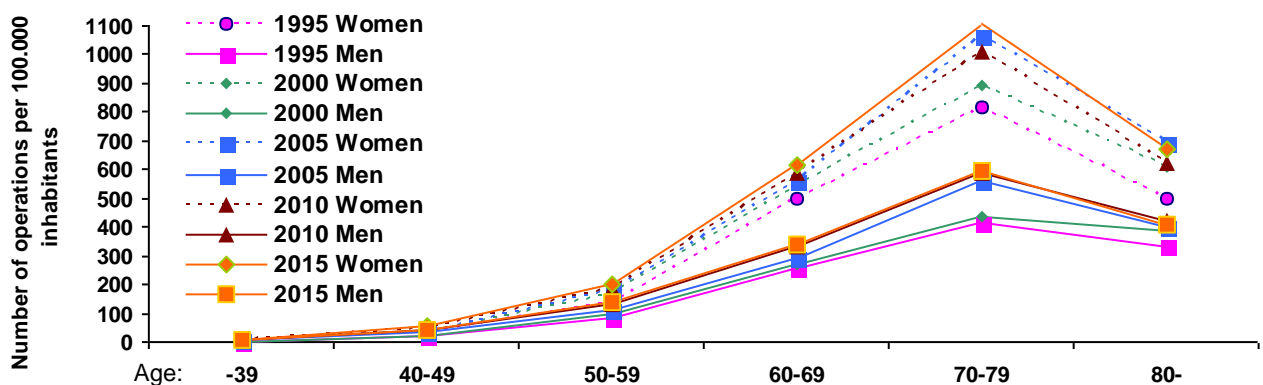
Figure 1: Annual numbers of operations



54,9 % of all operations were performed on the right side. 67,1 % performed in women.

Mean age at primary surgery was 69,0 years, 69,9 years for women and 67,1 years for men

Figure 2: Incidence of primary hip prostheses



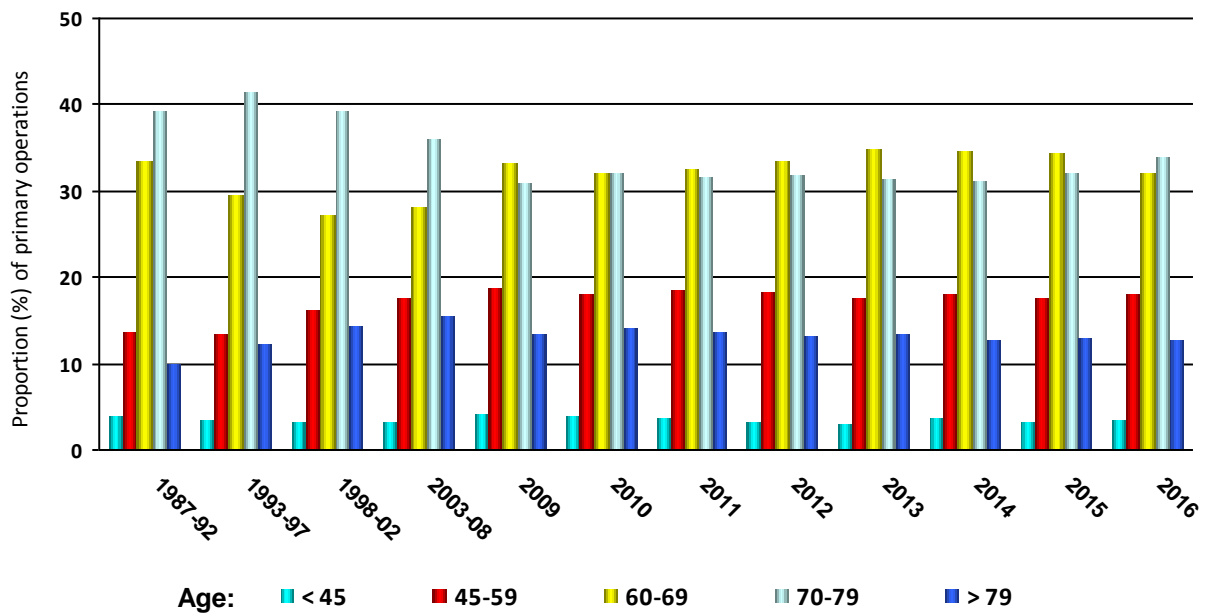
Reasons for primary operations

Table 2:

Year	Primary osteoarthritis	Rheumatoid arthritis	Sequelae after hip fracture	Congenital dysplasia	Cong. dysplasia with dislocation	Epiphysiol./Perthes' disease	Spondyloarthropathy	Acute fracture of the femoral neck	Avascular necrosis of the femoral head	Sequelae after acetabular fracture	Other	Missing information
2016	7050	136	351	680	11	105	19	340	226	33	245	15
2015	6777	108	331	587	10	106	21	321	182	26	199	27
2014	6393	115	356	647	18	86	28	287	250	22	174	29
2013	6402	125	351	610	10	115	31	288	172	29	192	36
2012	6218	157	366	615	12	92	45	206	186	16	202	14
2011	5787	132	373	573	24	96	26	189	138	21	187	30
2010	5734	130	355	594	36	88	20	161	151	16	191	50
2009	5515	131	390	560	26	127	24	151	174	11	164	32
2008	5359	144	443	498	25	99	21	149	145	19	144	6
2007	5166	146	475	457	21	80	22	159	174	22	110	15
2006	4819	147	486	445	17	83	24	131	172	19	126	13
2005	5097	166	550	437	29	87	22	102	143	14	107	14
2004	4680	141	534	414	17	85	20	97	118	18	102	3
2003	5304	171	584	511	26	69	25	89	35	9	58	11
1998	20994	851	2891	2037	141	390	145	238	349	60	514	237
1993	17140	902	3133	1796	214	329	116	116	174	80	499	158
1987	16605	942	3303	2037	414	319	105	55	70	81	452	281
Total	135040	4644	15272	13498	1051	2356	714	3079	2859	496	3666	971

Diseases are not mutually exclusive. More than one reason for operation is possible

Figure 3: Age by year of operation



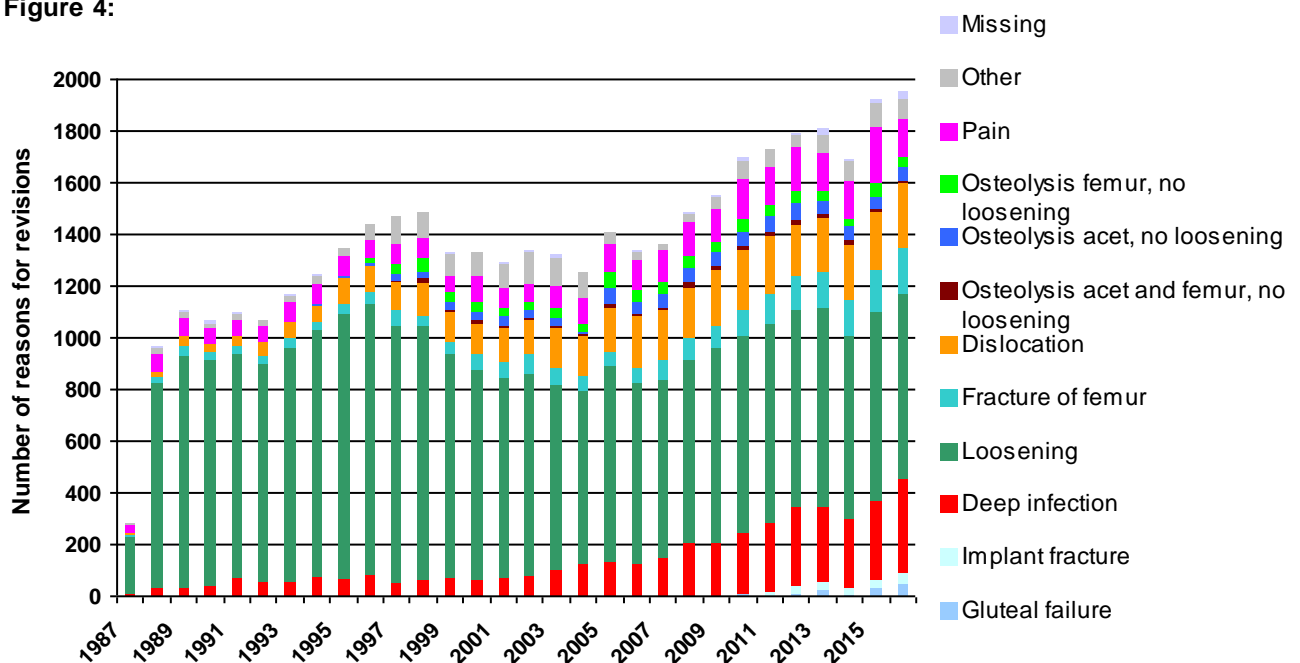
Reasons for revisions

Table 3:

Year of revision	Loosening of acetabular component	Loosening of femoral component	Dislocation	Deep infection	Periprosthetic fracture	Pain	Osteolysis acet., no loosening	Osteolysis femur, no loosening	Polyethylene wear	Previous Girdlestone	Implant fracture	Gluteal failure	Other	Missing information
2016	445	265	254	365	175	144	50	40	29	12	47	45	128	34
2015	433	292	228	313	153	211	46	56	49	9	32	28	133	18
2014	424	281	216	266	140	147	50	36	48	18	23	10	99	12
2013	449	322	213	291	133	145	53	43	55	12	29	24	102	18
2012	445	318	203	310	123	168	70	42	49	18	30	5	83	8
2011	443	323	220	274	114	146	63	52	66	22	10	3	75	5
2010	444	319	229	239	96	154	55	50	55	45	0	7	78	12
2009	443	316	215	203	82	131	52	41	80	29	0	3	47	10
2008	399	305	192	211	79	131	54	53	63	47	0	0	31	5
2007	409	282	187	149	72	120	53	48	66	28	0	1	26	3
2006	399	295	198	126	61	119	45	46	48	22	0	0	32	2
2005	423	337	164	129	59	113	63	57	65	29	0	0	44	3
2004	371	297	152	124	60	101	11	32	78	44	0	0	104	1
2003	395	326	154	97	60	82	33	39	71	36	0	0	112	12
1998-02	2076	2157	633	338	269	370	146	203	367	167	0	0	497	27
1993-97	2270	2649	434	344	206	382	34	66	70	176	0	0	247	11
1987-92	2100	2407	179	232	154	368	0	0	25	43	0	0	118	38
Total	12368	11491	4071	4011	2036	3032	878	904	1284	757	171	126	1956	219

Revision causes are not mutually exclusive. More than one reason of revision is possible

Figure 4:



The graph is hierarchical, i.e. if a revision is marked both "Deep infection" and "Loosening", only "Deep infection" is counted.

Type of revision

Table 4a: Age 75 years old or younger

Year	Exchange of femoral stem and head	Exchange of stem, PE liner, head	Exchange of acetabular cup	Exchange of femoral head	Exchange of femoral head and acetabular cup	Exchange of all components	Exchange of PE liner only	Exchange of PE liner and femoral head	Exchange of PE liner and femoral stem	Removal of prosthesis or cement spacer	Removal of prosthesis and insertion of cement spacer	Insertion of new prosthesis (after Girdlestone)	Soft tissue debridement of infected prosthesis	Muscle resonance and transposition	Osteosynthesis for fracture	Other operation	Missing information	Total
2016	71	12	91	39	195	148	1	46	3	7	87	75	16	9	56	7	863	
2015	92	13	113	33	162	138	3	59	5	20	68	4	56		41	3	810	
2014	68	20	115	33	140	122	3	49	6	13	74	1	42		21	1	708	
2013	77	8	93	43	166	138	2	43	5	15	73	2	46		15	4	730	
2012	88	8	89	29	156	162	6	38	5	17	70	1	43		19	5	736	
2011	83	6	102	47	157	162	3	48	9	29	25	1	36		25	2	735	
2010	89	8	114	60	173	178	1	37	4	32	15	8	5		7	11	742	
2009	85	6	46	57	239	176	6	54	5	30	10	7			2	2	725	
2003-08	432	49	524	152	897	903	35	249	31	202	35	48	1		21	27	3606	
1998-02	492	63	327	61	623	905	24	239	6	125	0	103	1		11	8	2988	
1993-97	737	11	451	21	253	1314	15	56	8	135	0	101	1		10	4	3117	
1987-92	647		353	8	19	1484	2	2	3	101	0	15			10	29	2673	
Total	2961	204	2418	583	3180	5830	101	920	90	726	457	291	306	16	9	238	103	18433

Figure 5a: Age 75 years old or younger

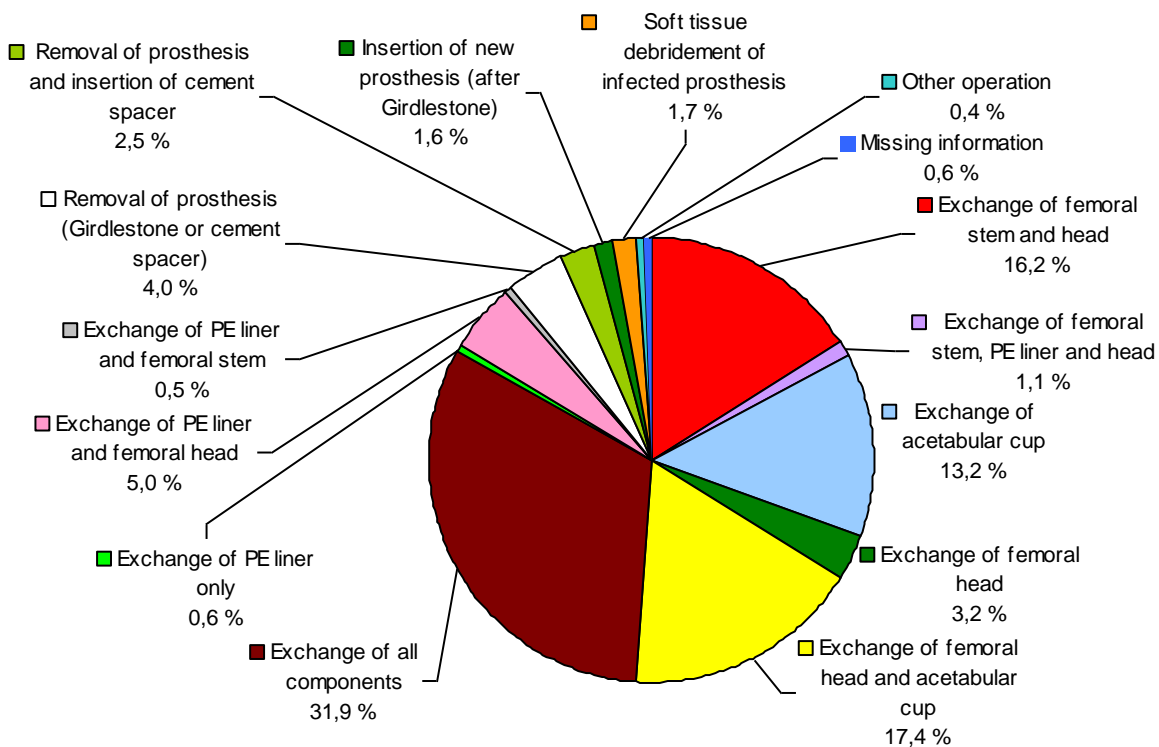
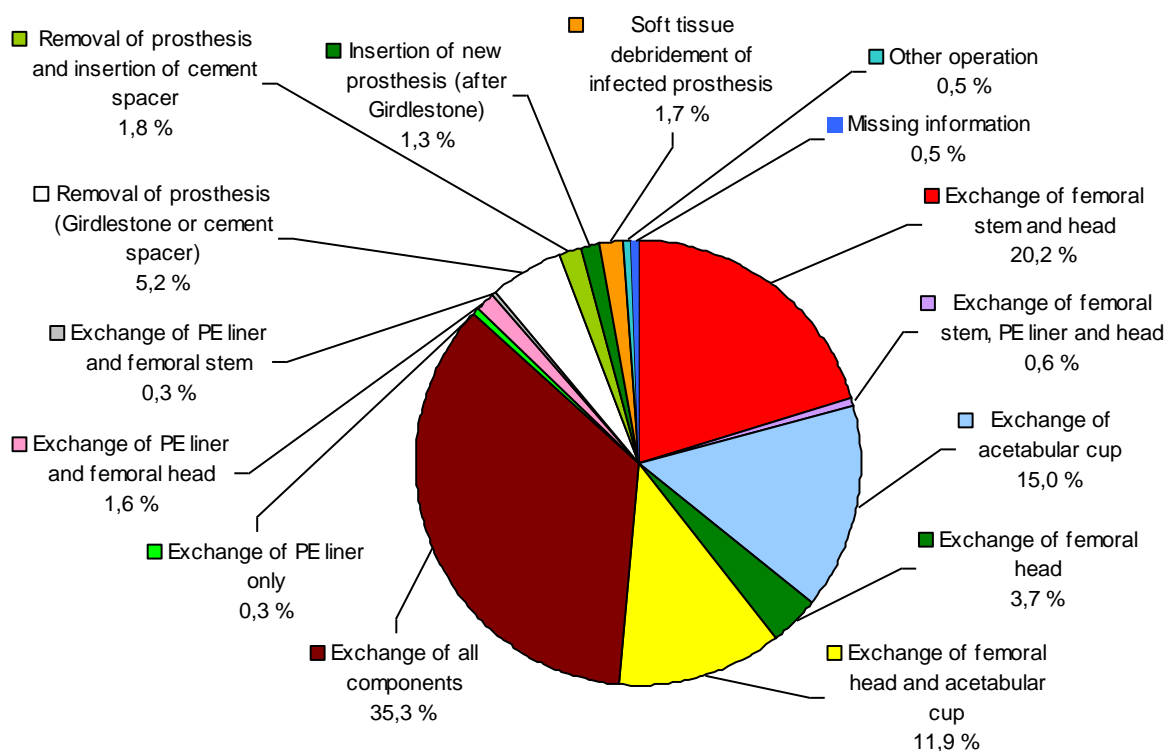


Table 4b: Age over 75 years old

Year	Exchange of femoral stem and head	Exchange of stem, PE liner, head	Exchange of acetabular cup	Exchange of femoral head	Exchange of femoral head and acetabular cup	Exchange of all components	Exchange of PE liner only	Exchange of PE liner and femoral head	Exchange of PE liner and femoral stem	Removal of prosthesis or cement spacer	Removal of prosthesis and insertion of cement spacer	Insertion of new prosthesis (after Girdlestone)	Soft tissue debridement of infected prosthesis	Muscle resonance and transposition	Osteosynthesis for fracture	Other operation	Missing information	Total
2016	69	9	76	28	96	145	1	13	3	8	48	4	44	6	26	27	1	611
2015	82	10	97	29	92	151	6	17	4	24	28	1	29		1	25	2	598
2014	87	4	90	28	100	150	5	14	2	25	18		31	1	24	5		584
2013	96	3	81	16	88	170	2	14	4	13	29	3	35			33	3	590
2012	81	3	99	32	72	158		19	2	20	37	1	32			18	5	579
2011	94	1	97	32	89	144	3	12	5	23	14	2	22			10	4	552
2010	94		87	44	77	143	1	12	1	27	6	5	4			9	6	516
2009	69	3	59	50	99	140	3	12	2	35	6	3				4		485
2003-08	437	17	418	129	384	837	10	44	7	180	25	33	1			27	14	2563
1998-02	499	12	207	34	189	723	5	22	4	102	0	46				6	8	1857
1993-97	451	2	223	11	88	705	2	4		96	0	46				8	2	1638
1987-92	276		203	1	9	627				46	0	4				3	13	1182
Total	2335	64	1737	434	1383	4093	38	183	34	599	211	148	198	6	28	194	63	11755

Figure 5b: Age over 75 years old



Bone transplantation in revisions

Table 5: Acetabular cup

Year	Yes	No	Bone impaction ¹	Missing	Total
2016	68 (4,6 %)	929 (63 %)	95 (6,4 %)	382 (25,9 %)	1 474
2015	102 (7,2 %)	969 (68,8 %)	92 (6,5 %)	245 (17,4 %)	1 408
2014	112 (8,7 %)	855 (66,2 %)	94 (7,3 %)	231 (17,9 %)	1 292
2013	89 (6,7 %)	849 (64,3 %)	131 (9,9 %)	251 (19 %)	1 320
2012	105 (8 %)	832 (63,3 %)	143 (10,9 %)	235 (17,9 %)	1 315
2011	112 (8,7 %)	807 (62,7 %)	181 (14,1 %)	187 (14,5 %)	1 287
2010	131 (10,4 %)	787 (62,6 %)	189 (15 %)	151 (12 %)	1 258
2009	111 (9,2 %)	715 (59,1 %)	245 (20,3 %)	138 (11,4 %)	1 209
2008	110 (9,8 %)	668 (59,5 %)	211 (18,8 %)	133 (11,9 %)	1 122
2007	132 (12,5 %)	594 (56,5 %)	193 (18,3 %)	133 (12,6 %)	1 052
2006	115 (11,4 %)	554 (55 %)	201 (20 %)	137 (13,6 %)	1 007
2005	161 (15,2 %)	526 (49,8 %)	230 (21,8 %)	140 (13,2 %)	1 057
2004	161 (17,1 %)	570 (60,6 %)	162 (17,2 %)	47 (5 %)	940
2003	162 (16,4 %)	651 (65,8 %)	147 (14,8 %)	30 (3 %)	990
1998-02	1 026 (21,2 %)	3 034 (62,6 %)	655 (13,5 %)	130 (2,7 %)	4 845
1993-97	1 337 (28,1 %)	3 081 (64,8 %)	220 (4,6 %)	117 (2,5 %)	4 755
1987-92	1 027 (26,6 %)	2 758 (71,5 %)	0 (0 %)	70 (1,8 %)	3 855
Total	5 061 (16,8 %)	19 179 (63,5 %)	3 189 (10,6 %)	2 757 (9,1 %)	30 186

Table 6: Femoral stem

Year	Yes	No	Bone impaction ¹	Missing	Total
2016	43 (2,9 %)	947 (64,2 %)	3 (0,2 %)	481 (32,6 %)	1 474
2015	70 (5 %)	980 (69,6 %)	11 (0,8 %)	347 (24,6 %)	1 408
2014	63 (4,9 %)	879 (68 %)	3 (0,2 %)	347 (26,9 %)	1 292
2013	84 (6,4 %)	881 (66,7 %)	8 (0,6 %)	347 (26,3 %)	1 320
2012	81 (6,2 %)	838 (63,7 %)	21 (1,6 %)	375 (28,5 %)	1 315
2011	116 (9 %)	818 (63,6 %)	29 (2,3 %)	324 (25,2 %)	1 287
2010	119 (9,5 %)	798 (63,4 %)	44 (3,5 %)	297 (23,6 %)	1 258
2009	129 (10,7 %)	752 (62,2 %)	45 (3,7 %)	283 (23,4 %)	1 209
2008	144 (12,8 %)	677 (60,3 %)	69 (6,1 %)	232 (20,7 %)	1 122
2007	125 (11,9 %)	601 (57,1 %)	70 (6,7 %)	256 (24,3 %)	1 052
2006	145 (14,4 %)	598 (59,4 %)	81 (8 %)	183 (18,2 %)	1 007
2005	181 (17,1 %)	570 (53,9 %)	86 (8,1 %)	220 (20,8 %)	1 057
2004	125 (13,3 %)	647 (68,8 %)	119 (12,7 %)	49 (5,2 %)	940
2003	137 (13,8 %)	726 (73,3 %)	97 (9,8 %)	30 (3 %)	990
1998-02	971 (20 %)	2 937 (60,6 %)	807 (16,7 %)	130 (2,7 %)	4 845
1993-97	1 328 (27,9 %)	2 991 (62,9 %)	319 (6,7 %)	117 (2,5 %)	4 755
1987-92	593 (15,4 %)	3 192 (82,8 %)	0 (0 %)	70 (1,8 %)	3 855
Total	4 454 (14,8 %)	19 832 (65,7 %)	1 812 (6 %)	4 088 (13,5 %)	30 186

¹ Registration of "Bone impaction" started in 1996.

Bone loss in revisions

Table 7: Acetabular cup

Year	Type I	Type IIA	Type IIB	Type IIC	Type IIIA	Type IIIB	Missing	Total
2016	265	214	100	82	54	26	733	1 474
2015	241	180	108	51	59	20	749	1 408
2014	197	171	93	70	41	31	689	1 292
2013	253	186	85	78	60	25	633	1 320
2012	209	238	111	88	73	18	578	1 315
2011	227	183	116	87	66	20	588	1 287
2010	236	176	103	77	62	19	585	1 258
2009	210	165	92	78	76	27	561	1 209
2008	196	181	83	96	67	27	472	1 122
2007	185	142	88	73	55	30	479	1 052
2006	210	136	78	65	59	24	435	1 007
2005	240	137	87	74	59	23	437	1 057

Bone loss in revision - acetabulum (Paprosky Classification):

- Type I: Hemispheric acetabulum without edge defects. Intact posterior and anterior column. Defects in anchoring holes that do not destroy the subchondral bone plate.
- Type IIA: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with small metaphyseal fractures again.
- Type IIB: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with small metaphyseal fractures again and some lack of support superior.
- Type IIC: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with defect in medial wall.
- Type IIIA: Significant component migration, osteolysis and bone loss. Bone loss from 10 o'clock until 2.
- Type IIIB: Significant component migration, osteolysis and bone loss. Bone loss from 9 o'clock until 5.

Table 8: Femoral stem

Year	Type I	Type II	Type IIIA	Type IIIB	Type IV	Missing	Total
2016	252	151	68	22	4	977	1 474
2015	200	134	87	17	10	960	1 408
2014	162	149	67	13	3	898	1 292
2013	234	153	67	24	4	838	1 320
2012	205	190	70	18	6	826	1 315
2011	177	165	77	21	7	840	1 287
2010	195	150	70	18	8	817	1 258
2009	155	141	68	20	9	816	1 209
2008	156	177	81	11	10	687	1 122
2007	144	129	60	18	10	691	1 052
2006	167	151	58	22	5	604	1 007
2005	210	152	72	23	10	590	1 057

Bone loss in revision - acetabulum (Paprosky Classification):

- Type I: Hemispheric acetabulum without edge defects. Intact posterior and anterior column. Defects in anchoring holes that do not destroy the subchondral bone plate.
- Type IIA: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with small metaphyseal fractures again.
- Type IIB: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with small metaphyseal fractures again and some lack of support superior.
- Type IIC: Hemispheric acetabulum without major edge defects, intact posterior and anterior column, but with defect in medial wall.
- Type IIIA: Significant component migration, osteolysis and bone loss. Bone loss from 10 o'clock until 2.
- Type IIIB: Significant component migration, osteolysis and bone loss. Bone loss from 9 o'clock until 5.

Registration of bone loss started in 2005

Surgical approach

Table 9: In primary operations *

Year	Anterior	Anterolateral	Direct lateral	Posterior	Other	Missing information	Total
2016	713 (8%)	1 143 (12,9%)	1 425 (16%)	5 136 (57,8%)	5 (0,1%)	459 (5,2%)	8 881
2015	520 (6,2%)	1 147 (13,6%)	2 232 (26,5%)	4 078 (48,3%)	3 (0%)	458 (5,4%)	8 438
2014	337 (4,1%)	1 057 (13%)	3 173 (39%)	3 014 (37,1%)	17 (0,2%)	529 (6,5%)	8 127
2013	342 (4,2%)	1 081 (13,4%)	3 625 (44,8%)	2 472 (30,5%)	24 (0,3%)	552 (6,8%)	8 096
2012	438 (5,6%)	1 023 (13%)	3 918 (49,9%)	2 192 (27,9%)	12 (0,2%)	263 (3,4%)	7 846
2011	429 (5,8%)	748 (10,2%)	3 897 (52,9%)	2 081 (28,3%)	30 (0,4%)	175 (2,4%)	7 360
2010	625 (8,5%)	470 (6,4%)	3 918 (53,5%)	2 154 (29,4%)	48 (0,7%)	115 (1,6%)	7 330
2009	326 (4,6%)	340 (4,8%)	4 357 (61,2%)	1 963 (27,6%)	11 (0,2%)	117 (1,6%)	7 114
2008	68 (1%)	387 (5,7%)	4 360 (63,7%)	1 927 (28,1%)	8 (0,1%)	98 (1,4%)	6 848
2007	14 (0,2%)	404 (6,1%)	4 417 (66,3%)	1 711 (25,7%)	10 (0,2%)	104 (1,6%)	6 660
2006	2 (0%)	452 (7,2%)	4 270 (67,6%)	1 482 (23,5%)	3 (0%)	110 (1,7%)	6 319
2005	7 (0,1%)	521 (7,9%)	4 419 (67%)	1 534 (23,3%)	4 (0,1%)	112 (1,7%)	6 597
2004	8 (0,1%)	462 (7,4%)	4 285 (68,9%)	1 437 (23,1%)	6 (0,1%)	20 (0,3%)	6 218
2003	12 (0,2%)	591 (8,4%)	4 846 (68,8%)	1 559 (22,1%)	3 (0%)	29 (0,4%)	7 040
1998-02	49 (0,2%)	2 116 (7,3%)	9 756 (68,5%)	6 790 (23,5%)	34 (0,1%)	96 (0,3%)	28 841
1993-97	67 (0,3%)	1 464 (5,9%)	6 871 (68,4%)	6 153 (24,9%)	26 (0,1%)	89 (0,4%)	24 670
1987-92	61 (0,2%)	1 627 (6,6%)	6 201 (65,7%)	6 544 (26,5%)	13 (0,1%)	217 (0,9%)	24 663
Total	4 018 (2,2%)	15 033 (8,3%)	05 970 (58,5%)	52 227 (28,8%)	257 (0,1%)	3 543 (2%)	181 048

Figure 6: In primary operations *

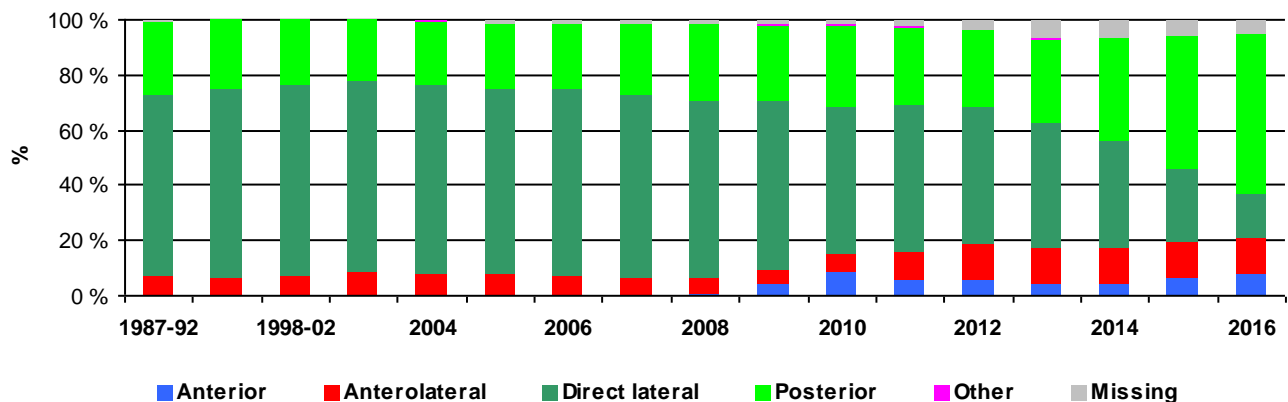


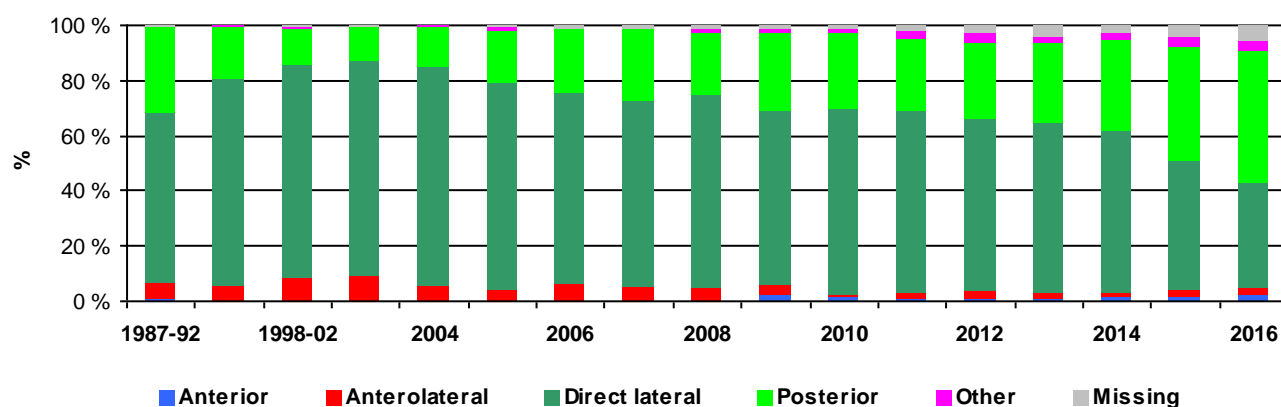
Table 10: Mini invasive surgery in primary surgery

Year	Yes	No	Missing	Total
2016	1 793 (20,2%)	6 853 (77,2%)	235 (2,6%)	8 881
2015	1 593 (18,9%)	6 533 (77,4%)	312 (3,7%)	8 438
2014	1 336 (16,4%)	6 520 (80,2%)	271 (3,3%)	8 127
2013	1 407 (17,4%)	6 317 (78,0%)	372 (4,6%)	8 096
2012	1 327 (16,9%)	5 860 (74,7%)	659 (8,4%)	7 846
2011	1 000 (13,6%)	6 005 (81,6%)	355 (4,8%)	7 360
2010	934 (12,7%)	6 171 (84,2%)	225 (3,1%)	7 330
2009	398 (5,6%)	6 670 (93,8%)	46 (0,6%)	7 114
2008	65 (0,9%)	6 755 (98,6%)	28 (0,4%)	6 848
2007	4 (0,1%)	6 567 (98,6%)	89 (1,3%)	6 660
2006	58 (0,9%)	6 006 (95,0%)	255 (4,0%)	6 319
2005	144 (2,2%)	5 814 (88,1%)	639 (9,7%)	6 597

* Anterior: Operative approach between sartorius and tensor
 Anterolateral: Operative approach between glut. medius and tensor
 Direct lateral: Operative approach transgluteal
 Posterior: Operative approach behind gluteus medius

Table 11: In revisions *

Year	Anterior	Anterolateral	Direct lateral	Posterior	Other	Missing information	Total
2016	27 (1,8 %)	44 (3 %)	563 (38,2 %)	700 (47,5 %)	54 (3,7 %)	86 (5,8 %)	1 474
2015	24 (1,7 %)	35 (2,5 %)	661 (46,9 %)	572 (40,6 %)	50 (3,6 %)	66 (4,7 %)	1 408
2014	16 (1,2 %)	25 (1,9 %)	762 (59 %)	426 (33 %)	23 (1,8 %)	40 (3,1 %)	1 292
2013	7 (0,5 %)	31 (2,3 %)	817 (61,9 %)	379 (28,7 %)	33 (2,5 %)	53 (4 %)	1 320
2012	11 (0,8 %)	35 (2,7 %)	828 (63 %)	353 (26,8 %)	46 (3,5 %)	42 (3,2 %)	1 315
2011	9 (0,7 %)	26 (2 %)	851 (66,1 %)	335 (26 %)	30 (2,3 %)	36 (2,8 %)	1 287
2010	14 (1,1 %)	17 (1,4 %)	843 (67 %)	347 (27,6 %)	19 (1,5 %)	18 (1,4 %)	1 258
2009	24 (2 %)	42 (3,5 %)	770 (63,7 %)	341 (28,2 %)	12 (1 %)	20 (1,7 %)	1 209
2008	3 (0,3 %)	52 (4,6 %)	787 (70,1 %)	251 (22,4 %)	10 (0,9 %)	19 (1,7 %)	1 122
2007	1 (0,1 %)	55 (5,2 %)	706 (67,1 %)	273 (26 %)	2 (0,2 %)	15 (1,4 %)	1 052
2006	1 (0,1 %)	61 (6,1 %)	699 (69,4 %)	231 (22,9 %)	2 (0,2 %)	13 (1,3 %)	1 007
2005	3 (0,3 %)	44 (4,2 %)	789 (74,6 %)	198 (18,7 %)	14 (1,3 %)	9 (0,9 %)	1 057
2004	2 (0,2 %)	52 (5,5 %)	731 (77,8 %)	134 (14,3 %)	2 (0,2 %)	19 (2 %)	940
2003	1 (0,1 %)	85 (8,6 %)	738 (74,5 %)	114 (11,5 %)	6 (0,6 %)	46 (4,6 %)	990
1998-02	15 (0,3 %)	396 (8,2 %)	3 691 (76,2 %)	647 (13,4 %)	40 (0,8 %)	56 (1,2 %)	4 845
1993-97	5 (0,1 %)	274 (5,8 %)	3 537 (74,4 %)	895 (18,8 %)	19 (0,4 %)	25 (0,5 %)	4 755
1987-92	15 (0,4 %)	244 (6,3 %)	2 386 (61,9 %)	1 179 (30,6 %)	7 (0,2 %)	24 (0,6 %)	3 855
Total	178 (0,6 %)	1 518 (5 %)	20 159 (66,8 %)	7 375 (24,4 %)	369 (1,2 %)	587 (1,9 %)	30 186

Figure 7: In revisions *

* Anterior: Operative approach between sartorius and tensor
 Anterolateral: Operative approach between glut. medius and tensor
 Direct lateral: Operative approach transgluteal
 Posterior: Operative approach behind gluteus medius

Trochanteric osteotomy

Table 12:

Year	Primary operations			Revisions			Total
	No	Yes	Missing	No	Yes	Missing	
2016	8 391 (94,5 %)	24 (0,3 %)	466 (5,2 %)	1 288 (87,4 %)	91 (6,2 %)	95 (6,4 %)	10 355
2015	7 597 (90 %)	29 (0,3 %)	812 (9,6 %)	1 201 (85,3 %)	96 (6,8 %)	111 (7,9 %)	9 846
2014	7 389 (90,9 %)	20 (0,2 %)	718 (8,8 %)	1 111 (86 %)	66 (5,1 %)	115 (8,9 %)	9 419
2013	7 226 (89,3 %)	58 (0,7 %)	812 (10 %)	1 158 (87,7 %)	65 (4,9 %)	97 (7,3 %)	9 416
2012	7 042 (89,8 %)	37 (0,5 %)	767 (9,8 %)	1 078 (82 %)	111 (8,4 %)	126 (9,6 %)	9 161
2011	6 624 (90 %)	29 (0,4 %)	707 (9,6 %)	1 064 (82,7 %)	123 (9,6 %)	100 (7,8 %)	8 647
2010	6 690 (91,3 %)	38 (0,5 %)	602 (8,2 %)	1 061 (84,3 %)	106 (8,4 %)	91 (7,2 %)	8 588
2009	6 584 (92,5 %)	59 (0,8 %)	471 (6,6 %)	1 013 (83,8 %)	121 (10 %)	75 (6,2 %)	8 323
2008	6 248 (91,2 %)	59 (0,9 %)	541 (7,9 %)	954 (85 %)	106 (9,4 %)	62 (5,5 %)	7 970
2007	6 105 (91,7 %)	75 (1,1 %)	480 (7,2 %)	867 (82,4 %)	112 (10,6 %)	73 (6,9 %)	7 712
2006	5 718 (90,5 %)	87 (1,4 %)	514 (8,1 %)	836 (83 %)	104 (10,3 %)	67 (6,7 %)	7 326
2005	5 985 (90,7 %)	112 (1,7 %)	500 (7,6 %)	864 (81,7 %)	102 (9,6 %)	91 (8,6 %)	7 654
2004	5 998 (96,5 %)	130 (2,1 %)	90 (1,4 %)	808 (86 %)	99 (10,5 %)	33 (3,5 %)	7 158
2003	6 706 (95,3 %)	213 (3 %)	121 (1,7 %)	862 (87,1 %)	97 (9,8 %)	31 (3,1 %)	8 030
1998-02	27 628 (95,8 %)	930 (3,2 %)	283 (1 %)	4 157 (85,8 %)	593 (12,2 %)	95 (2 %)	33 686
1993-97	22 306 (90,4 %)	2 192 (8,9 %)	172 (0,7 %)	4 094 (86,1 %)	600 (12,6 %)	61 (1,3 %)	29 425
1987-92	19 347 (78,4 %)	4 986 (20,2 %)	330 (1,3 %)	2 934 (76,1 %)	873 (22,6 %)	48 (1,2 %)	28 518
Total	163 584 (90,4 %)	9 078 (5 %)	8 386 (4,6 %)	25 350 (84 %)	3 465 (11,5 %)	1 371 (4,5 %)	211 234

Antibiotic prophylaxis

Table 13:

Year	Primary operations			Revisions			Total
	No	Yes	Missing	No	Yes	Missing	
2016	3 (0 %)	8 826 (99,4 %)	52 (0,6 %)	82 (5,6 %)	1 363 (92,5 %)	29 (2 %)	10 355
2015	0 (0 %)	8 399 (99,5 %)	39 (0,5 %)	9 (0,6 %)	1 378 (97,9 %)	21 (1,5 %)	9 846
2014	1 (0 %)	8 088 (99,5 %)	38 (0,5 %)	8 (0,6 %)	1 276 (98,8 %)	8 (0,6 %)	9 419
2013	2 (0 %)	8 057 (99,5 %)	37 (0,5 %)	8 (0,6 %)	1 294 (98 %)	18 (1,4 %)	9 416
2012	2 (0 %)	7 810 (99,5 %)	34 (0,4 %)	11 (0,8 %)	1 291 (98,2 %)	13 (1 %)	9 161
2011	6 (0,1 %)	7 332 (99,6 %)	22 (0,3 %)	43 (3,3 %)	1 236 (96 %)	8 (0,6 %)	8 647
2010	6 (0,1 %)	7 297 (99,5 %)	27 (0,4 %)	45 (3,6 %)	1 203 (95,6 %)	10 (0,8 %)	8 588
2009	32 (0,4 %)	7 081 (99,5 %)	1 (0 %)	37 (3,1 %)	1 170 (96,8 %)	2 (0,2 %)	8 323
2008	39 (0,6 %)	6 804 (99,4 %)	5 (0,1 %)	38 (3,4 %)	1 077 (96 %)	7 (0,6 %)	7 970
2007	27 (0,4 %)	6 626 (99,5 %)	7 (0,1 %)	30 (2,9 %)	1 015 (96,5 %)	7 (0,7 %)	7 712
2006	37 (0,6 %)	6 282 (99,4 %)	0 (0 %)	28 (2,8 %)	979 (97,2 %)	0 (0 %)	7 326
2005	25 (0,4 %)	6 572 (99,6 %)	0 (0 %)	18 (1,7 %)	1 039 (98,3 %)	0 (0 %)	7 654
2004	1 (0 %)	6 217 (100 %)	0 (0 %)	6 (0,6 %)	929 (98,8 %)	5 (0,5 %)	7 158
2003	1 (0 %)	7 038 (100 %)	1 (0 %)	8 (0,8 %)	975 (98,5 %)	7 (0,7 %)	8 030
1998-02	41 (0,1 %)	28 793 (99,8 %)	7 (0 %)	29 (0,6 %)	4 809 (99,3 %)	7 (0,1 %)	33 686
1993-97	109 (0,4 %)	24 556 (99,5 %)	5 (0 %)	42 (0,9 %)	4 709 (99 %)	4 (0,1 %)	29 425
1987-92	1 706 (6,9 %)	22 915 (92,9 %)	42 (0,2 %)	152 (3,9 %)	3 681 (95,5 %)	22 (0,6 %)	28 518
Total	2 038 (1,1 %)	178 693 (98,7 %)	317 (0,2 %)	594 (2 %)	29 424 (97,5 %)	168 (0,6 %)	211 234

Fixation in primary operations

Figure 8a: All patients

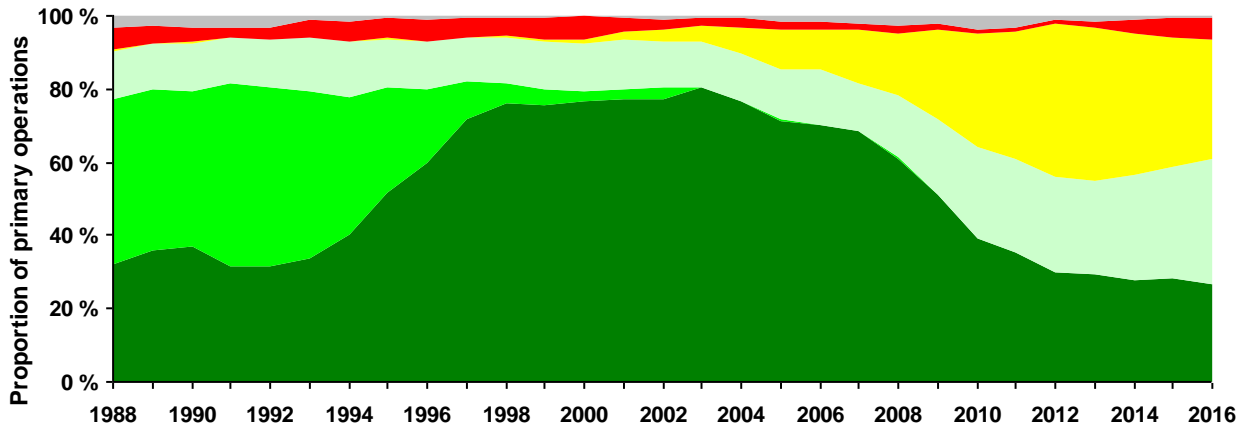
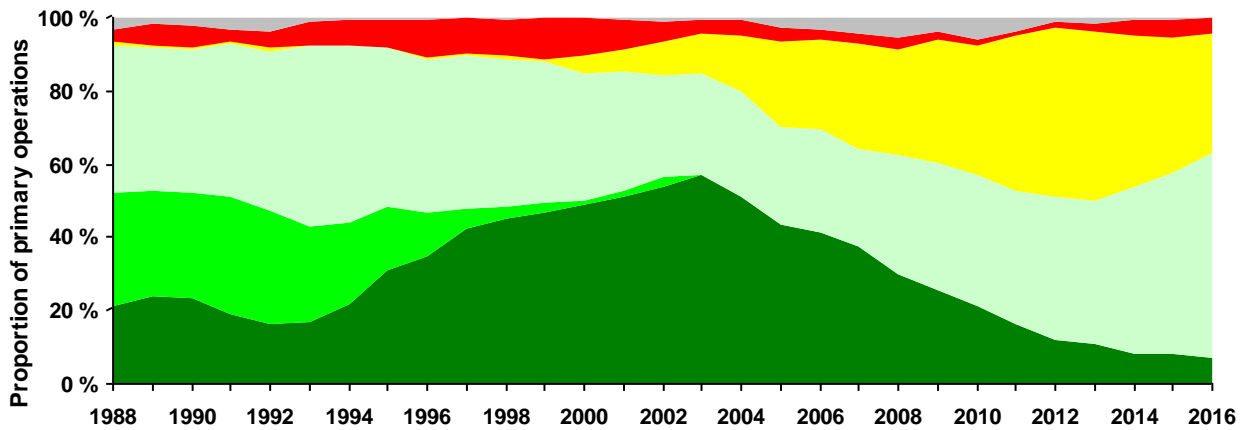


Figure 8b: Patients under 65 years old



- Missing information / Other
- Hybrid (cemented femur)
- Reverse hybrid (cemented acetabulum)
- Uncemented acetabulum and femur
- Cemented acetabulum and femur without antibiotic
- Cemented acetabulum and femur with antibiotic

Fixation in primary operations (cont.)

Figure 8c: Patients 65 years or older and under 75 years old

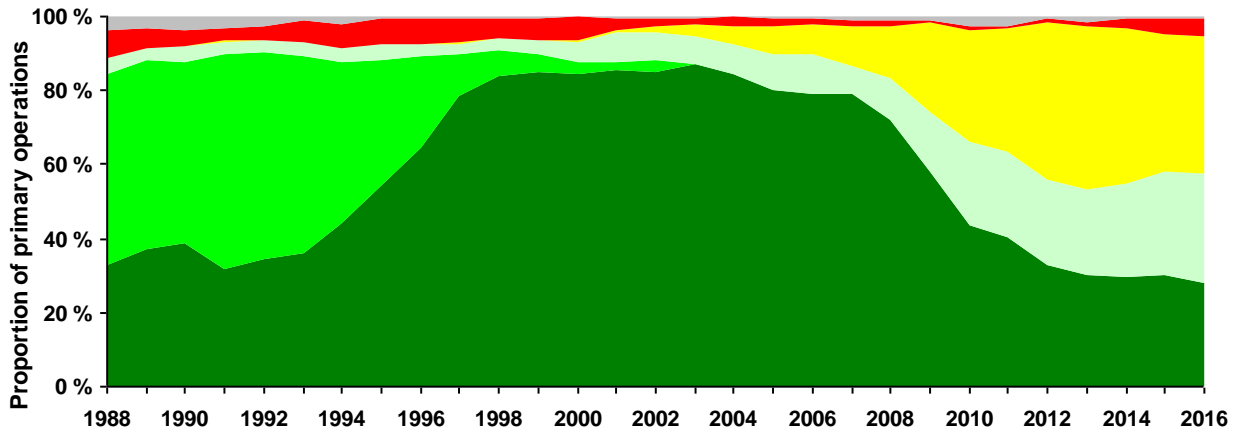
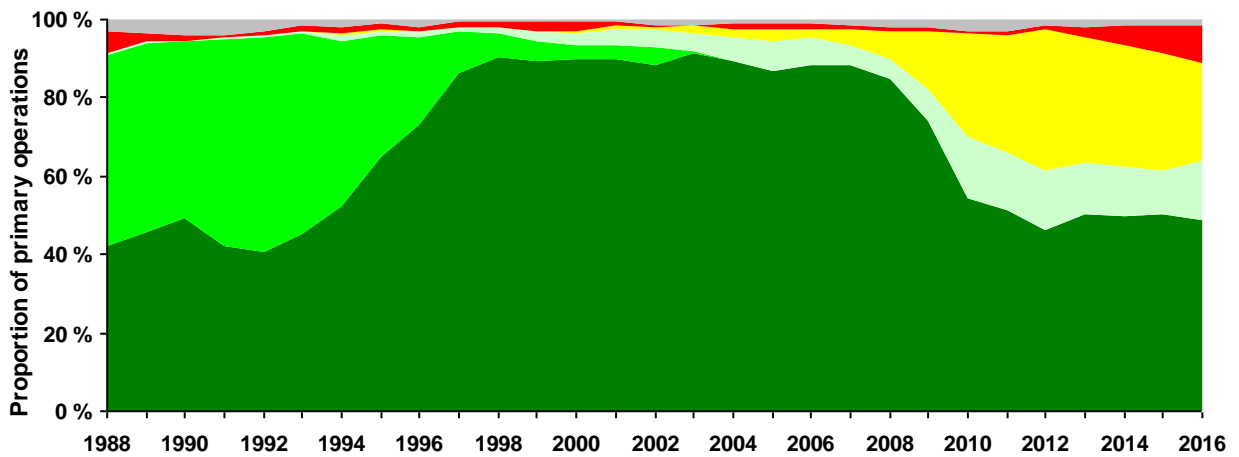


Figure 8d: Patients over 75 years old



- Missing information / Other
- Hybrid (cemented femur)
- Reverse hybrid (cemented acetabulum)
- Uncemented acetabulum and femur
- Cemented acetabulum and femur without antibiotic
- Cemented acetabulum and femur with antibiotic

Fixation in revisions

Figure 9: Acetabular cup - All patients

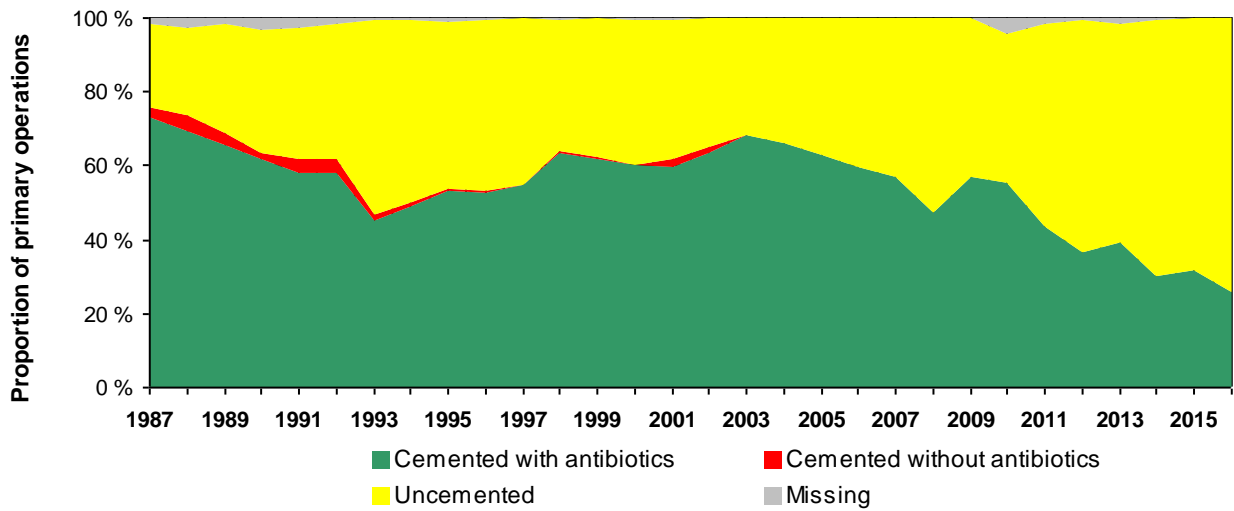
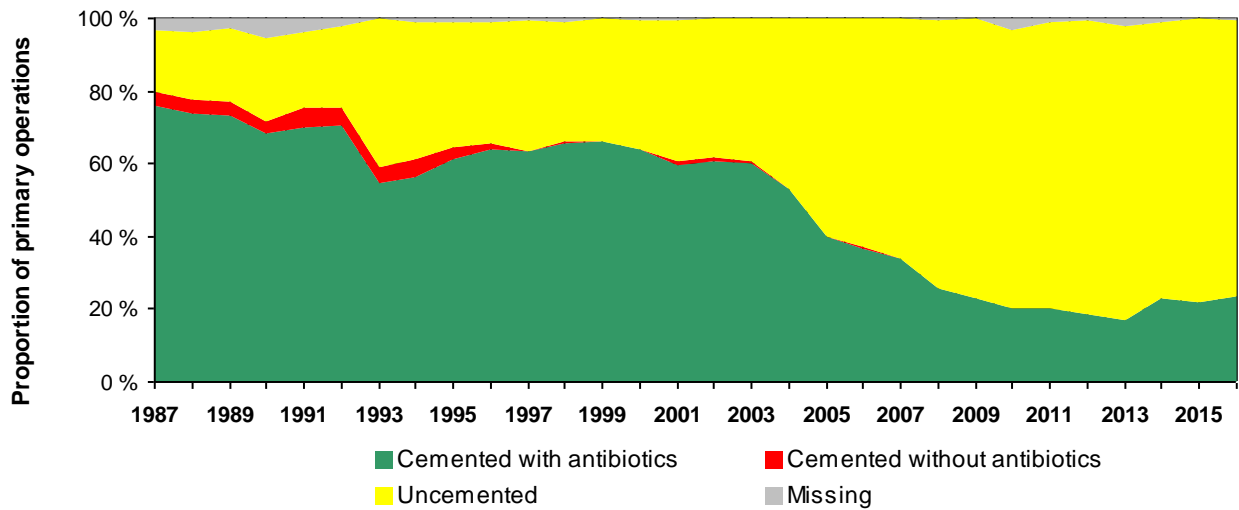


Figure 10: Femoral stem - All patients



Type of fixation and bone transplantation in revisions

Table 14: Acetabular cup

	Cemented					Uncemented				
	Bone impaction	Bone transpl.	No	Missing	Total	Bone impaction	Bone transpl.	No	Missing	Total
2016	16%	7%	58%	19%	231	6%	7%	70%	17%	686
2015	21%	9%	63%	7%	300	5%	12%	69%	15%	638
2014	26%	10%	56%	8%	259	4%	14%	67%	14%	593
2013	31%	7%	50%	12%	347	4%	11%	71%	13%	521
2012	36%	8%	46%	10%	316	5%	14%	71%	11%	555
2011	42%	7%	44%	6%	377	4%	16%	67%	13%	471
2010	37%	10%	49%	5%	477	3%	23%	66%	8%	347
2009	45%	8%	43%	4%	469	9%	20%	64%	6%	353
2003-08	40%	12%	43%	4%	2 508	7%	29%	59%	5%	1 658
1998-02	28%	22%	49%	0%	1 989	8%	45%	46%	1%	1 163
1993-97	10%	27%	61%	2%	1 659	3%	57%	38%	2%	1 512
1987-92	0%	23%	76%	1%	1 848	0%	65%	33%	2%	874
Total	25%	17%	54%	4%	10 780	5%	32%	56%	7%	9 371

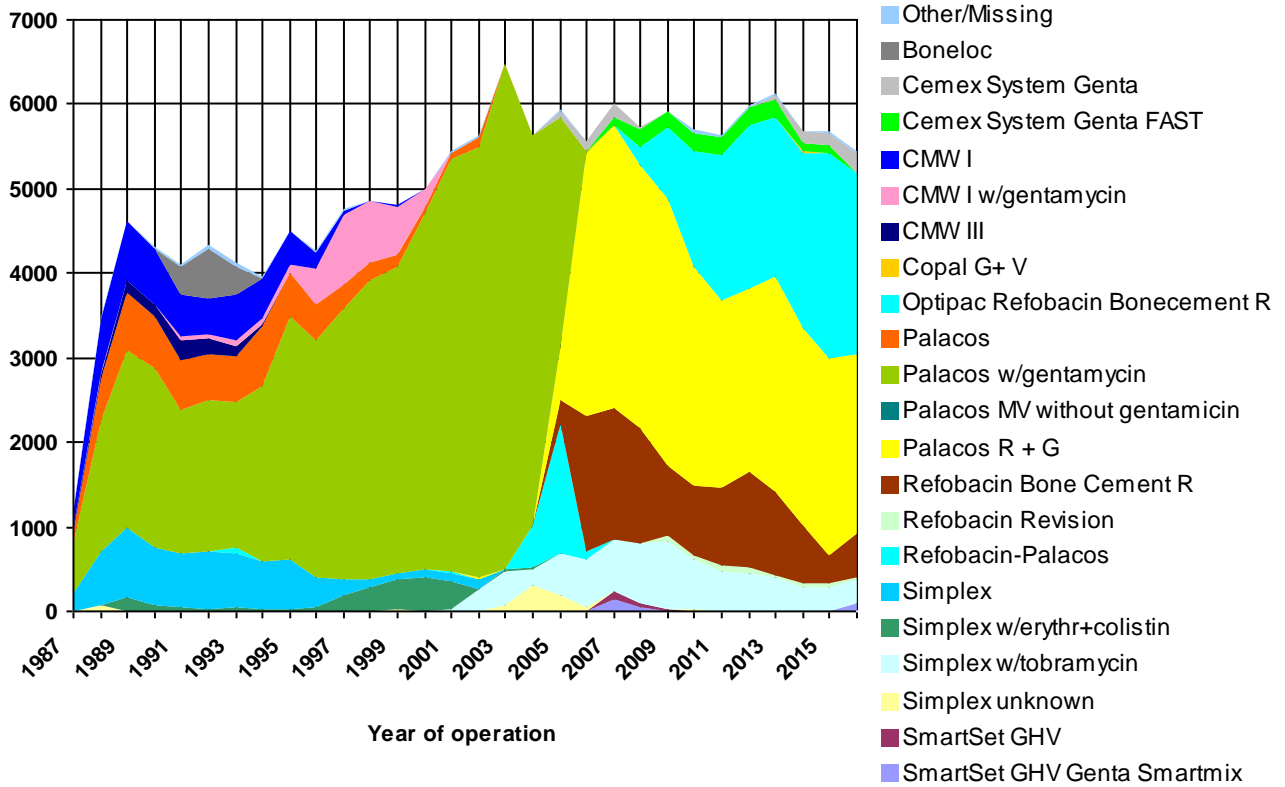
Table 15: Femoral stem

	Cemented					Uncemented				
	Bone impaction	Bone transpl.	No	Missing	Total	Bone impaction	Bone transpl.	No	Missing	Total
2016	0%	1%	77%	23%	124	1%	7%	75%	17%	406
2015	2%	4%	82%	12%	117	2%	9%	76%	14%	427
2014	3%	3%	63%	32%	114	0%	13%	74%	14%	375
2013	6%	4%	62%	27%	95	0%	14%	72%	14%	457
2012	13%	4%	60%	23%	100	1%	15%	71%	13%	430
2011	20%	4%	56%	20%	100	2%	22%	65%	11%	389
2010	29%	5%	58%	8%	106	2%	24%	66%	8%	398
2009	28%	5%	50%	17%	113	1%	25%	64%	10%	375
2003-08	35%	8%	53%	4%	1 176	4%	35%	55%	6%	1 631
1998-02	36%	15%	48%	1%	1 812	14%	52%	33%	1%	1 013
1993-97	11%	24%	64%	2%	2 120	7%	63%	29%	1%	1 231
1987-92	0%	6%	92%	2%	2 369	0%	65%	34%	1%	651
Total	17%	13%	67%	4%	8 346	4%	36%	53%	7%	7 783

Registration of "Bone impaction" started in 1996

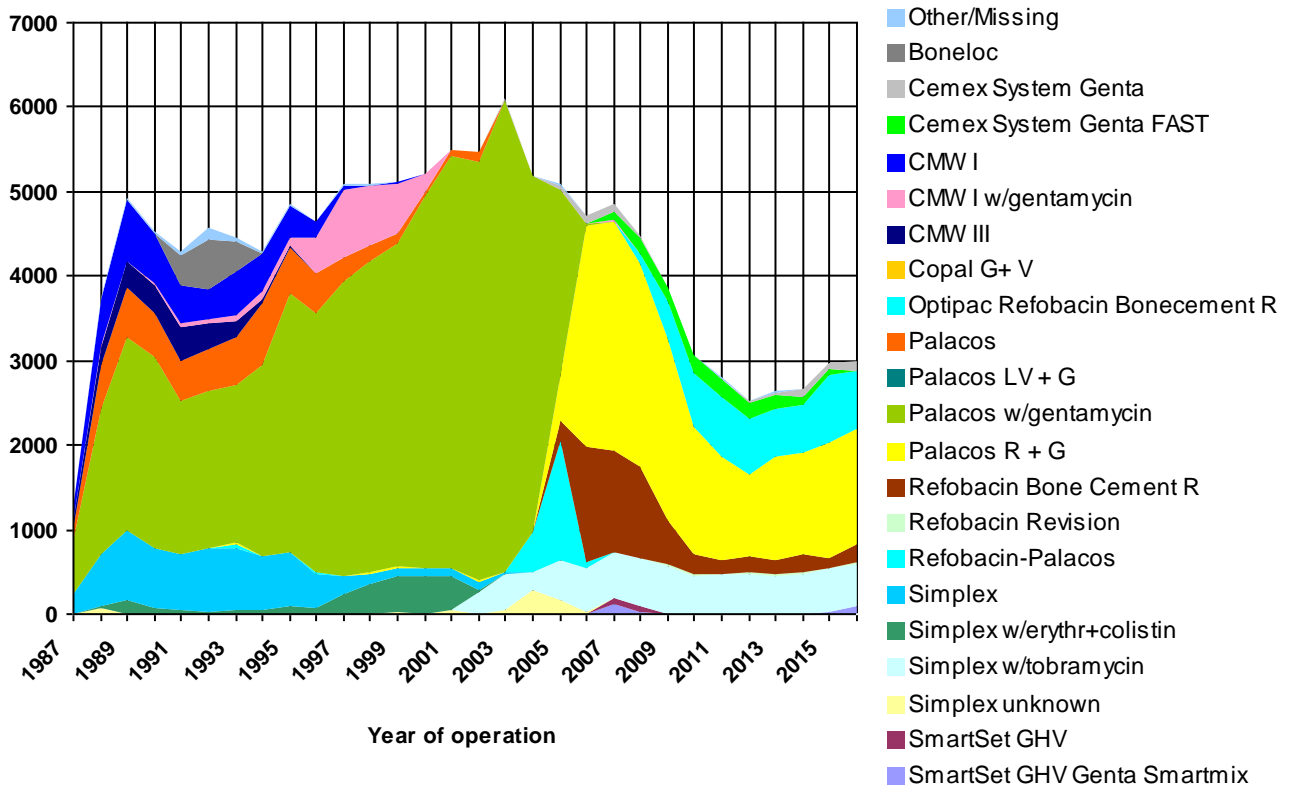
Cements used in the acetabulum

Figure 11: In primary- and revision surgeries



Cements used in the femur

Figure 12: In primary- and revision surgeries



Cemented primary prostheses

Table 16: (The 45 most common combinations of cup and stem)

Cup	Stem	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
CHARNLEY	CHARNLEY	39479	345	223	115	112	65	39			40378
EXETER	EXETER	11607	577	496	155	80	25				12940
REFLECTION CEM. ALL POLY	SPECTRON-EF	8823	546	134	112	85	33	1			9734
TITAN	TITAN	6796	152	7							6955
EXETER X3 RIMFIT	EXETER			54	604	982	1173	1156	1352	1303	6624
IP	LUBINUS SP II	2380	569	627	525	471	415	279	304	261	5831
CONTEMPORARY	EXETER	2312	701	734	627	188	104	54	14	3	4737
SPECTRON	ITH	2405									2405
MARATHON	CHARNLEY MODULAR	8	182	323	282	203	196	225	134	45	1598
KRONOS	TITAN	1413	54	16							1483
ELITE	TITAN	1185	39								1224
ELITE	CHARNLEY	934		2	1						937
REFLECTION CEM. ALL POLY	ITH	926									926
REFLECTION CEM. ALL POLY	BIO-FIT	898									898
WEBER ALLO PRO	MS-30	813									813
ELITE	EXETER	677	69	31		1					778
LUBINUS	LUBINUS SP II	13					125	167	250	212	767
ZCA	CPT	756									756
CHARNLEY	CHARNLEY MODULAR	528	129		1	1		1			660
MARATHON	EXETER	4	18	17	18	70	82	90	120	184	603
IP	LUBINUS	587									587
ELITE	ELITE	577	1	1							579
CHARNLEY	EXETER	571									571
TITAN	FJORD	523									523
ELITE	CHARNLEY MODULAR	194	111	53	57	48	30	21			514
SPECTRON	SP I	432									432
MODULAR HIP SYSTEM	BIO-FIT	430									430
SPECTRON	TITAN	411									411
CHARNLEY	C-STEM	378									378
CHARNLEY	ELITE	375									375
OPERA	SPECTRON-EF	355	1								356
ELITE	MS-30	331									331
AVANTAGE	EXETER	3	18	29	37	41	47	61	37	36	309
PEARL	TITAN	285									285
MODULAR HIP SYSTEM	ITH	277									277
MARATHON	LUBINUS SP II		1	11	8	11	20	43	64	110	268
SPECTRON	BIO-FIT	226									226
IP	SP I	214									214
MARATHON	C-STEM	7	18	9					41	127	202
LMT	LMT	191									191
ELITE	CPT	141	24	16	1						182
ZCA	CPS-PLUS	168									168
MÜLLER TYPE	MÜLLER TYPE	166									166
PE-PLUS	CPS-PLUS	159	5								164
ELITE	C-STEM	121									121

Uncemented primary prostheses

Table 17: (The 45 most common combinations of cup and stem)

Cup	Stem	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
REFLECTION UNCEMENTED	CORAIL	494	209	520	529	674	745	822	540	169	4702
IGLOO	FILLER	1857	144	208	228	249	210	171	123	165	3355
PINNACLE	CORAIL	237	91	116	296	455	357	318	383	488	2741
TRILOGY	CORAIL	866	306	182	128	182	216	272	248	325	2725
TROPIC	CORAIL	2659									2659
ATOLL	CORAIL	1280									1280
DURALOC	CORAIL	419	84	188	238	72	62				1063
Continuum Acetabular System	CORAIL							187	302	330	819
R3	CORAIL				1	1			121	491	614
BICON-PLUS	ZWEYMÜLLER	570	16								586
TRIDENT	CORAIL	13	8	24	3	17	26	72	112	265	540
REFLECTION UNCEMENTED	SECURFIT	33	83	128	146	91	32				513
TRILOGY	SCP/UNIQUE	502	3	3			1				509
TRILOGY	HACTIV	330	57	38	4	12	7				448
TRIDENT	ACCOLADE II						42	75	173	126	416
GEMINI	PROFILE	407									407
R3	POLARSTEM			21	68	56	80	49	48	69	391
BICON-PLUS	HACTIV	386									386
DURALOC	PROFILE	332									332
REFLECTION UNCEMENTED	HACTIV	1					9	3	117	183	313
REFLECTION UNCEMENTED	OMNIFIT	153	72	47	22	6					300
DURALOC	SCP/UNIQUE	267									267
TRILOGY	FILLER	85	33	45	40	38	18		2		261
ENDLER	ZWEYMÜLLER	247									247
EUROPEAN CUP SYSTEM	TAPERLOC	240									240
REFLECTION UNCEMENTED	SCP/UNIQUE	122	36	13	6	1	14	25	13	10	240
PLASMACUP	BICONTACT	232									232
LMT	TAPERLOC	224									224
TRIDENT	ABG II			6	22	29	52	81	22		212
R3	FILLER							30	88	90	208
TI-FIT	BIO-FIT	175									175
REFLECTION UNCEMENTED	SL-PLUS MIA		12	157							169
SECURFIT	OMNIFIT	166									166
ABG I	ABG I	165									165
HARRIS/GALANTE	HARRIS/GALANTE	158									158
ABG II	ABG II	155									155
COXA	FEMORA	155									155
PARHOFER	PARHOFER	152									152
BICON-PLUS	CORAIL	137	9		2			1	1		150
REFLECTION UNCEMENTED	PROFEMUR GLADIATOR			3	37	60	37	1			138
AVANTAGE	CORAIL	28	25	19	12	16	4	2	2	30	138
TRILOGY	OMNIFIT	102	23	9							134
TRIDENT	POLARSTEM							43	58	21	122
TITAN	CORAIL	116									116
REFLECTION UNCEMENTED	BICONTACT	101									101

Hybrid primary prostheses

Table 18: Hybrid primary prostheses. (The 20 most common)

Cup (uncemented)	Stem (cemented)	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
TRILOGY	EXETER	307	20	29	53	44	88	201	232	236	1210
TROPIC	TITAN	869									869
MORSCHER	MS-30	612	30	25							667
TRILOGY	CHARNLEY	382									382
ENDLER	TITAN	336									336
R3	LUBINUS SP II								41	140	181
REFLECTION UNCEMENTED	LUBINUS SP II	4			1	2	32	62	78	1	180
DURALOC	CHARNLEY	153									153
TRIDENT	EXETER	69	17	1	1		1	10	22	30	151
REFLECTION UNCEMENTED	BIO-FIT	142									142
REFLECTION UNCEMENTED	SPECTRON-EF	109	11			1	1				122
AVANTAGE	EXETER	17	2	2	8	20	7	10	15	32	113
ATOLL	TITAN	105									105
IP	SP I	101									101
TRILOGY	CPT	89									89
REFLECTION UNCEMENTED	C-STEM							1	24	61	86
HG II	ANATOMIC CC	80									80
GEMINI	CHARNLEY	77									77
TI-FIT	BIO-FIT	53									53
TROPIC	EXETER	47									47

Table 19: Reverse hybrid primary prostheses. (The 20 most common)

Cup (cemented)	Stem (uncemented)	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
MARATHON	CORAIL	7	390	1127	1757	2735	2935	2760	2602	2377	16690
ELITE	CORAIL	1451	334	249	227	205	86	70	3	2	2627
REFLECTION CEM. ALL POLY	CORAIL	674	268	193	15	25	21	22	30	29	1277
TITAN	CORAIL	568	181	132	48	1					930
CONTEMPORARY	CORAIL	51	183	202	236	6	2	1			681
KRONOS	CORAIL	407	121	98	7						633
REFLECTION CEM. ALL POLY	HACTIV	225	63	26	49	91	20	1			475
EXETER X3 RIMFIT	CORAIL	1		2	58	42	70	88	46	129	436
EXETER X3 RIMFIT	ACCOLADE II						59	49	119	141	368
REFLECTION CEM. ALL POLY	FILLER	118	24	10	12	23	26	19	1		233
IP	CORAIL	75	47	43	16	4	11	3	2	5	206
EXETER	CORAIL	100	45	26		2					173
EXETER	ABG II	172									172
REFLECTION CEM. ALL POLY	TAPERLOC	155									155
EXETER X3 RIMFIT	ABG II			10	69	60	8				147
AVANTAGE	CORAIL	6	5	15	23	11	15	19	13	14	121
EXETER X3 RIMFIT	FILLER				1		22	36	34	25	118
CHARNLEY	CORAIL	102	12	2			1				117
ELITE	SCP/UNIQUE	80	8	2	3	2	2	1			98
OPERA	CORAIL	84	5								89

Acetabular cups in primary operations

Table 20: (The 45 most common)

Cup	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
CHARNLEY	42153	489	230	117	114	66	40			43209
MARATHON	32	659	1556	2139	3087	3317	3188	3042	2982	20002
REFLECTION CEM. ALL POLY	12173	926	387	193	234	108	53	36	33	14143
EXETER	12105	625	522	156	84	26	1			13519
TITAN	8266	340	161	48	1					8816
ELITE	6065	615	391	304	261	118	94	4	2	7854
EXETER X3 RIMFIT	1		71	745	1103	1369	1360	1569	1613	7831
REFLECTION UNCEMENTED	1537	511	907	767	848	933	970	798	433	7704
IP	3412	634	715	559	488	441	286	313	266	7114
TRILOGY	3260	455	340	243	292	349	509	517	576	6541
CONTEMPORARY	2398	891	957	889	195	110	56	14	3	5513
TROPIC	3823									3823
SPECTRON	3652									3652
IGLOO	2078	145	211	230	249	211	174	123	169	3590
PINNACLE	277	110	158	326	468	385	330	397	517	2968
KRONOS	1883	184	119	7						2193
DURALOC	1312	85	207	245	72	62				1983
TRIDENT	122	40	36	33	53	161	346	441	540	1772
ATOLL	1491									1491
R3			22	75	57	80	81	306	821	1442
BICON-PLUS	1184	25		2			1	1		1213
AVANTAGE	240	97	104	109	119	103	118	98	156	1144
ZCA	1047	9	6							1062
MODULAR HIP SYSTEM	878									878
Continuum Acetabular System							191	319	345	855
MORSCHER	752	48	37	6						843
WEBER ALLO PRO	830									830
LUBINUS	31				1	125	168	251	213	789
ENDLER	662									662
BIRMINGHAM HIP RESURFACING	274	103	78	42	21	2				520
GEMINI	510									510
OPERA	451	6								457
POLARCUP		3	5	46	58	79	66	64	49	370
EUROPEAN CUP SYSTEM	332									332
TI-FIT	312									312
PEARL	287									287
PLASMACUP	283									283
LMT (Uncemented)	275									275
HARRIS/GALANTE	252									252
PE-PLUS	241	6								247
MÜLLER TYPE	242									242
ABG II	236									236
EXCEED ABT RINGLOC-X		43	7	7	8	20	39	66	37	227
COXA	220									220
LMT (Cemented)	208									208

Acetabular cups in revisions

Table 21: (The 45 most common)

Cup	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
CHARNLEY	2805	25	17	9	5	3				2864
TROPIC	1884	1								1885
ELITE	1409	66	55	33	19	12	6			1600
AVANTAGE	559	151	169	149	126	105	86	86	77	1508
TRILOGY	980	94	83	70	50	51	56	65	58	1507
TRABECULAR METAL	22	36	50	97	118	161	214	160	194	1052
PINNACLE	222	83	93	86	97	82	117	97	110	987
EXETER	910	18	12	1	3					944
REFLECTION CEM. ALL POLY	798	54	32	11	7	4	3	4	2	915
MARATHON	6	63	135	130	164	138	65	94	66	861
POLAR CUP		12	41	50	84	121	116	133	116	673
REFLECTION UNCEMENTED	73	44	48	62	78	94	83	74	34	590
IGLOO	360	22	22	28	24	17	15	15	25	528
TITAN	490	26	11							527
ATOLL	396									396
TRIDENT	32	11	9	22	38	40	44	94	86	376
IP	208	16	10	7	10	4	3	4	3	265
CONTEMPORARY	82	57	42	45	9	3				238
KRONOS	206	13	6							225
CHRISTIANSEN	196									196
SPECTRON	189									189
EXETER X3 RIMFIT			2	23	24	30	25	29	29	162
DURALOC	75	11	8	16	10	5	11	9	2	147
Continuum Acetabular System							13	51	66	130
OPERA	94	7								101
R3					7	6	6	20	61	100
HARRIS/GALANTE	99									99
ZCA	95	1								96
MODULAR HIP SYSTEM	95									95
CAPTIV	71								7	78
EUROPEAN CUP SYSTEM	73									73
LMT (Uncemented)	67									67
ENDLER	66									66
BICON-PLUS	46	2		1	2	3		2	1	57
HG II	53									53
MORSCHER	40	4	4	3						51
GEMINI	47									47
SECURFIT	45									45
OCTOPUS	37	3								40
REGENEREX RINGLOC	2	6	9	13	7	2				39
TI-FIT	36									36
PARHOFER	35									35
PCA	33				1					34
S-ROM	27									27
ORIGINAL M.E. MÜLLER	25									25
COXA	25									25

Femoral stems in primary operations

Table 22: (The 45 most common)

Stem	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
CORAIL	10349	2429	3257	3681	4492	4631	4702	4454	4725	42720
CHARNLEY	41614	359	233	117	116	67	43			42549
EXETER	15841	1441	1455	1558	1461	1569	1648	1849	1885	28707
TITAN	11893	256	36	3						12188
SPECTRON-EF	9674	574	145	119	92	37	10	3	1	10655
LUBINUS SP II	2644	590	658	558	519	621	583	774	783	7730
FILLER	2161	212	295	295	321	373	327	259	287	4530
ITH	3723									3723
CHARNLEY MODULAR	747	435	394	352	258	237	261	153	46	2883
BIO-FIT	1993									1993
MS-30	1814	35	27	1				17	21	1915
HACTIV	1014	126	79	58	108	38	9	150	278	1860
SCP/UNIQUE	1130	85	48	23	15	33	36	27	34	1431
CPT	1059	30	21	2		1	2	1	2	1118
ZWEYMÜLLER	1003	94	5							1102
ELITE	1019	4	1	2	3	1				1030
OMNIFIT	673	113	70	28	6					890
PROFILE	890									890
ACCOLADE II						110	137	313	324	884
ABG II	399	6	62	105	94	78	81	23		848
C-STEM	512	19	9			1	2	75	203	821
SP I	779	1								780
TAPERLOC (Uncemented)	768	3								771
FJORD	651	1								652
LUBINUS	624									624
POLARSTEM			23	101	83	106	102	108	92	615
SECURFIT	35	91	136	167	94	32				555
CPS-PLUS	482	7	7							496
TAPERLOC (Cemented)	456									456
BICONTACT	443									443
ABG I	304									304
KAR/Corail Revision	112	11	15	12	20	32	22	29	42	295
TI-FIT	221									221
MÜLLER TYPE	213									213
FEMORA	182									182
SL-PLUS MIA		12	165							177
BI-METRIC	60	35	33	15	5	2	3	7	16	176
HARRIS/GALANTE	169									169
PROFEMUR GLADIATOR			4	48	71	38	4			165
PARHOFER	159									159
KAREY	136									136
MÜLLER TYPE V	132									132
ECHOLON	115	4	2							121
ECHO- Bi-Metric						7	32	59	22	120
ANATOMIC CC	113									113

Femoral stems in revisions

Table 23: (The 45 most common)

Stem	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
CHARNLEY	2949	11	12	6	1	1	2	1		2983
KAR/Corail Revision	1791	175	130	157	138	147	120	138	102	2898
EXETER	1506	61	64	70	72	62	63	77	77	2052
CORAIL	1202	43	52	43	62	65	40	51	65	1623
TITAN	531	5	1	1						538
RESTORATION	95	42	42	39	57	67	63	70	55	530
CPT	454	7	7	6	7	2	5	7	6	501
FJORD	475	1								476
FILLER	263	17	19	19	15	16	16	10	19	394
SPECTRON-EF	312	16	13	14	4	8	3	3	2	375
TTHR	39	28	40	61	71	52	36	20	23	370
ELITE	346	3	2			1	1			353
REEF	265	30	21	3	5	2				326
LUBINUS SP II	158	3	3	2	9	8	30	15	9	237
ANATOMIC BR	192									192
ITH	192									192
BIO-FIT	167									167
MP RECONSTRUCTION	34	2	12	21	24	26	18	17	12	166
BI-METRIC	55	10	21	15	16	16	1		2	136
HACTIV	81	7	14		4	4		13	9	132
REVITAN			1		7	27	20	36	31	122
REACTIV	27	9	9	6	3	6	19	13	26	118
TAPERLOC (Uncemented)	115									115
ARCOS				1	3	11	17	27	33	92
ZWEYMÜLLER	82		1							83
Profemur	1	4	26	16	11	14	5			77
ECHELON	57	5	5	1						68
SP I	66									66
SCAN HIP	59									59
LUBINUS	51									51
Securus						6	15	11	19	51
RECLAIM					1	13	9	12	12	47
HARRIS/GALANTE	44									44
FEMORA	43									43
PARHOFER	43									43
CHARNLEY MODULAR	15	3	4	3	3	3	3	3	5	42
AURA	20	7	11							38
PROFEMUR GLADIATOR			1	6	19	9	3			38
MS-30	30	3	1						2	36
LANDOS (Reconstruction)	33									33
MÜLLER TYPE	32									32
OMNIFIT	31			1						32
C-STEM	13						1	3	12	29
PRIUS							2	11	16	29
CPS-PLUS	26									26

Monoblock and modular femoral head

Table 24: Primary operations and revisions - Cemented stem

Caput	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
Monoblock	46830	368	236	113	116	67	41	1		47772
Modular	56468	3493	2823	2675	2410	2567	2629	2973	3061	79099
Missing	142	1	6	13	1	3	3	3	1	173
Total	103440	3862	3065	2801	2527	2637	2673	2977	3062	127044

Table 25: Primary operations and revisions - Uncemented stem

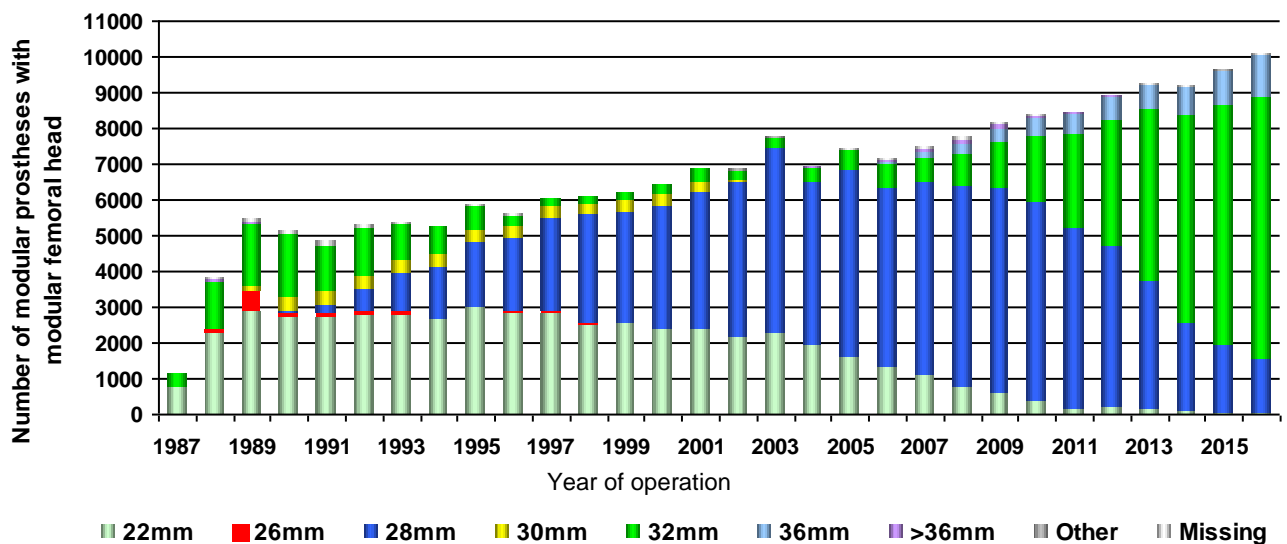
Caput	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
Monoblock	66	2	3			2		1		74
Modular	25144	3607	4587	4913	5789	5950	5907	5970	6326	68193
Missing	94	1	10	3	4	3	6	3	3	127
Total	25304	3610	4600	4916	5793	5955	5913	5974	6329	68394

Femoral head diameter

Table 26: In primary operations and revisions

Year	22 mm	26 mm	28 mm	30 mm	32 mm	36 mm	>36 mm	Other	Missing	Total
2016	81		1 490	1	7 300	1 171	1	5	37	10 086
2015	70		1 888		6 728	945	5	3	25	9 664
2014	97		2 432	1	5 845	802	4	4	36	9 221
2013	154	2	3 568	1	4 838	674	3	6	36	9 282
2012	212		4 518	3	3 503	671	25	5	27	8 964
2011	186		5 057		2 607	522	52	1	28	8 453
2010	384		5 570	3	1 826	481	82	1	52	8 399
2009	629	2	5 719	4	1 241	385	115	2	53	8 150
2008	761	2	5 628	2	880	279	136	3	66	7 757
2007	1 092		5 430	2	666	148	111	2	63	7 514
2006	1 318	6	5 015	3	638	58	60	5	36	7 139
2005	1 584	9	5 254		522	4	41	2	29	7 445
2004	1 942	26	4 548	7	393		4	3	27	6 950
2003	2 262	24	5 136	13	309		3	14	16	7 777
2002	2 169	16	4 320	62	274		2	24	14	6 881
2001	2 383	18	3 809	317	342		1	3	15	6 888
2000	2 389	6	3 425	347	269			3	8	6 447
1999	2 546	26	3 104	337	198			2	7	6 220
1998	2 500	66	3 036	305	224			2	5	6 138
1997	2 860	24	2 627	297	226		6	1	7	6 048
1996	2 861	7	2 102	287	306	1	15		5	5 584
1995	3 011	4	1 821	342	673		7		5	5 863
1994	2 639	13	1 474	359	806		5		7	5 303
1993	2 805	70	1 043	390	1 045		2		11	5 366
1992	2 771	124	605	404	1 332		8		70	5 314
1991	2 707	102	274	380	1 264		12		133	4 872
1990	2 731	117	27	398	1 778	1	20		106	5 178
1989	2 875	566	5	151	1 757		23		100	5 477
1988	2 281	133	1	1	1 334		15		71	3 836
1987	778	1	1		359		6		13	1 158
Total	51 078	1 364	88 927	4 417	49 483	6 142	764	91	1 108	203 374

Figure 13: In primary operations and revisions



Femoral head prostheses

Table 27: In primary operations and revisions (The 50 most common)

Prosthesis	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
EXETER	17704	1588	1471	1140	867	744	652	792	742	25700
LANDOS	18620	1199	1157	671	72	7	15	0	0	21741
CERAMTEC	1735	688	1013	1797	2688	2578	2440	2210	2180	17329
UNIVERSAL	15741	658	198	175	149	108	50	38	35	17152
CORAIL	7	151	650	1253	2023	2400	2707	2890	3108	15189
FJORD	9394	1028	768	510	62	6	2	3	0	11773
SP II	2859	617	695	605	566	680	645	819	830	8316
LFIT ANATOMIC	33	56	225	677	878	1243	1428	1644	1691	7875
ELITE	2619	355	296	191	158	195	184	136	62	4196
IGLOO	1705	173	228	252	254	207	208	170	229	3426
SCANOS	1190	185	124	63	102	28	30	211	341	2274
PROTEK	1904	44	32	4	1	0	0	0	0	1985
PINNACLE	14	83	187	150	306	340	248	160	285	1773
PLUS ENDO	1239	142	103	38	29	34	30	14	16	1645
CPT	1534	41	32	11	7	9	2	1	4	1641
PROFILE	1404	1	9	14	1	0	0	0	0	1429
HIPBALL PREMIUM	35	23	75	143	188	235	166	136	116	1117
TAPERLOC	1088	0	0	0	0	0	0	0	0	1088
MALLORY-HEAD	564	55	60	43	34	42	64	107	94	1063
BIOTECHNI	824	40	57	56	44	29	4	2	1	1057
OXINIUM	363	207	172	73	68	68	47	5	10	1013
HARRIS/GALANTE	844	4	6	9	7	6	0	6	4	886
OMNIFIT	631	73	65	36	19	20	1	2	2	849
" OSTEONICS Heads" , C-taper head	197	154	168	182	94	20	0	0	0	815
ZIRCONIA	763	0	0	0	0	0	0	0	0	763
BICONTACT	482	1	0	3	1	3	6	2	2	500
BIRMINGHAM HIP RESURFACING	254	77	73	39	20	2	0	0	0	465
ABG I	361	8	11	9	7	3	7	6	2	414
BIOBALL	9	19	25	49	66	42	62	61	58	391
VERSYS	30	12	21	45	41	38	29	80	81	377
SURGIVAL	372	0	0	0	0	0	0	0	0	372
ZWEYMÜLLER	342	0	0	0	0	0	0	0	0	342
FURLONG	0	0	0	0	0	7	71	80	90	248
CERAMIC OSTEO	220	0	0	0	0	0	0	0	0	220
STRYKER Heads	3	2	18	44	22	15	23	41	48	216
FEMORA	213	0	0	0	0	0	0	0	0	213
PARHOFER	181	1	1	0	0	1	0	0	0	184
TI-FIT	131	7	3	0	0	0	0	0	0	141
SMITH & NEPHEW CERAMIC HEADS	0	2	126	0	0	0	0	0	0	128
CHRISTIANSEN	126	0	0	0	0	0	0	0	0	126
PCA	100	1	3	2	1	1	0	2	0	110
BIOLOX DELTA	0	0	0	0	16	42	5	3	1	67
BIRMINGHAM HIP MODULAR	20	25	9	3	1	0	0	0	0	58
ABG II	48	0	0	0	0	0	0	0	0	48
ASR MODULAR	42	3	0	0	0	0	0	0	0	45
LINK Rippensystem	38	0	0	0	0	0	0	0	0	38
MUTARS	12	2	0	0	1	1	2	10	6	34
AURA II	21	2	4	0	2	0	0	0	0	29
HASTINGS HIP	29	0	0	0	0	0	0	0	0	29
WEBER	28	0	0	0	0	0	0	0	0	28

Dual Mobility articulation

Table 28 In primary operation

Prosthesis	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
AVANTAGE	233	95	100	109	118	100	109	89	148	1101
POLARCUP		3	5	46	58	76	59	56	45	348
TRIDENT					2	6	1	4	13	26
CAPTIV									18	18
Restoration ADM				1	1	2	1		5	10
GYROS	2									2

Table 29 In revisions

Prosthesis	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
AVANTAGE	542	149	169	149	127	105	89	88	91	1509
POLARCUP		12	41	50	82	122	119	140	123	689
Restoration ADM				1	10	8	6	12	17	54
TRIDENT					4	3	7	9	11	34
GYROS	10									10
CAPTIV									9	9

ASA classification

Figure 14: Primary operations

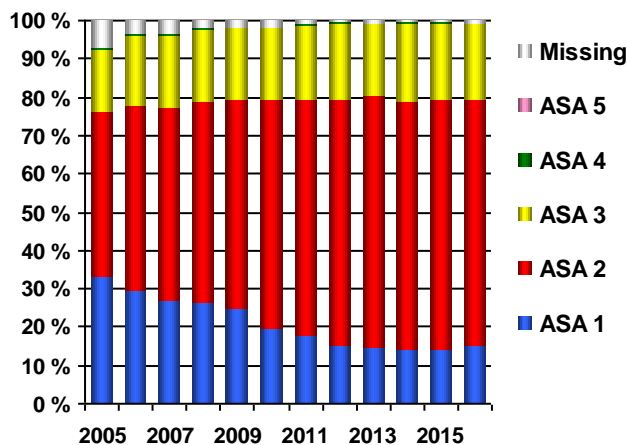
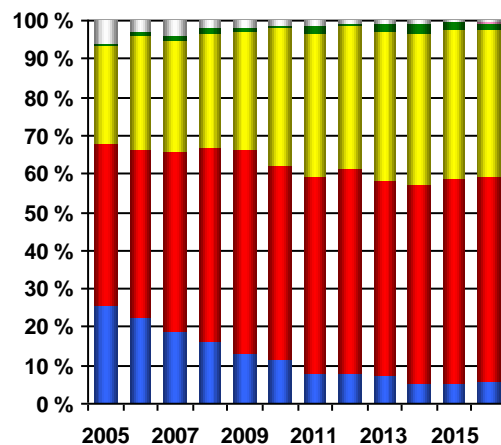


Figure 15: Revisions



ASA 1 = Healthy patients who smoke less than 5 cigarettes a day.

ASA 2 = Patients with an asymptomatic condition who are kept under medical control (f.ex. hypertension), or with diet (f. ex. diabetes mellitus type 2), and otherwise healthy patients who smoke five cigarettes or more daily.

ASA 3 = Patients having a condition that can cause symptoms. However, patients are kept under medical control (f. ex. moderate angina pectoris and mild asthma).

ASA 4 = Patients with a condition that is out of control (f. ex. heart failure and asthma).

ASA 5 = A moribund patient who is not expected to survive the operation.

Registration of ASA classification started in 2005

Thrombosis prophylaxis

Table 30: Primary operations *

Year	1	2	3	4	Missing	Total
2016	794 (9%)	6999 (79%)	965 (11%)	71 (1%)	52 (1%)	8881
2015	1062 (13%)	6272 (74%)	958 (11%)	57 (1%)	89 (1%)	8438
2014	1113 (14%)	5946 (73%)	962 (12%)	31 (0%)	75 (1%)	8127
2013	1341 (17%)	5633 (70%)	1049 (13%)	10 (0%)	63 (1%)	8096
2012	1580 (20%)	4853 (62%)	1322 (17%)	9 (0%)	82 (1%)	7846
2011	2220 (30%)	4304 (58%)	795 (11%)	3 (0%)	38 (1%)	7360
2010	2365 (32%)	4308 (59%)	610 (8%)	4 (0%)	43 (1%)	7330
2009	2606 (37%)	3861 (54%)	578 (8%)	3 (0%)	66 (1%)	7114
2008	3132 (46%)	3059 (45%)	574 (8%)	8 (0%)	75 (1%)	6848
2007	3546 (53%)	2432 (37%)	530 (8%)	10 (0%)	142 (2%)	6660
2006	3927 (62%)	1544 (24%)	678 (11%)	15 (0%)	155 (2%)	6319
2005	4393 (67%)	679 (10%)	1093 (17%)	6 (0%)	426 (6%)	6597

Table 31: Revisions *

Year	1	2	3	4	Missing	Total
2016	203 (14%)	1054 (72%)	163 (11%)	27 (2%)	27 (2%)	1474
2015	220 (16%)	1019 (72%)	133 (9%)	12 (1%)	24 (2%)	1408
2014	224 (17%)	921 (71%)	118 (9%)	9 (1%)	20 (2%)	1292
2013	223 (17%)	914 (69%)	151 (11%)	6 (0%)	26 (2%)	1320
2012	240 (18%)	823 (63%)	216 (16%)	10 (1%)	26 (2%)	1315
2011	318 (25%)	758 (59%)	184 (14%)	8 (1%)	19 (1%)	1287
2010	438 (35%)	683 (54%)	125 (10%)	2 (0%)	10 (1%)	1258
2009	421 (35%)	649 (54%)	126 (10%)	5 (0%)	8 (1%)	1209
2008	477 (43%)	531 (47%)	94 (8%)	5 (0%)	15 (1%)	1122
2007	501 (48%)	409 (39%)	106 (10%)	1 (0%)	35 (3%)	1052
2006	587 (58%)	273 (27%)	122 (12%)	4 (0%)	21 (2%)	1007
2005	706 (67%)	121 (11%)	162 (15%)	4 (0%)	64 (6%)	1057

Figure 16: Primary operations

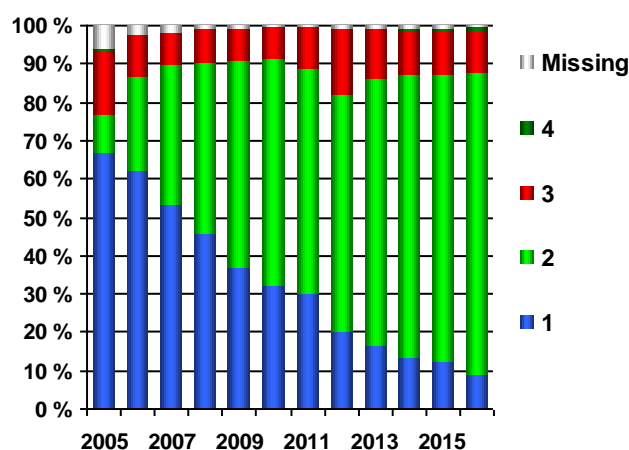
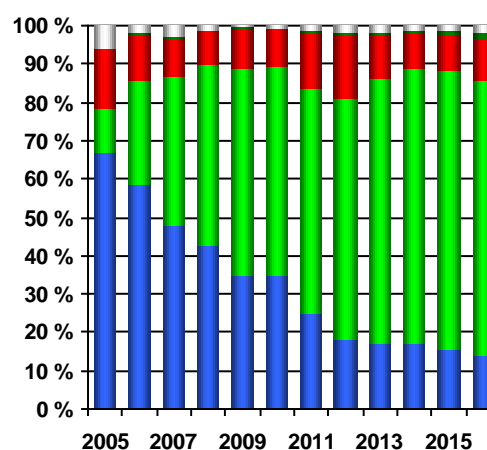


Figure 17: Revisions



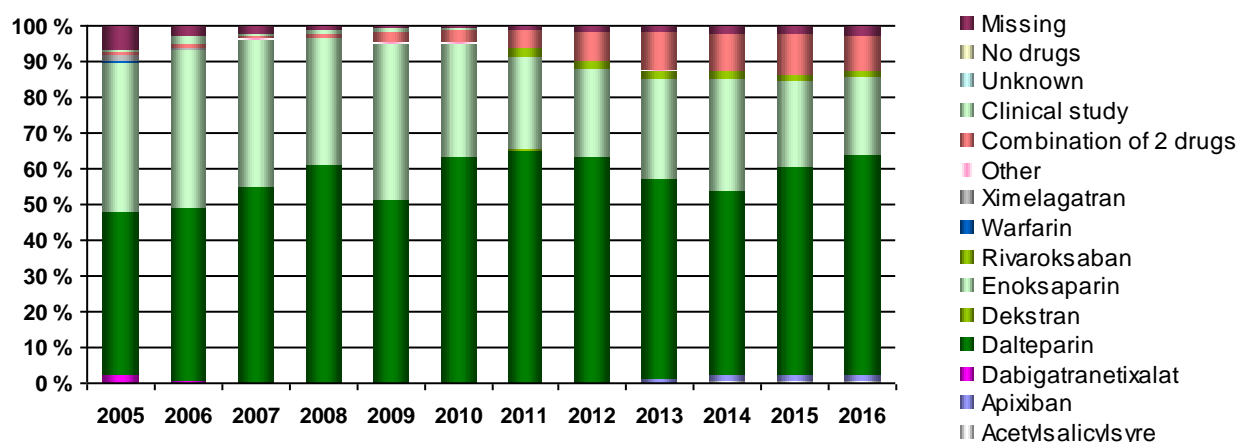
- *
 1 = Yes - Medication started preoperatively
 2 = Yes - Medication started postoperatively
 3 = Yes - Missing information on medication start
 4 = No

Registration of thrombosis prophylaxis started in 2005

Thrombosis prophylaxis

Table 32: All operations

Drugs	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
Acetylsalicylsyre (Albyl-E, Globoid, Acetyratio, Magnyl E)		0,1 %	0,1 %				0,1 %	0,4 %	0,6 %	0,8 %
Apixiban (Eliquis)						0,1 %	1,2 %	1,5 %	1,5 %	1,5 %
Dabigatranetixalat (Re-Novate, Pradaxa)	0,9 %	0,2 %	0,2 %					0,1 %	0,1 %	
Dalteparin (Fragmin)	49,7 %	61,0 %	50,7 %	63,2 %	65,1 %	63,1 %	56,1 %	51,6 %	58,5 %	61,6 %
Dekstran (Macrodex, Dextran)		0,1 %		0,1 %	0,3 %	0,1 %	0,1 %	0,1 %		
Enoksaparin (Klexane)	42,5 %	35,1 %	44,0 %	31,5 %	25,5 %	24,6 %	27,9 %	31,4 %	24,0 %	22,0 %
Rivaroksaban (Xarelto)				0,3 %	2,9 %	2,0 %	2,3 %	2,2 %	1,5 %	1,5 %
Warfarin (Marevan)	0,1 %	0,1 %	0,1 %	0,1 %		0,1 %			0,1 %	
Ximelagatran (Exanta, Malagatran)	0,8 %	0,1 %	0,1 %	0,1 %						
Other		0,1 %	0,1 %					0,1 %		
Combination of 2 drugs	1,1 %	1,2 %	3,3 %	3,9 %	5,2 %	8,4 %	10,7 %	10,6 %	11,5 %	10,0 %
Clinical study	0,8 %	1,1 %	0,7 %	0,1 %						
Unknown						0,1 %		0,1 %		
No drugs		0,1 %	0,1 %							
Missing	4,0 %	0,9 %	0,7 %	0,7 %	0,9 %	1,5 %	1,4 %	2,0 %	2,2 %	2,6 %
Total	22692	7970	8323	8591	8658	9177	9452	9446	9867	10378

Figure 18: Drugs - All operations

Table 33: Duration - All operations

Year	Days:	1-7	8-14	15-21	22-28	29-35	>35	No drugs	Missing	Total
2016		1415	3454	1101	728	2034	22	0	1624	10378
2015		1435	2882	725	941	2337	26	0	1521	9867
2014		1397	2278	577	903	2943	45	0	1303	9446
2013		1428	1402	597	1480	3230	63	0	1252	9452
2012		1163	1595	703	1495	3091	34	0	1096	9177
2011		700	1744	695	1397	3196	40	1	885	8658
2010		758	2172	636	1078	3154	44	2	747	8591
2009		880	2404	668	785	2637	37	6	906	8323
2008		837	2479	787	701	2166	124	5	871	7970
2007		847	2222	1230	388	2044	44	6	931	7712
2006		978	2096	1093	276	1738	111	0	1034	7326
2005		1036	2073	1203	363	1416	231	0	1332	7654

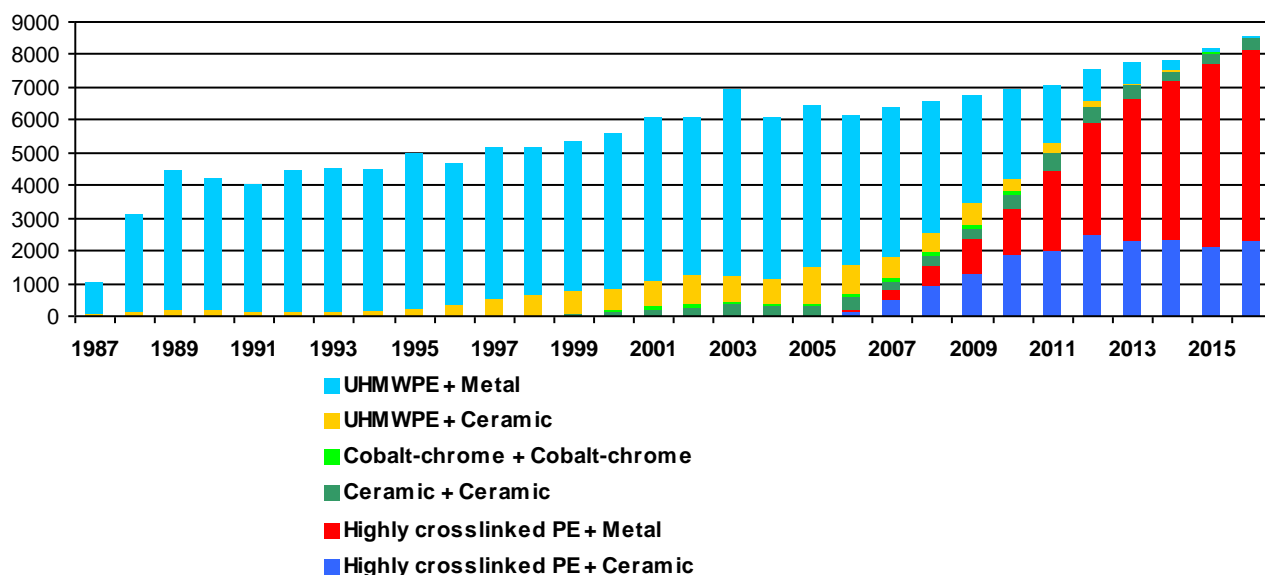
Registration of thrombosis prophylaxis started in 2005

Articulations

Table 34: In primary operations - All patients

Cup + Femoral head	1987-08	2009	2010	2011	2012	2013	2014	2015	2016	Total
UHMWPE + Steel	66616	1912	1451	748	342	153	69	5	0	71296
UHMWPE + Cobalt-chrome	28379	1356	1267	1014	638	526	236	108	12	33536
Highly crosslinked PE + Cobalt-chrome	978	905	1157	1886	2744	3560	4155	4767	5171	25323
Highly crosslinked PE + Alumina	1426	1000	1508	1511	2011	1916	1772	1522	1413	14079
UHMWPE + Alumina	9465	602	354	293	146	44	8	4	2	10918
Highly crosslinked PE + Steel	29	158	280	533	654	725	712	803	691	4585
Highly crosslinked PE + Alumina/Zirconium ¹	82	292	368	512	481	425	550	631	888	4229
Alumina + Alumina	2309	227	322	368	246	201	108	7	0	3788
UHMWPE + Titanium	1967	19	4	1	2	4	1	0	0	1998
Alumina/Zirconium + Alumina/Zirconium ¹	207	70	92	145	226	197	190	319	343	1789
UHMWPE + Missing	1717	5	0	1	0	0	1	0	0	1724
UHMWPE + Zirconium	1402	0	0	0	0	0	0	0	0	1402
Cobalt-chrome + Cobalt-chrome	755	127	98	46	37	17	15	16	24	1135
Steel + Cobalt-Chrome	161	44	58	90	95	106	130	105	157	946
Highly crosslinked PE + Oxinium	225	185	149	56	61	51	39	3	2	771
Missing + Cobalt-chrome	506	9	21	28	9	10	13	16	11	623
Missing + Missing	514	8	8	8	9	13	12	8	6	586
Steel + Steel	53	38	39	30	37	24	20	36	47	324
Missing + Steel	276	11	11	6	5	4	3	5	2	323
UHMWPE + Alumina/Zirconium ¹	137	81	40	18	0	3	1	0	0	280
Missing + Alumina	175	8	14	7	9	10	3	2	6	234
Missing + Titanium	154	0	3	1	2	0	5	0	0	165
Titanium + Cobalt-chrome	2	1	3	22	31	34	16	18	33	160
Titanium + Alumina/Zirconium ¹	3	2	11	4	18	27	17	40	32	154
Highly crosslinked PE + Titanium	12	13	18	2	15	14	16	9	18	117
UHMWPE + Oxinium	75	1	0	0	0	0	0	0	0	76
Highly crosslinked PE + Missing	21	9	17	7	2	3	2	4	3	68
Titanium + Alumina	30	1	6	1	4	2	4	2	1	51
Other (n<50)	180	30	31	22	22	27	29	8	19	368
Total	117856	7114	7330	7360	7846	8096	8127	8438	8881	181048

Figure 19: In primary operations



¹Alumina/Zirconium = Aluminum oxide and zirconium oxide composite.

Completeness of reporting analysis for the Hip Arthroplasty Register, 2013-2014

A completeness of reporting analysis for the Hip Arthroplasty Register has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Hip Arthroplasty Register (NAR). A report on the implementation and results will be published on www.helsedirektoratet.no. There are separate statistics on primary operations and revisions.

NCSP codes for combining data from NPR hospital stays and the Hip Arthroplasty Register

Type	Code	Description
Primary operation	NFB 20	Primary total prosthetic replacement of hip joint not using cement
	NFB 30	Primary total prosthetic replacement of hip joint using hybrid technique
	NFB 40	Primary total prosthetic replacement of hip joint using cement
	NFB 99	Other primary prosthetic replacement of hip joint
Reoperation	NFC 2*	Secondary implantation of total prosthesis in hip joint not using cement
	NFC 3*	Secondary implantation of total prosthesis in hip joint using hybrid technique
	NFC 4*	Secondary implantation of total prosthesis in hip joint using cement
	NFC 99	Other secondary prosthetic replacement in hip joint
	NFU 1*	Removal of total prosthesis from hip joint

The completeness of reporting rate for the Hip Arthroplasty Register was calculated as follows:

$$\frac{\text{(Only NAR + Inclusion in both registers)}}{\text{(Only NPR + Only NAR + Inclusion in both registers)}}$$

Completeness of reporting for the NPR was calculated in a similar way:

$$\frac{\text{(Only NPR + Inclusion in both registers)}}{\text{(Only NAR + Only NPR + Inclusion in both registers)}}$$

Primary operations. In 2013 and 2014, 16 681 primary hip replacements were reported to one or both of the registers. 96.7% of these were reported to the NAR while 97.2% were reported to the NPR. Completeness of reporting by hospital is divided into health regions and shows a completeness of reporting rate for the NAR ranging from 79.1% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the Hip Arthroplasty Register, either the form was not sent to the NAR or other interventions than hip arthroplasties were incorrectly coded with NFB 20/30/40/99 (There were only 7 operations in the category NFB 99 during the period).

Procedure codes to be used for primary operations: NFB 20 - NFB 30 - NFB 40 - NFB 99

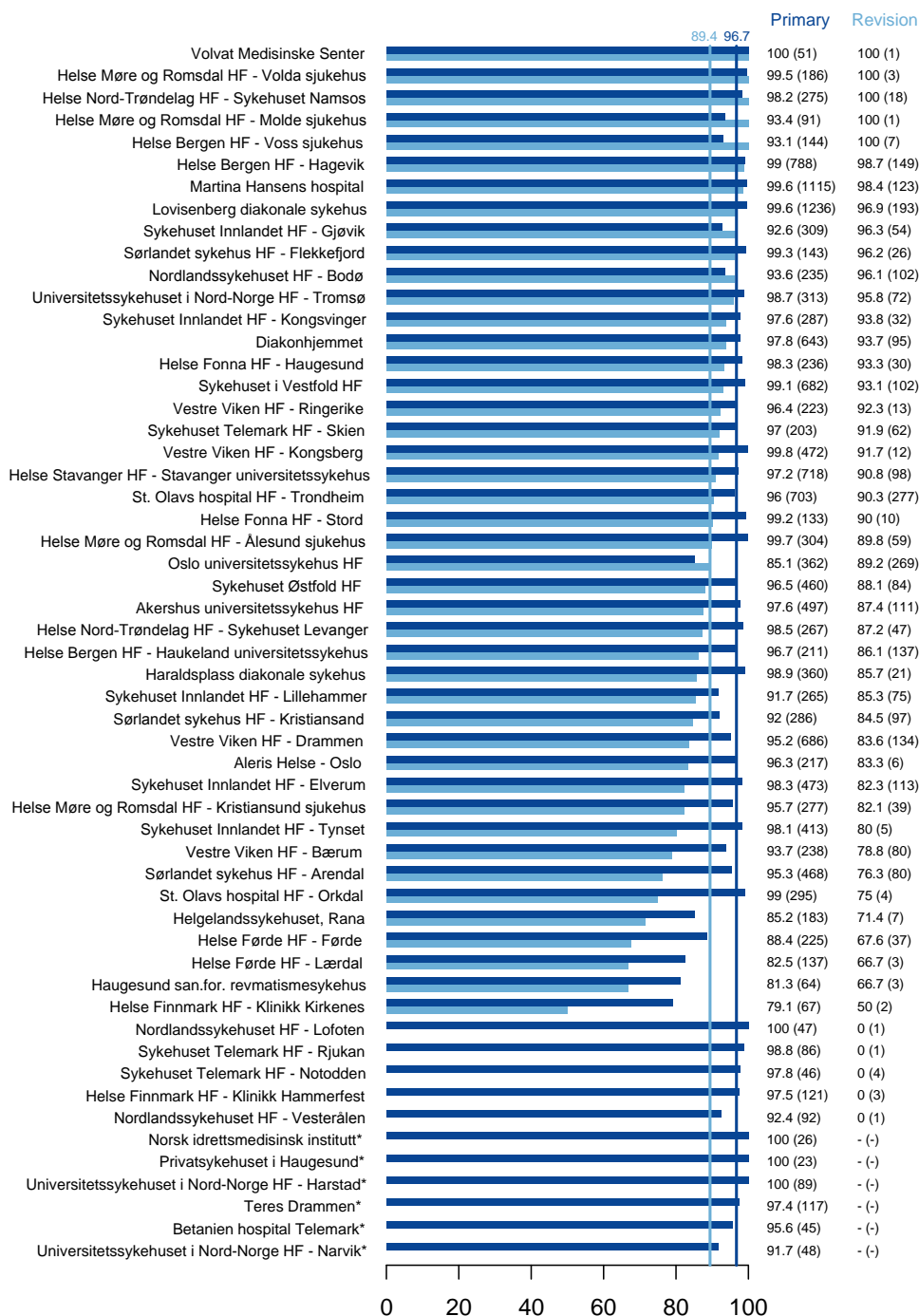
Revision operations. In 2013 and 2014, 2903 revisions were reported to one or both of the registers. 89.4% of these were reported to the NAR while 84.4% were reported to the NPR (revision level 1). Completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 55.0% and 100% in the various hospitals. A low completeness of reporting rate may mean that the revision form was not sent to the NAR, or that other interventions than removal, replacement or insertion of a secondary prosthesis were incorrectly coded with NFC 2/3/4/99 or NFU1. The analysis shows that a number of revision forms are missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations:

NFC2*- NFC3*- NFC4*- NFC99 - NFU1*

New: From 2012, revisions due to infection, even where parts of the prosthesis are not removed or replaced, are to be reported on the form to the NAR. These must be coded **NFS 19 or NFS 49 with the additional code NFW 69.**

Completeness of reporting for primary and revision operations, hip prosthesis 2013-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

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ARTHROPLASTY OF THE KNEE AND OTHER JOINTS 2017 ANNUAL REPORT

In the period 1994-2016, 82 104 knee replacements, 7638 shoulder replacements and 9727 replacements of other joints than the hip, knee and shoulder were recorded. There has been an increase of 5% in primary knee replacements since 2015. The number of unicondylar knee replacements has also risen in the past year. Osteoarthritis is the dominant cause of knee arthroplasties. The number of primary shoulder prostheses has increased by 3% since 2015.

A comparative study of the lifetime risk of knee arthroplasty in the Nordic countries and Australia showed that Norway had the lowest risk in 2013 (Ackerman IN 2017). A report from the Centre for Clinical Documentation and Evaluation (SKDE) "Indicators for the Measurement of Unwarranted Variation", using figures from our registers, reveals differences between health trusts in the number of knee arthroplasties, but the differences are small. The Nordland and Finnmark health trusts have the lowest numbers of knee replacements.

NEW FIGURES FOR KNEE PROSTHESES

We have created some new figures showing prosthesis survival rates for selected groups of knee prostheses and/or patients. These are described in the text under each figure.

QUALITY OF ARTHROPLASTY IN NORWAY

Survival curves show a gradual improvement since 1994 in results of total knee prostheses, when the endpoint is revision surgery. In a study based on our register data, hospitals that performed more than 100 knee arthroplasties per year had fewer reoperations than hospitals with a lower number of such operations (Badawy M 2013). Unicondylar knee replacements should be concentrated at a smaller number of hospitals (Badawy 2014) to decrease the number of reoperations.

In a study published in 2017 (Dyrhovden G 2017), the periods 1994-2004 and 2005-2015 were compared. Here, we showed an improvement in results in the later period for total knee replacements, but not for unicondylar knee replacements. There is still considerable room for improvement in both prosthesis design and surgery, and there are a particularly large number of revisions for infection, loosening, displaced components, instability and pain.

For ankle prostheses, recent results are poorer. More ankle arthroplasties are being performed on patients with osteoarthritis and after injuries. These patients are younger and more often male than previously, when rheumatic patients dominated. There is a need for RCTs to clarify which patients should have ankle prostheses and which patients should have spinal fusion surgery.

SHOULDER FRACTURES

Several RCTs have shown that the outcomes of conservative treatment and hemiarthroplasties are equally good for dislocated three or four fragment fractures. We see a decrease in the use of hemiprotheses in acute fractures. There is an increase in the use of reverse shoulder prostheses in acute fractures, which may partly be due to an ongoing RCT. There is a need for more RCTs to study the efficacy of this type of prosthesis in comparison with non-operative treatment.

KNEE ARTHROPLASTY REVISIONS

There were 581 knee arthroplasty revisions reported to the Register in 2016. PhD candidate Tesfaye Leta defended her thesis on knee arthroplasty revisions on 07.03.2017. In the first published article (Leta T 2015), we found no statistically significant improvement in knee arthroplasty revisions in

recent years, but a tendency towards better results with longer follow-up. Revision of the whole prosthesis gave better results than revision of individual components. 22% of the revisions were operated again after 10 years, and half of the revisions took place within two years. Most early revisions are due to infection and instability. Results for reoperations are significantly worse than for primary operations.

We find that the use of a stem is often not checked on the form. When a stem is used, it must be indicated whether it was a tibial or femoral stem, and a sticker must be attached to the back of the form. Some prostheses use both a femoral and tibial stem, and if this is not checked, we have no way of knowing where the stem was used.

In knee arthroplasty revisions involving only insertion of the patellar component due to pain, patients' quality of life improved slightly. The effect was most pronounced in the patients with the most pain before the revision. In one-third of patients, the surgery had no effect (Leta T 2015). Total arthroplasty revision was technically more challenging than revision of unicondylar knee prostheses to total knee arthroplasty, using more bone packing and stems, and with a higher infection rate. However, no difference was found in pain, quality of life, functioning or survival between total revision and unicondylar revision arthroplasty (Leta T 2016).

COMPLETENESS ANALYSIS

In this report, we show completeness for primary operations and revisions for 2008-2014. The national average is good for primary knee arthroplasties (95.3%) and for revisions (89%). Some hospitals have low reporting of revisions in particular. This may result in too low revision rates at these hospitals. In some hospital results, we remove hospitals with lower than 80% completeness of revisions. We encourage hospitals to review their reporting routines if their completeness is low. Reporting is worse for finger, wrist and back prostheses.

HOSPITAL RESULTS

We present some hospital results. Durability of prostheses inserted at individual hospitals after two and ten years. Unadjusted figures. A complete report is available on the website of the National Service Centre for Medical Quality Registers (<http://www.kvalitetsregistre.no/resultater/>).

PROSTHESES RESULTS

We present three- and ten-year durability for the most commonly used knee prostheses in Norway (more than 500 prostheses in use). None of those used today have poor results, but few prostheses have ten-year results from Norway. However, there are ten-year results for most prostheses from other countries.

SUMMARY OF THE MOST IMPORTANT SCIENTIFIC FINDINGS LAST YEAR

New bone cements used since 2005 have yielded the same results as Palacos cement used before 2005. There is no difference in the risk of knee arthroplasty revision between the original Palacos cement with gentamicin (Heraeus) and the copy Refobacin Bone Cement (Biomet) (Birkeland Ø 2017).

The incidence of knee arthroplasty was lowest in Norway of all the Nordic countries in 1997-2012, but has increased in all the countries (Niemelainen MJ 2017). A comparison of the lifetime risk of knee arthroplasty in the Nordic countries and Australia for 2003 and 2013 showed an increase in all the countries. Lifetime risk was highest for women in Australia (21.1%) and Finland (22.8%) and lowest in Norway (9.7%) (Ackerman IN 2017).

We have contributed to an international consensus report on post-operative knee fibrosis (Kalson NS 2016).

We have published two studies on computer-navigated knee arthroplasty. One is a register-based study from Norway with 8 years of follow-up. Here, no difference was found between computer-navigated and conventional knee arthroplasty, but there were more revisions due to displaced components in conventional arthroplasty (Dyrhovden G 2016). In a randomised RSA study (radiostereometric analysis), no difference in migration was found after two years between computer-navigated and conventional knee arthroplasty (Petursson 2017).

The four Nordic countries (Nordic Arthroplasty Register Association) have begun to collaborate on shoulder prosthesis studies, and the first study has now been published (Rasmussen J 2016). Shoulder arthroplasty has increased in all the countries, mostly due to osteoarthritis (34%) and fractures (34%). Especially arthroplasty for osteoarthritis has increased. The incidence of shoulder arthroplasty was lower in Norway than in Denmark and Sweden. Results for the Delta Xtend reverse prosthesis were significantly better than for the Delta III, but the surgery took place in different periods.

Hemiarthroplasty using a stem and reverse total arthroplasty for acute proximal humerus fractures were compared in a Nordic study. There was no difference with all revisions as endpoint, but reverse total arthroplasty had a higher risk of revision due to infection (Brorson 2017).

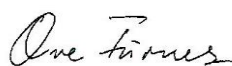
We now have an interesting partnership with Oslo University Hospital and the Norwegian University of Science and Technology (NTNU), with a link between HUNT (the Nord-Trøndelag Health Study) and the Hip and Knee Arthroplasty Registers. Marianne Bakke Johnsen and Alf Inge Hellevik are the PhD candidates involved. Johnson (2016) showed that high levels of physical activity in leisure time increased the risk of total hip arthroplasty in both men and women, but for knee arthroplasty, this effect was only seen in women. In an interesting study using Mendelian randomisation and DNA analysis, we found (Johnsen 2017) that smoking may have a causal relationship with reduced risk of knee arthroplasty. Does nicotine have a protective effect on the cartilage?

Karin Magnussen has published a study linking the Hip and Knee Arthroplasty Registers with the Twin Register. In a study published in 2017, she finds that genetic factors contribute more to the risk of total hip arthroplasty due to osteoarthritis than to the risk of knee replacement.

Congratulations to Mona Badawy and Tesfaye Leta for successful defence of their PhD theses. The theses are available on our website.

Thank you for good reporting and we welcome suggestions for research projects.

Bergen, 05.06.2017



Ove Furnes
Chief Physician/Professor
Knee Surgery



Anne Marie Fenstad
Biostatistician



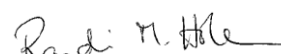
Yngvar Krukhaug
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Irina A Kvinnesland
IT Consultant

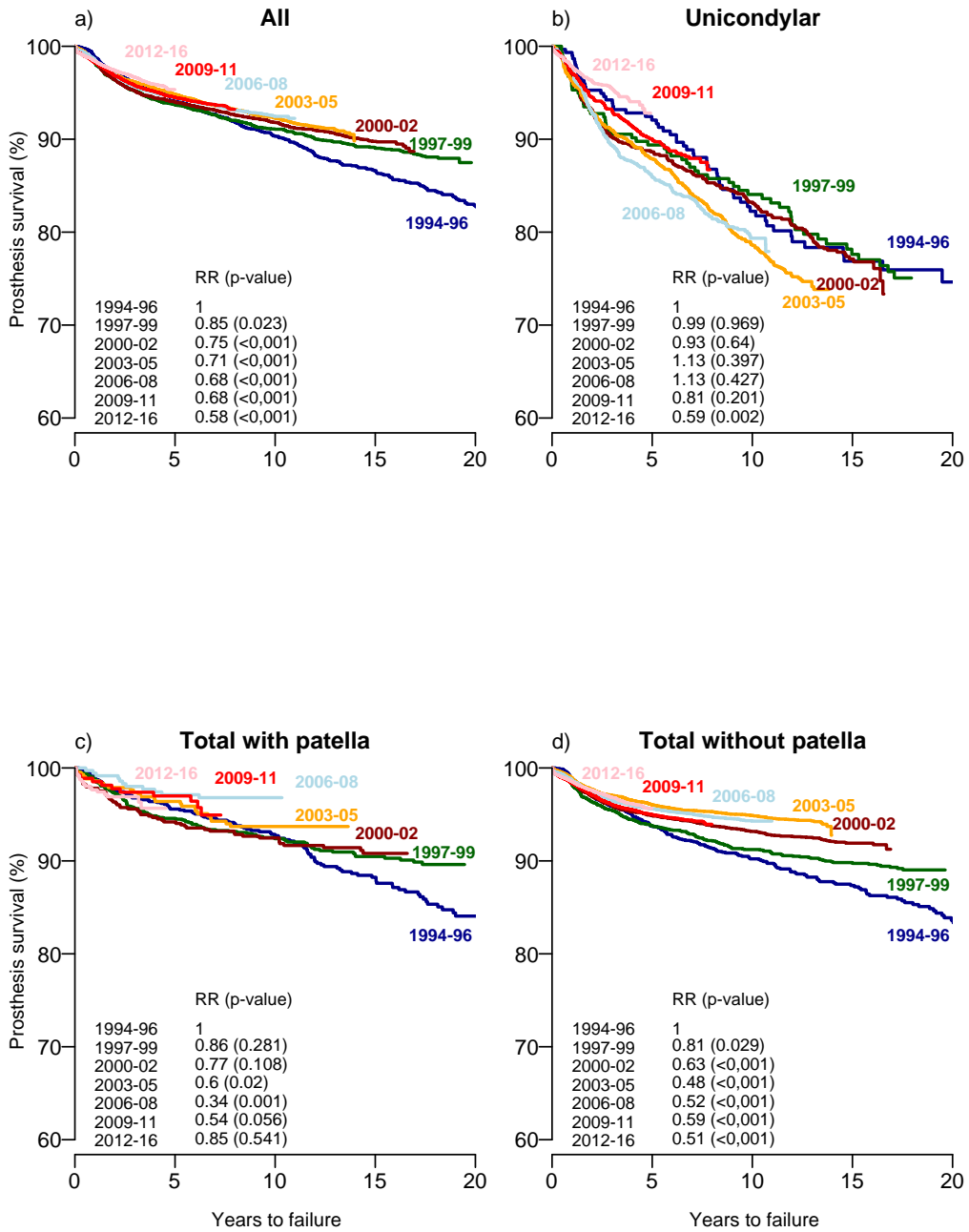


Christoffer Bartz-Johannessen
Biostatistician



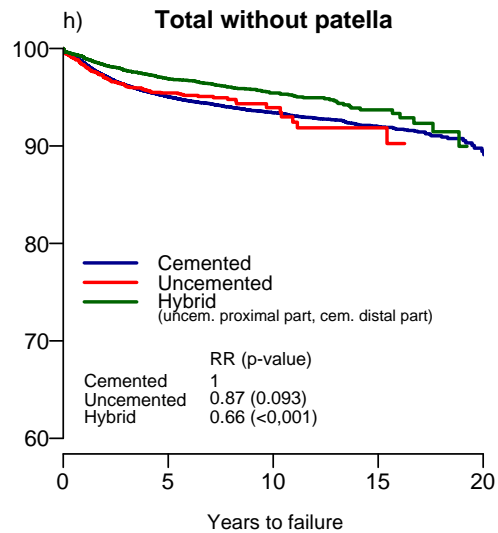
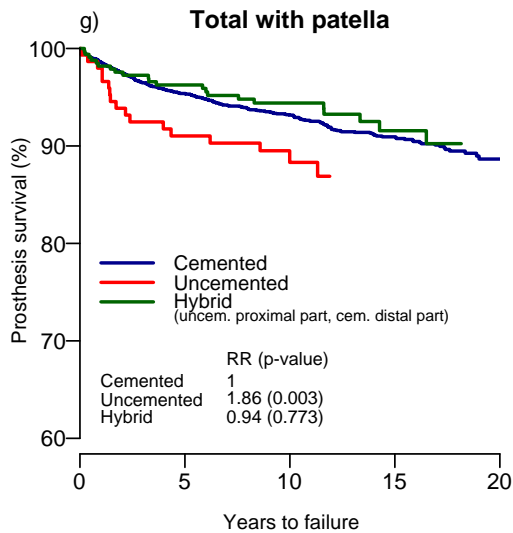
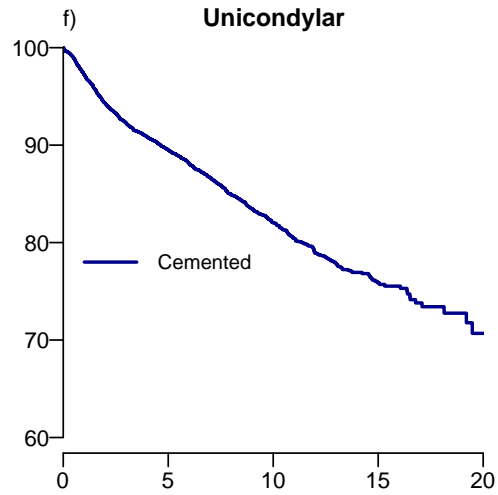
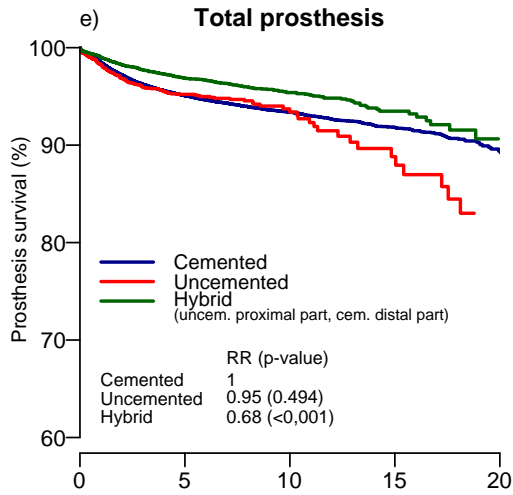
Randi Hole
Chief Physician
Shoulder Surgery

Survival curves for knee prosthesis



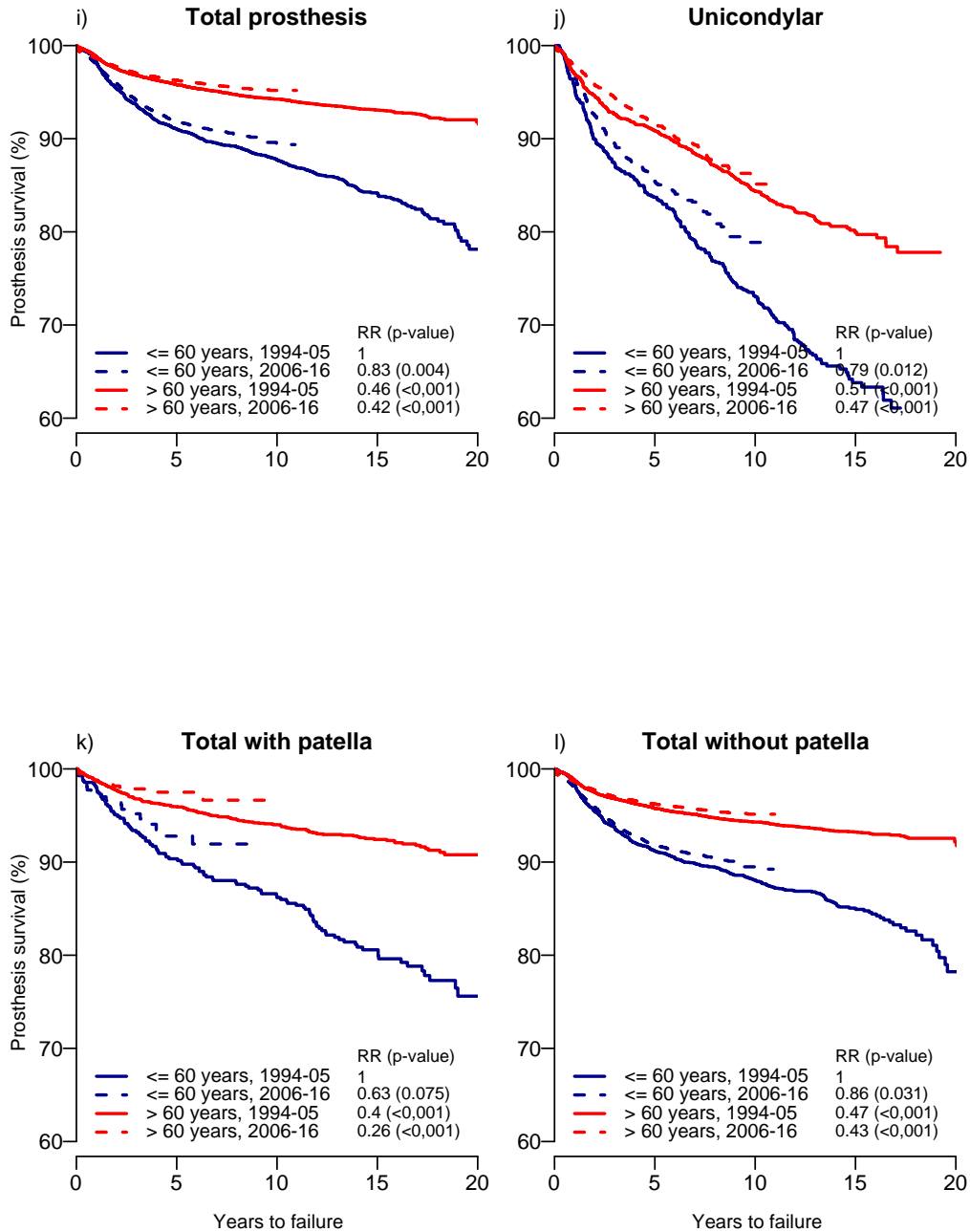
Survival curves estimated by the Kaplan-Meier method. Survival estimate is given as long as > 50 prostheses are at risk.
 Risk ratio (RR) estimates adjusted for age, sex and diagnosis.

Survival curves for knee prosthesis - Fixation 1994 - 2016



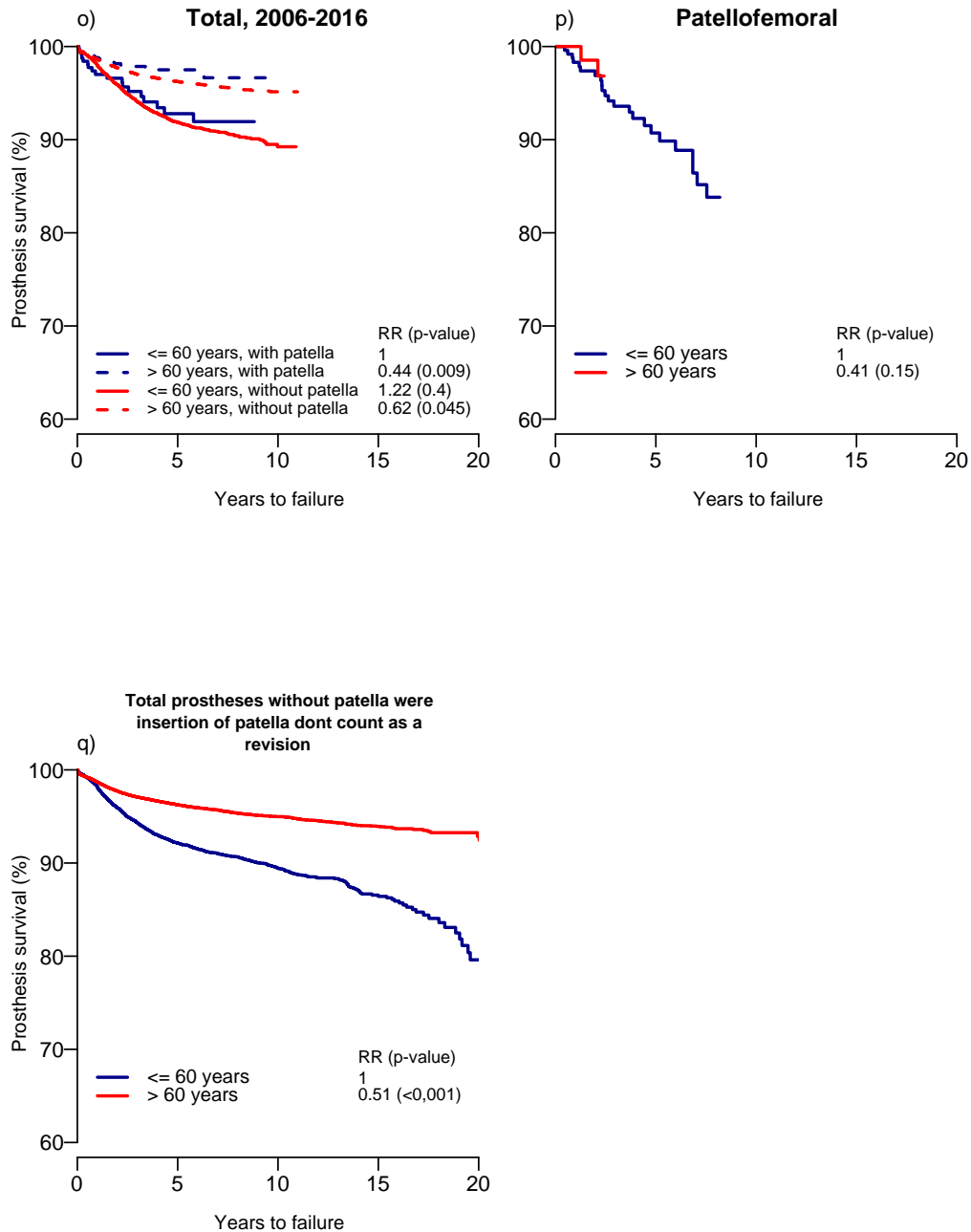
Kaplan-Meier survival curves. Survival estimate is given as long as > 50 prostheses are at risk.
Risk ratio (RR) estimates adjusted for age, sex and diagnosis.

Survival curves for knee prosthesis - Age 1994 - 2016



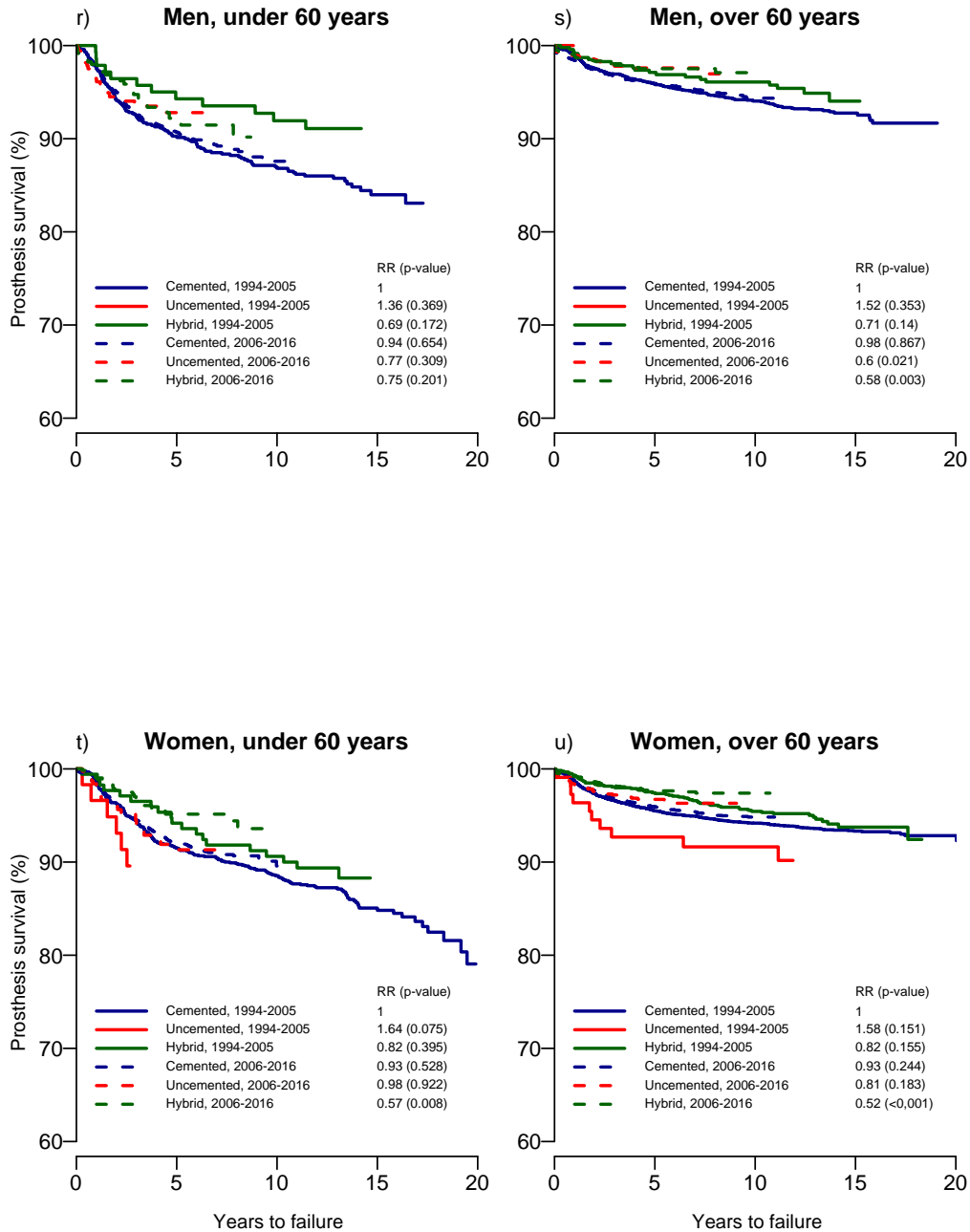
Survival curves estimated by the Kaplan-Meier method. Survival estimate is given as long as > 50 prostheses are at risk.
Risk ratio (RR) estimates adjusted for age, sex and diagnosis.

Survival curves for knee prostheses 1994 - 2016



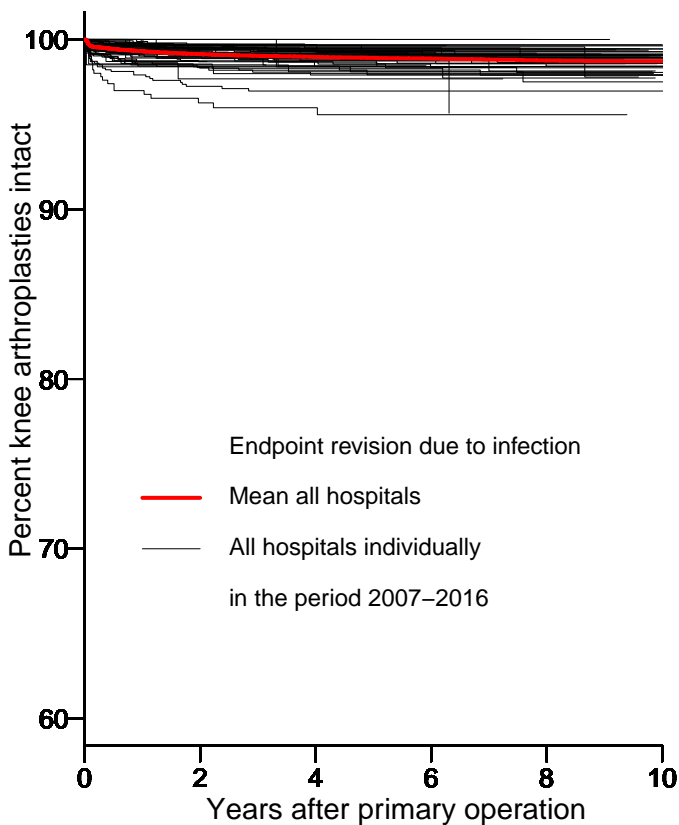
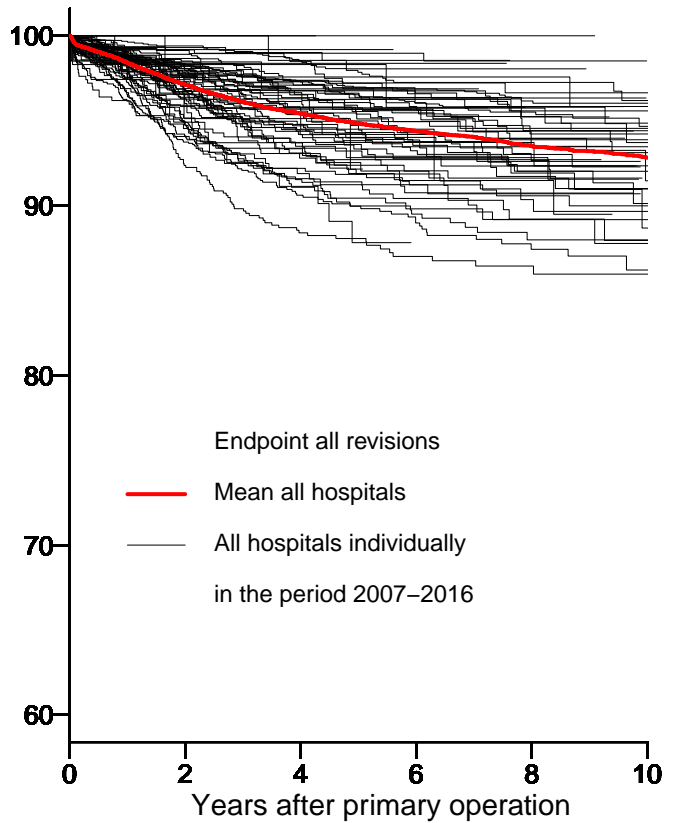
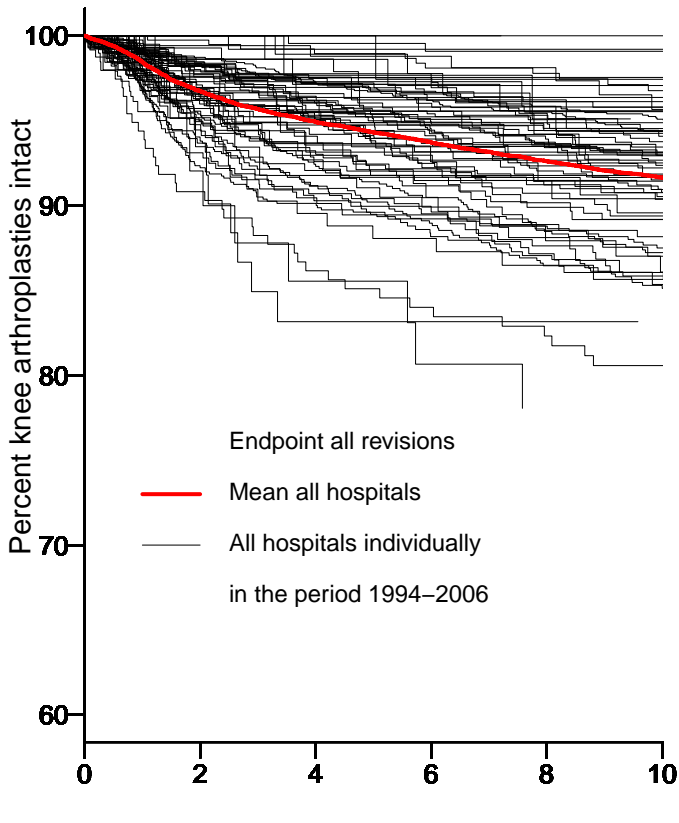
Survival curves estimated by the Kaplan-Meier method. Survival estimate is given as long as > 50 prostheses are at risk.
Risk ratio (RR) estimates adjusted for age, sex and diagnosis.

Survival curves for total prostheses in knee without patella 1994 - 2016



Kaplan-Meier survival curves. Survival estimate is given as long as > 50 prostheses are at risk.
Risk ratio (RR) estimates adjusted for age, sex and diagnosis.

Survival curves for all hospitals individually - total and unicondylar knee arthroplasties



One stage bilateral knee prosthesis operations

Year	1994-2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	Sum:
Number of patients	38	4	6	3	8	8	8	6	21	21	40	49	72	284

A one stage bilateral operation is an operation where the patient is operated on both knees during the same operation or on the same day. Only primary operations are included.

Figure Y: Number of primary operations in knee, 2016

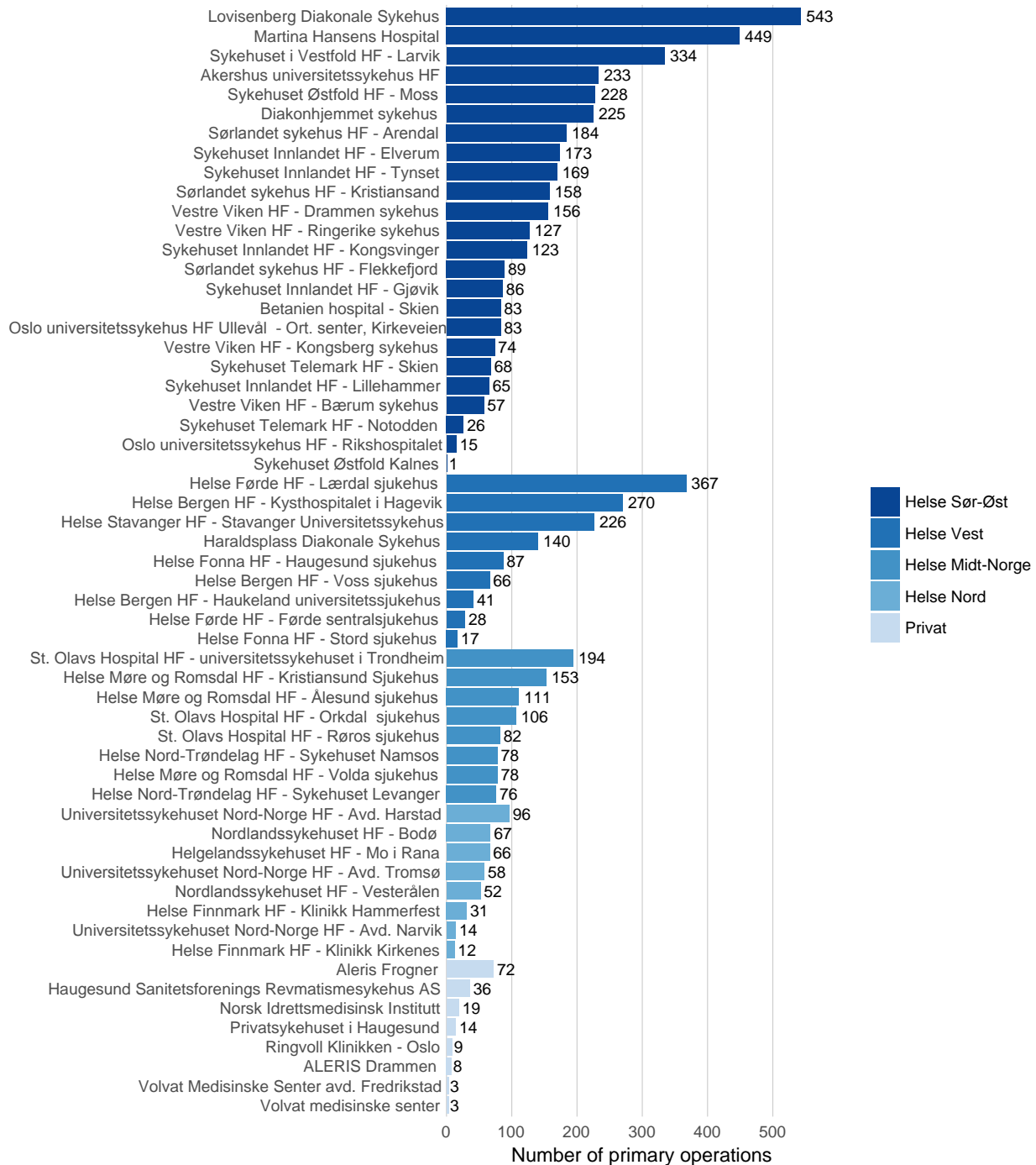
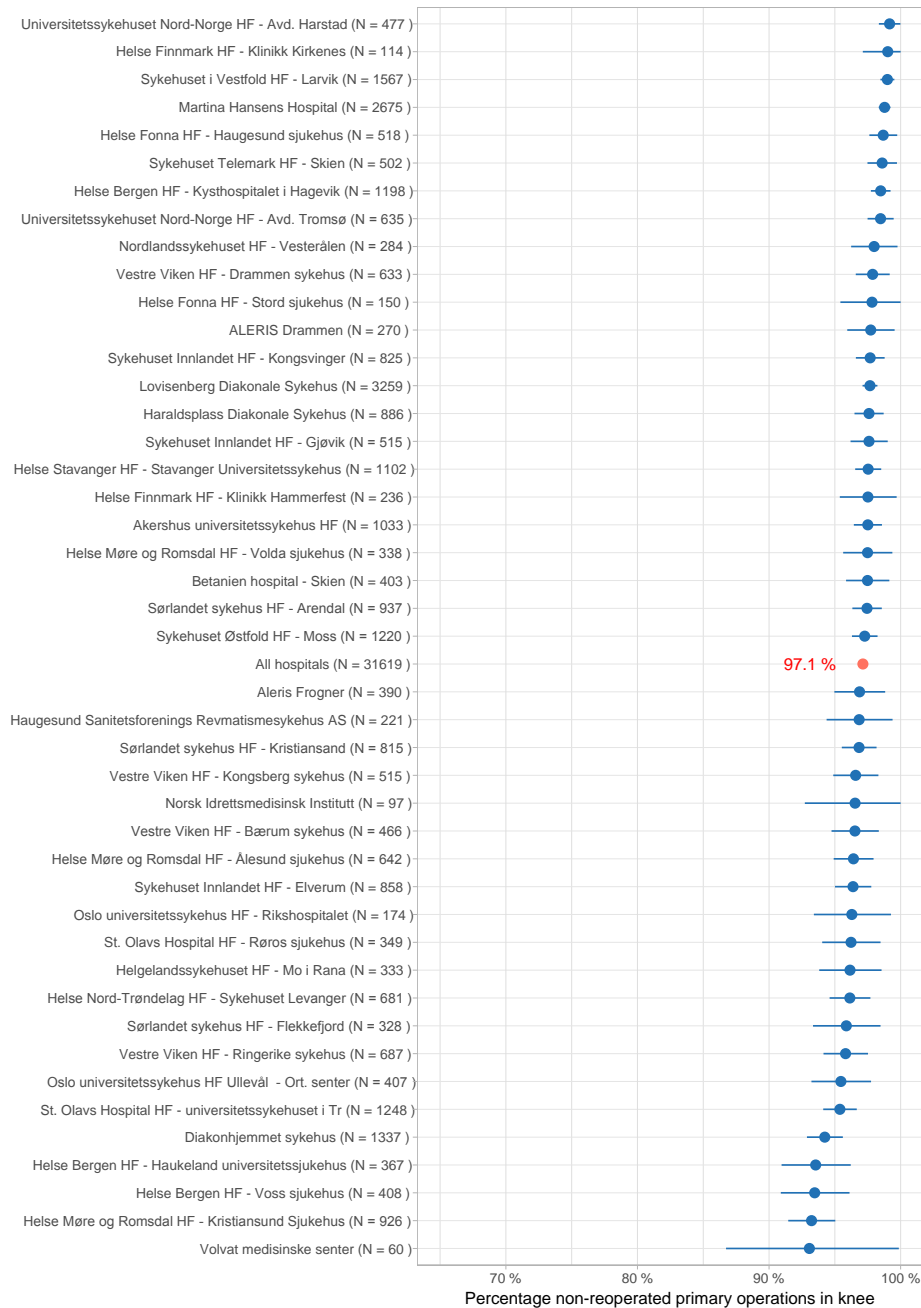
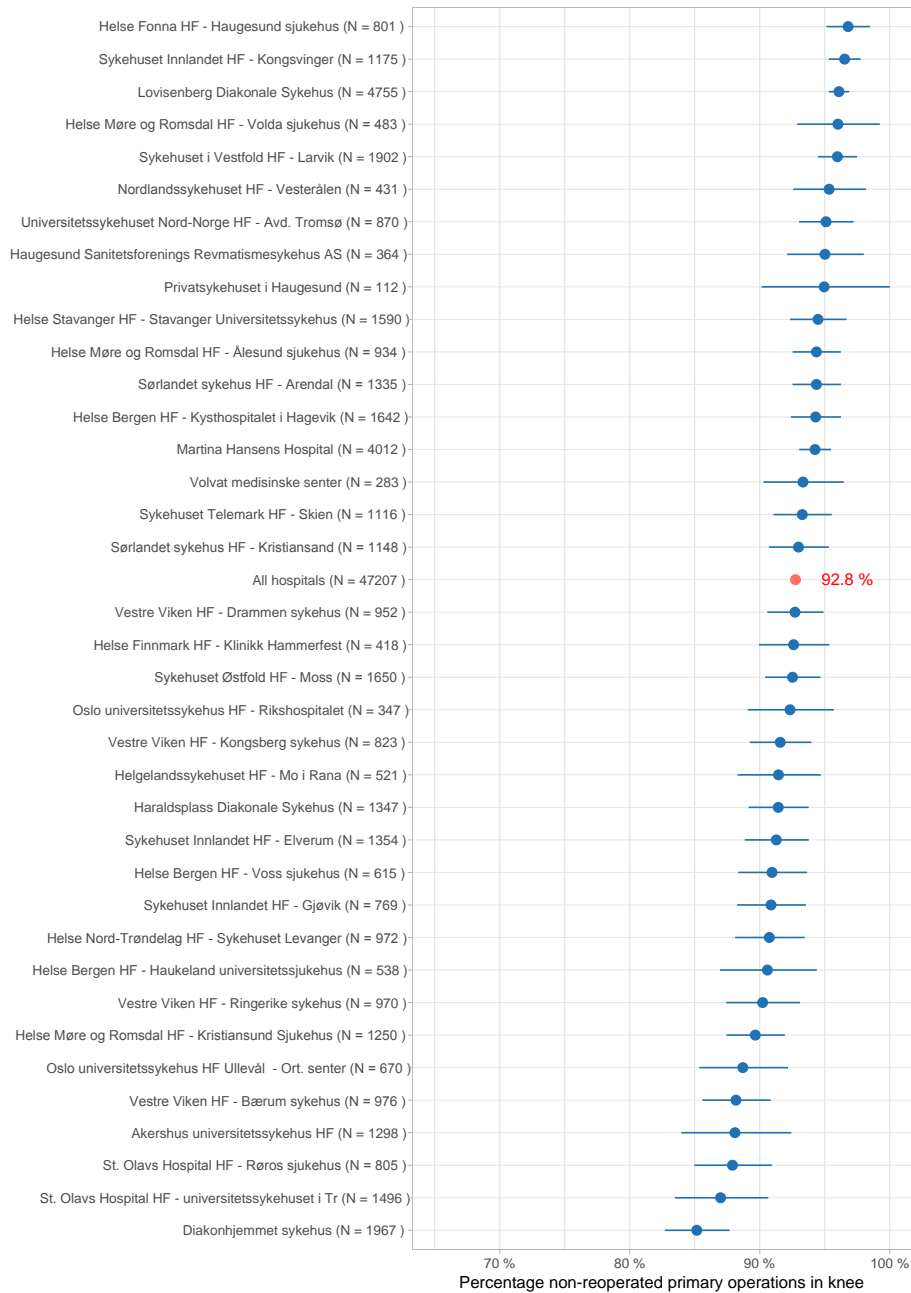


Figure Z: Percentage non-revised patients two years after operations in 2010-2016



Kaplan-Meier estimates of percentage non-revised patients after two years with 95% confidence interval. Endpoint is all revisions. Reoperations, i.e. revision operations without insertion, removal or replacement of the prosthesis, are excluded. Included are all patients operated on in the years 2010 to 2016. Only hospitals with operations in 2016 and with more than 50 operations from 2010 to 2016 are included. A further requirement is that the hospital must have at least 30 patients followed up for more than two years. Only hospitals with coverage of at least 80% for revisions from 2008 to 2012 are included.

Figure A: Percentage non-revised patients ten years after operations in 2005-2016



Kaplan-Meier estimates of percentage non-revised patients after ten years with 95% confidence interval. Endpoint is all revisions. Reoperations, i.e. revision operations without insertion, removal or replacement of the prosthesis, are excluded. Included are all patients operated on in the years 2005 to 2016. Only hospitals with operations in 2016 and with more than 50 operations from 2005 to 2016 are included. A further requirement is that the hospital must have at least 30 patients followed up for more than ten years. Only hospitals with coverage of at least 80% for revisions from 2008 to 2012 are included.

Figure Ø: Percentage non-reoperated prostheses after 3 and 10 years, 2005-2016

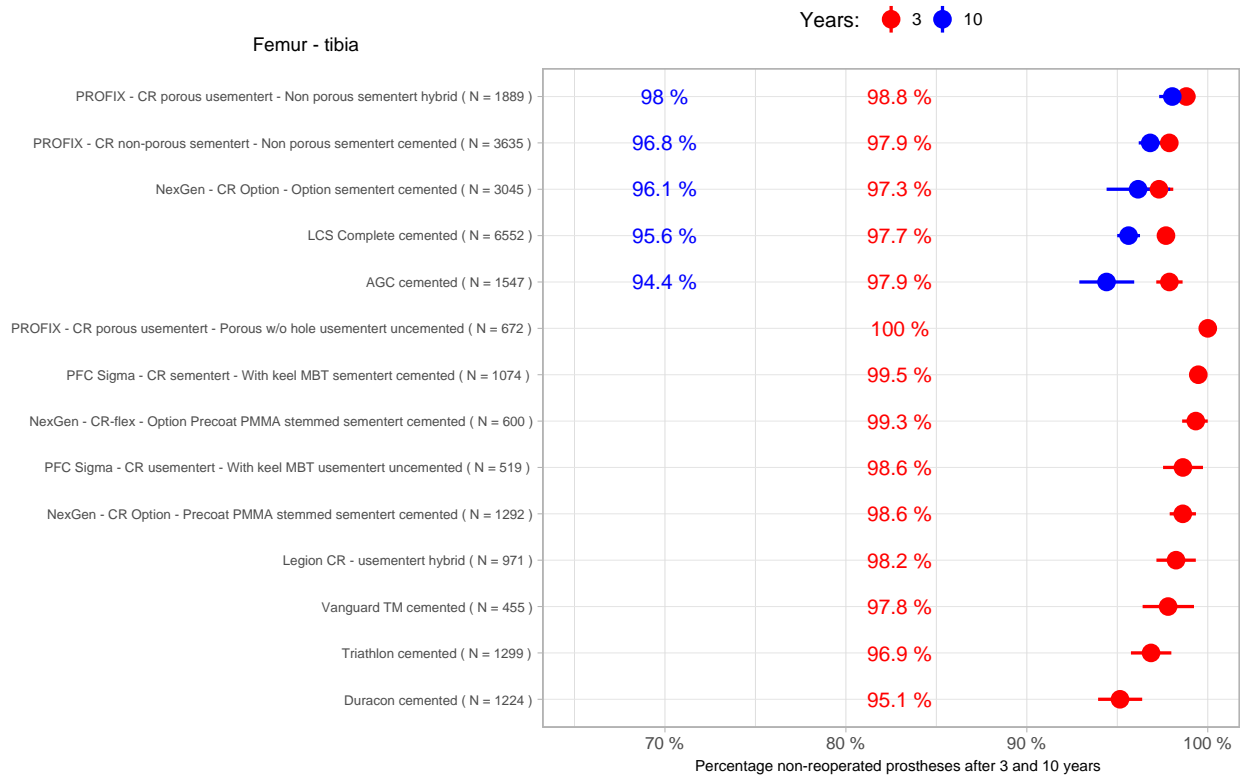


Figure Ø shows the estimated Kaplan-Meier percentage at three and ten years for different combinations of knee prostheses. We have only included combinations used in 500 or more operations in 2005-2016. A further requirement for inclusion in the figure is that there must still be at least 50 examples of the combination at three and ten years respectively. Only **standard patients** from 2005 to 2016 have been included, and the number of prostheses will therefore be below 500 in some cases. A standard patient is aged 55-85 years, has ASA class 1 or 2 and was diagnosed with idiopathic osteoarthritis at primary surgery. Using standard patients provides a more homogenous group of patients, and we believe that this makes the results more comparable. Endpoint is all revision operations, except infections and reoperations without insertion, removal or replacement of the prosthesis.

Duracon knee prosthesis is no longer in use (Gøthesen Ø 2013)

See section “How to interpret the prosthesis results” page 22.

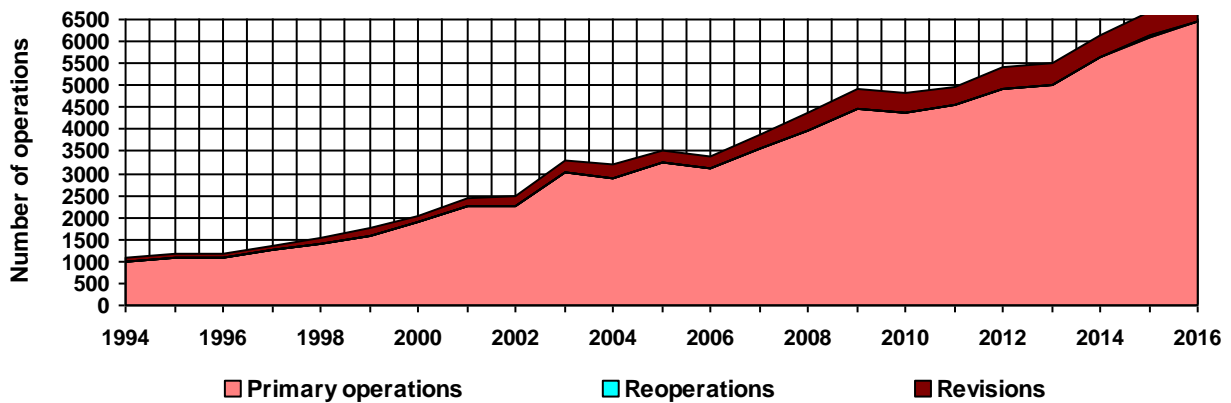
KNEE PROSTHESES

Table 1: Annual numbers of operations

Year	Primary operations	Reoperations *	Revisions	Total
2016	6 466 (91,6%)	10 (0,1%)	583 (8,3%)	7 059
2015	6 108 (91,7%)	9 (0,1%)	545 (8,2%)	6 662
2014	5 620 (91,9%)	7 (0,1%)	491 (8,0%)	6 118
2013	5 025 (91,3%)	6 (0,1%)	474 (8,6%)	5 505
2012	4 916 (90,9%)	7 (0,1%)	486 (9,0%)	5 409
2011	4 545 (91,3%)	2 (0,0%)	429 (8,6%)	4 976
2010	4 400 (91,5%)	(0,0%)	411 (8,5%)	4 811
2009	4 468 (91,1%)	(0,0%)	438 (8,9%)	4 906
2008	3 990 (91,6%)	(0,0%)	367 (8,4%)	4 357
2007	3 588 (92,3%)	(0,0%)	301 (7,7%)	3 889
2006	3 109 (92,1%)	(0,0%)	267 (7,9%)	3 376
2005	3 254 (92,8%)	(0,0%)	251 (7,2%)	3 505
2004	2 906 (90,2%)	(0,0%)	317 (9,8%)	3 223
2003	3 037 (92,4%)	(0,0%)	250 (7,6%)	3 287
2002	2 274 (91,3%)	(0,0%)	218 (8,7%)	2 492
2001	2 237 (91,8%)	(0,0%)	200 (8,2%)	2 437
1994-00	9 286 (91,7%)	(0,0%)	844 (8,3%)	10 130
Total	75 229 (91,6%)	41 (0,0%)	6 872 (8,4%)	82 142

* Reoperation where prosthetic parts were not changed or removed (soft tissue debridements for infected prosthesis, prosthetic parts were not changed)

Figure 1: Annual numbers of operations



53,4 % of all operations were performed on the right side. 63,5 % performed in women.
 Mean age at primary surgery was 68,6 years, 69,2 years for women and 67,4 years for men.
 Mean age at primary surgery was 70,2 years in 1994, 70,8 years for women and 68,3 years for men.
 Mean age at primary surgery was 68,1 years in 2016, 68,5 years for women and 67,5 years for men.

Figure 2: Incidence of primary knee prostheses

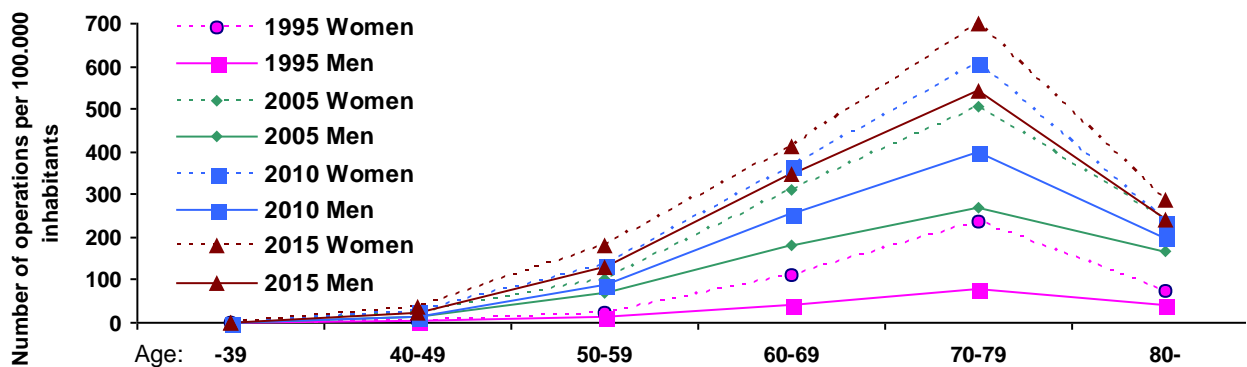


Figure 3: Age at the insertion of primary total knee prostheses

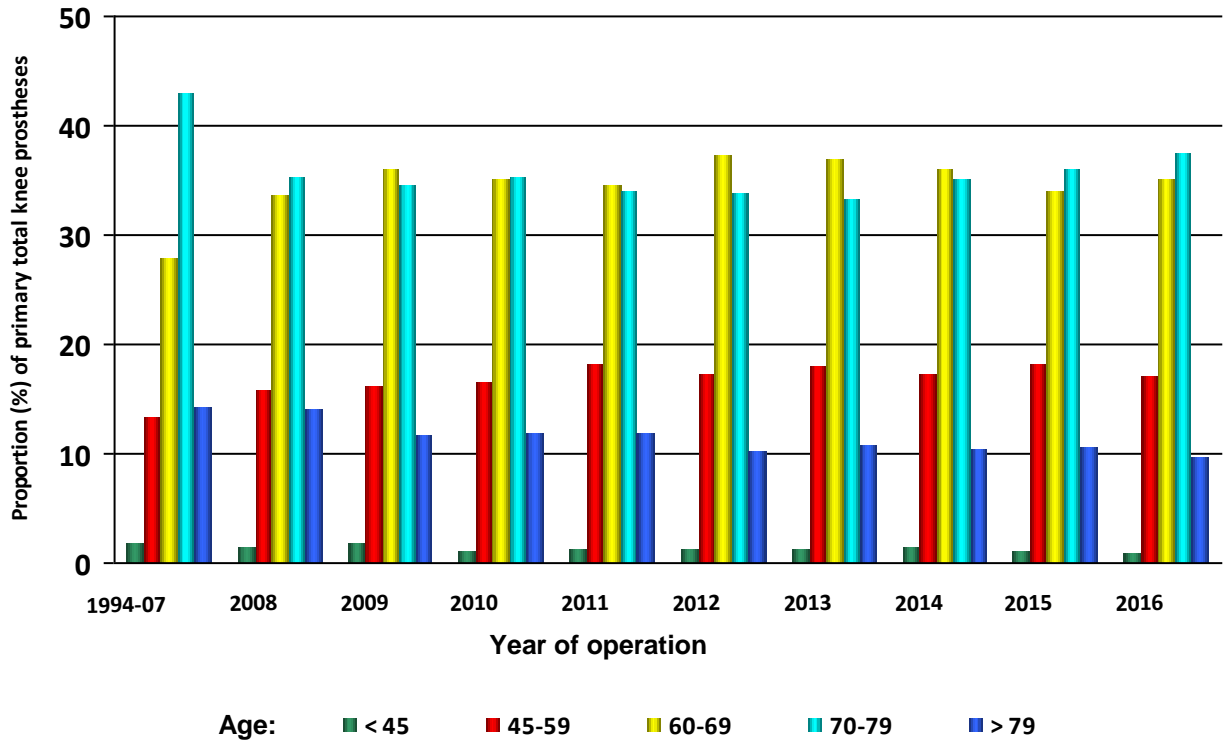


Figure 4: Age at the insertion of primary unicondylar knee prostheses

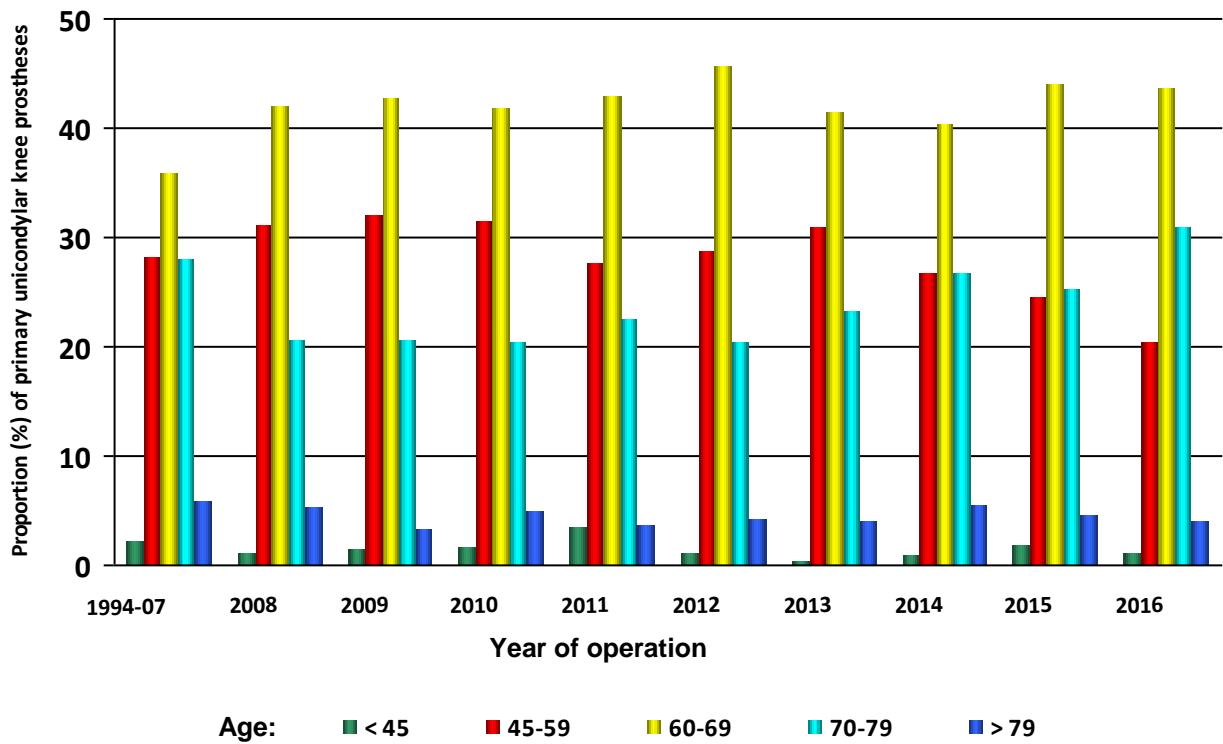


Figure 5: Age and sex at the insertion of primary total knee prostheses

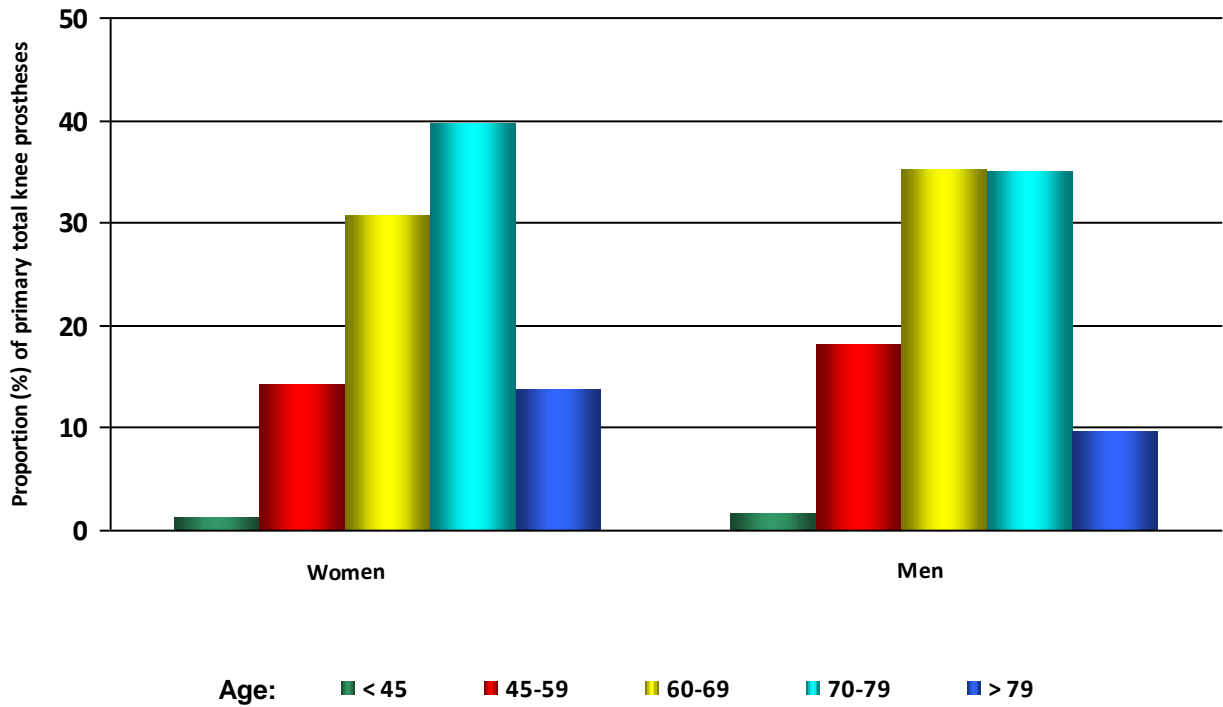
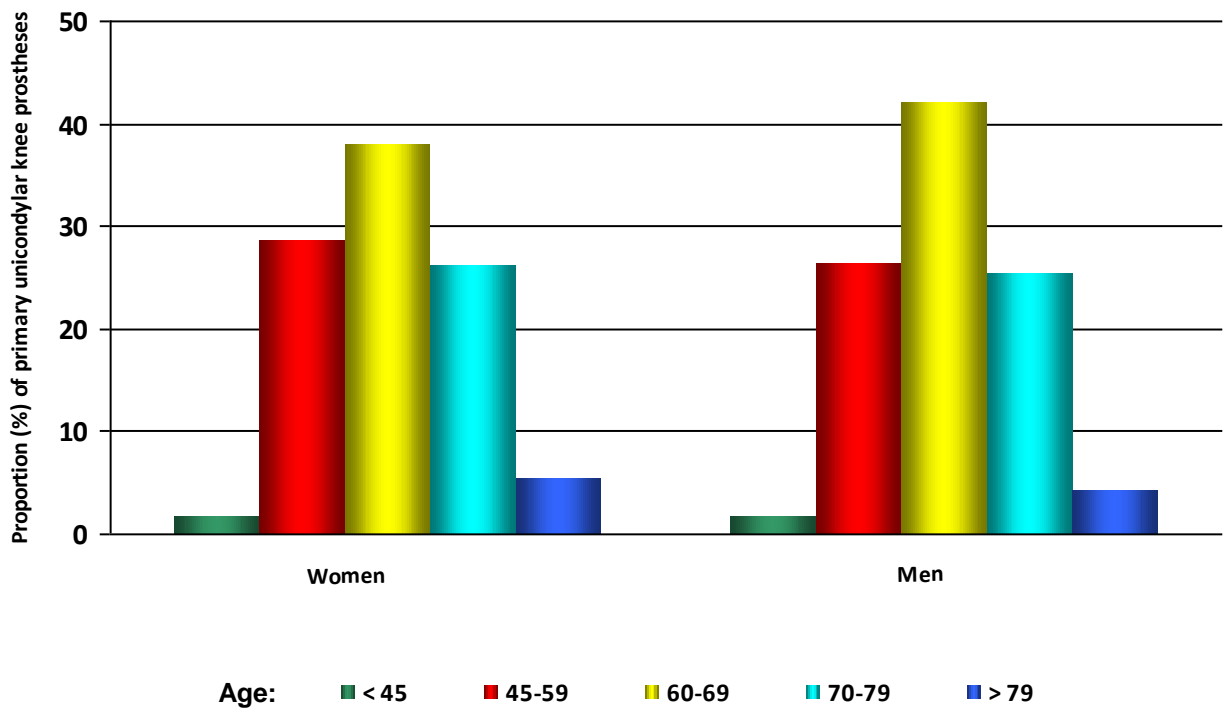


Figure 6: Age and sex at the insertion of primary unicondylar knee prostheses



Types of knee prostheses

Table 2: Primary operations

Year	Total with patella	Total without patella	Unicondylar	Patello-femoral	Bicompartmental	Hinged * prostheses	Missing	Total
2016	204 (3,2%)	5 296 (81,9%)	858 (13,3%)	78 (1,2%)		28 (0,4%)		6 466
2015	160 (2,6%)	5 130 (84,0%)	748 (12,2%)	39 (0,6%)		31 (0,5%)		6 108
2014	113 (2,0%)	4 865 (86,6%)	596 (10,6%)	38 (0,7%)		8 (0,1%)		5 620
2013	93 (1,9%)	4 410 (87,8%)	476 (9,5%)	38 (0,8%)		6 (0,1%)	2 (0,0%)	5 025
2012	99 (2,0%)	4 297 (87,4%)	473 (9,6%)	33 (0,7%)		12 (0,2%)	2 (0,0%)	4 916
2011	88 (1,9%)	3 977 (87,5%)	439 (9,7%)	29 (0,6%)		12 (0,3%)		4 545
2010	88 (2,0%)	3 867 (87,9%)	414 (9,4%)	23 (0,5%)		8 (0,2%)		4 400
2009	96 (2,1%)	3 887 (87,0%)	463 (10,4%)	19 (0,4%)	1 (0,0%)	2 (0,0%)		4 468
2008	115 (2,9%)	3 413 (85,5%)	440 (11,0%)	21 (0,5%)	1 (0,0%)			3 990
1994-07	3 760 (12,7%)	22 253 (74,9%)	3 618 (12,2%)	56 (0,2%)	1 (0,0%)	2 (0,0%)	1 (0,0%)	29 691
Total	4 816 (6,4%)	61 395 (81,6%)	8 525 (11,3%)	374 (0,5%)	3 (0,0%)	109 (0,1%)	5 (0,0%)	75 229

* Indicated by the surgeon on the report form

Figure 7: Primary operations

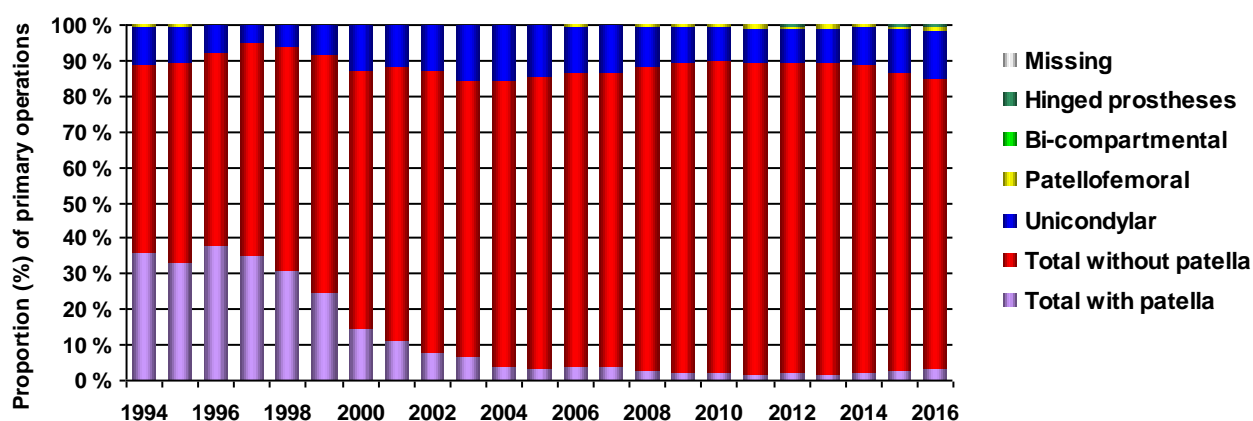


Table 3: Classification of stability and modularity in primary total prostheses

Year	----- MS -----		----- PS -----		CCK	Rotating platform	Hinged * prostheses	Total
	All poly	MT	All poly	MT				
2016	4	3653	0	455	18	1 365	29	5 524
2015	2	3529	0	332	22	1 399	33	5 317
2014	2	3383	0	130	22	1 416	20	4 973
2013	2	3162	0	53	25	1 254	9	4 505
2012	5	2852	0	23	16	1 488	17	4 401
2011	5	2537	0	14	9	1 485	19	4 069
2010	3	2486	0	20	5	1 425	18	3 957
2009	3	2536	0	9	8	1 412	5	3 973
2008	1	2162	0	25	3	1 324	8	3 523
2007	0	1925	0	16	2	1 162	6	3 111
2006	0	1636	0	10	2	1 045	2	2 695
2005	0	1617	0	11	0	1 156	3	2 787
2004	0	1507	0	8	3	921	1	2 440
2003	3	1762	0	7	0	778	1	2 551
2002	2	1253	0	14	0	702	3	1 974
2001	0	1233	0	12	1	704	3	1 953
1994-00	3	6942	0	33	11	1 377	18	8 384

MS = Minimally stabilized = Posterior cruciate retaining prosthesis and deep dish

PS = Posterior cruciate stabilizing prostheses

CCK = Constrained Condylar Knee = high level stabilized

MT = Metal backed tibia

All poly = All polyethylene tibial component

* Information taken from the catalogue number of prostheses

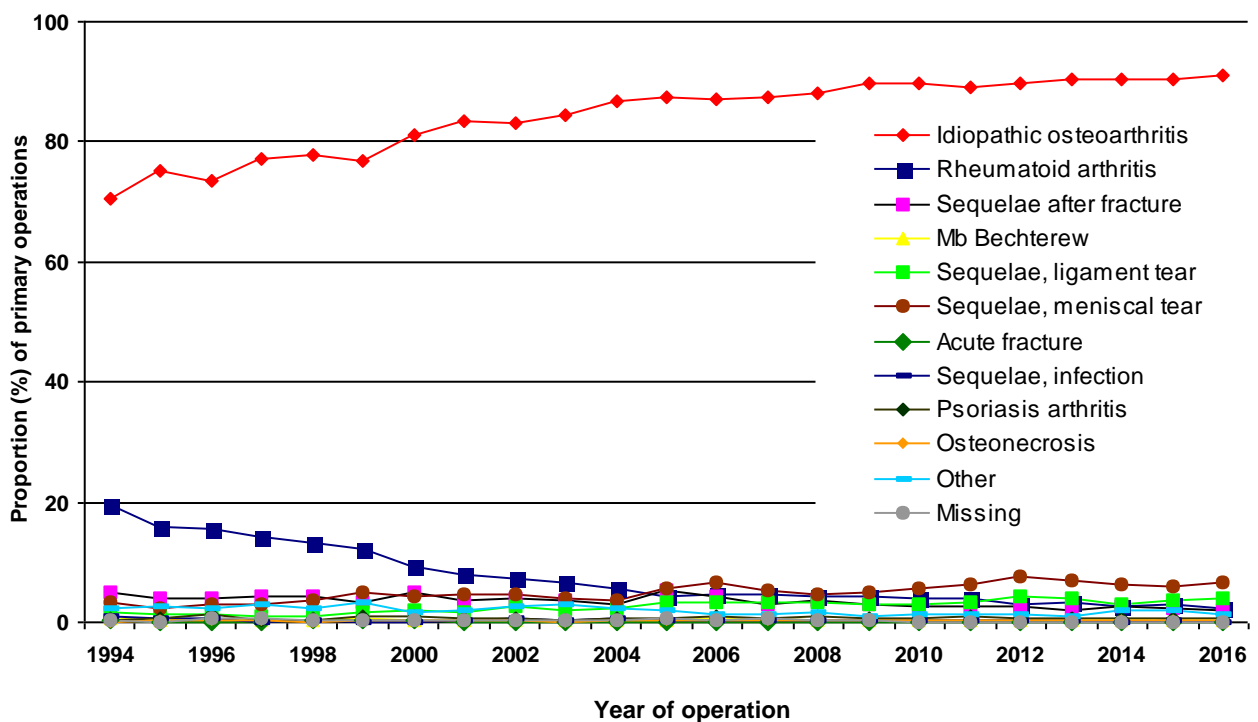
Reasons for primary operations - Total knee prostheses

Table 4:

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae, ligament tear	Sequelae, meniscal tear	Acute fracture	Sequelae, infection	Psoriasis arthritis	Osteonecrosis	Other	Missing
2016	5 014	134	117	18	223	365	2	9	38	13	77	0
2015	4 788	165	114	16	199	321	1	18	36	10	103	2
2014	4 496	140	124	22	142	307	3	7	30	16	94	2
2013	4 073	144	95	11	173	308	1	16	29	9	41	4
2012	3 946	126	110	15	182	332	2	13	33	11	61	4
2011	3 617	161	114	12	134	260	1	18	35	10	54	2
2010	3 552	156	101	13	117	217	2	10	25	7	58	3
2009	3 574	167	118	11	116	200	2	13	25	7	46	10
2008	3 105	149	125	14	116	169	3	9	30	10	54	8
2007	2 719	146	95	17	98	162	4	11	17	11	44	16
2006	2 354	123	114	14	92	178	0	12	23	11	40	5
2005	2 434	120	145	13	94	155	2	11	19	7	53	14
2004	2 129	138	76	6	59	89	0	15	14	6	54	10
2003	2 167	174	94	9	49	98	2	11	8	1	79	5
2002	1 648	144	79	7	54	90	3	10	12	6	50	5
2001	1 645	157	75	5	35	90	1	6	11	7	38	8
2000	1 324	151	79	6	35	69	3	2	14	4	29	3
1999	1 124	180	50	9	24	73	3	2	13	5	50	3
1998	1 033	177	55	3	15	47	5	5	3	2	32	4
1997	907	167	49	3	10	34	1	1	5	2	37	9
1996	725	154	40	8	14	29	1	8	12	3	24	6
1995	735	154	39	4	13	22	0	6	6	4	26	1
1994	624	173	44	5	15	29	2	10	4	0	20	2
Total	57 733	3 500	2 052	241	2 009	3 644	44	223	442	162	1 164	126

Diseases are not mutually exclusive. More than one reason for operation is possible

Figure 8:



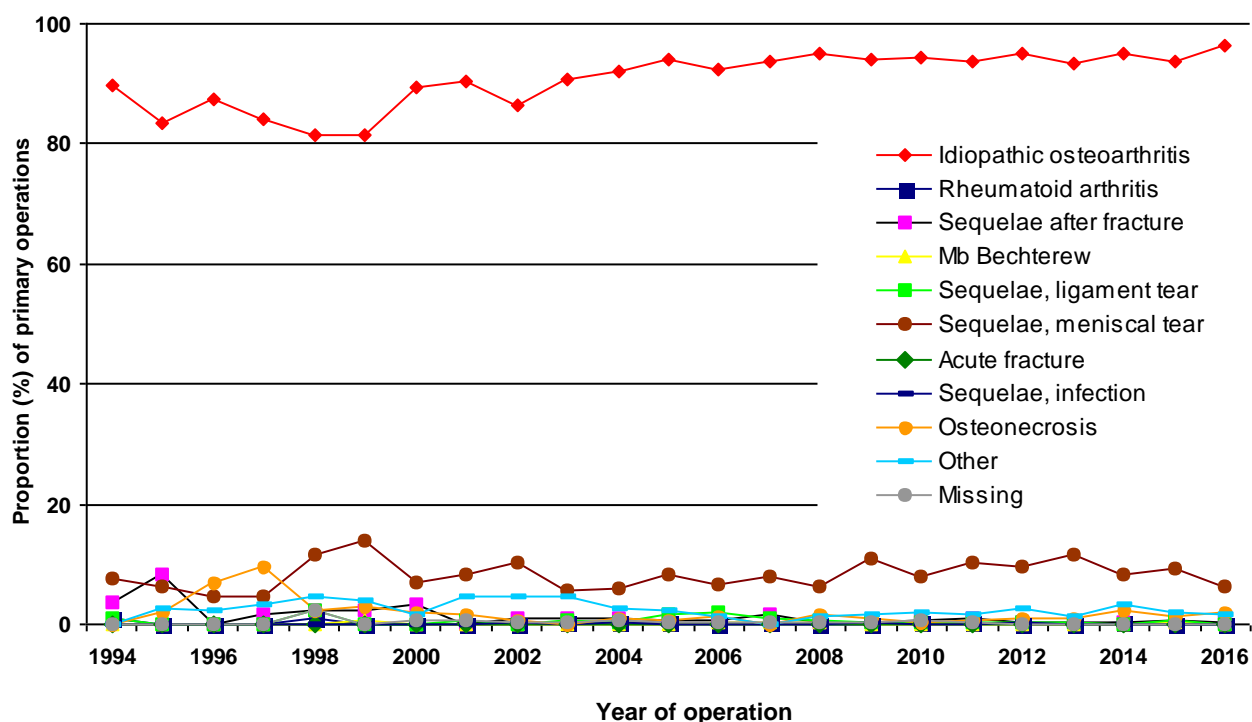
Reasons for primary operations - Unicondylar knee prostheses

Table 5:

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae, ligament tear	Sequelae, meniscal tear	Sequelae, infection	Osteonecrosis	Other	Missing
2016	826	1	2	1	1	54	1	16	13	0
2015	700	0	4	2	5	70	0	11	14	0
2014	566	2	2	0	0	49	0	13	20	0
2013	445	0	1	0	1	55	0	4	6	0
2012	450	0	1	0	1	46	1	4	13	0
2011	412	1	4	0	1	45	0	3	7	1
2010	391	2	3	0	1	33	0	2	8	3
2009	435	0	1	0	2	50	1	5	8	2
2008	418	0	2	1	3	27	0	7	6	2
2007	436	2	7	1	4	37	0	0	0	2
2006	369	0	2	1	8	26	0	5	5	1
2005	429	2	3	0	7	38	0	3	10	1
2004	411	1	4	0	1	27	2	5	12	3
2003	426	2	5	0	3	27	0	0	21	1
2002	251	0	3	0	0	30	1	2	13	1
2001	241	0	0	0	2	22	0	4	12	2
2000	216	0	8	0	0	17	0	5	4	2
1999	105	0	3	1	0	18	0	4	5	0
1998	71	1	2	0	2	10	0	2	4	2
1997	53	0	1	0	0	3	0	6	2	0
1996	76	0	0	0	0	4	0	6	2	0
1995	91	0	9	0	0	7	0	2	3	0
1994	96	1	4	0	1	8	0	0	0	0
Total	7 914	15	71	7	43	703	6	109	188	23

Diseases are not mutually exclusive. More than one reason for operation is possible

Figure 9:



Use of cement - Primary total knee prostheses

Figure 10: Femur

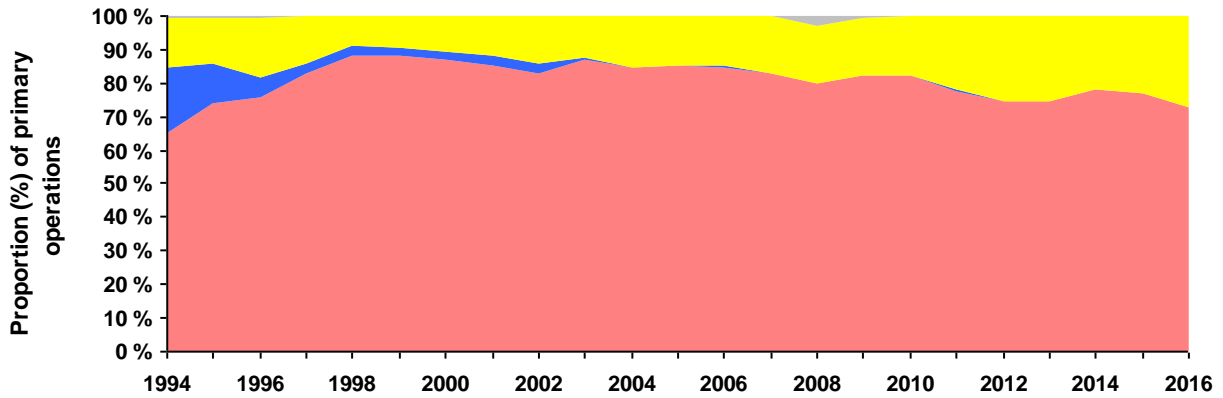


Figure 11: Tibia

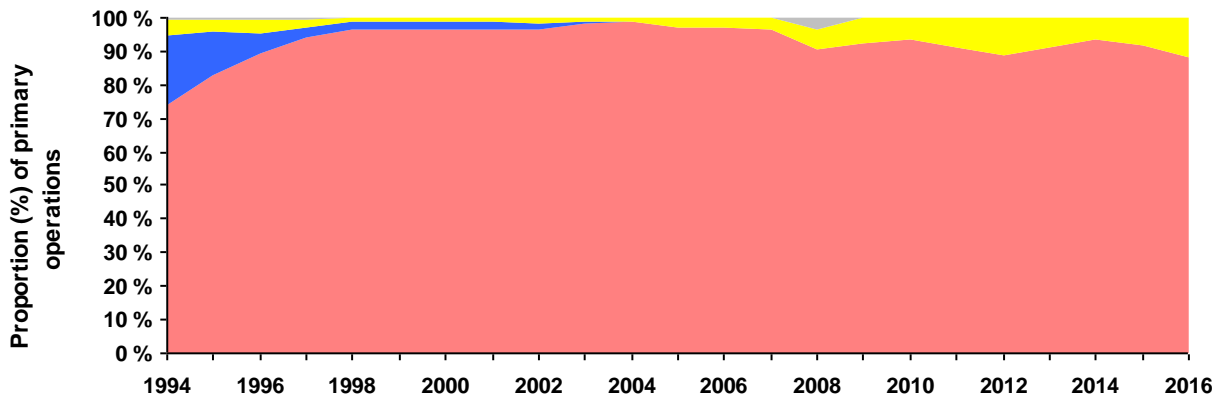
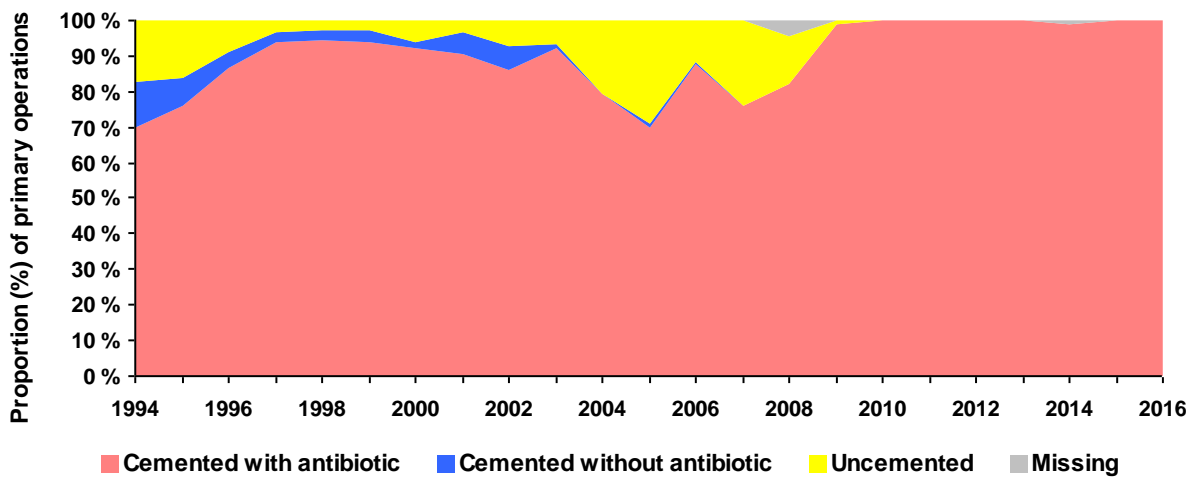


Figure 12: Patella



Use of cement in total knee prostheses

Figure 13: Primary operations

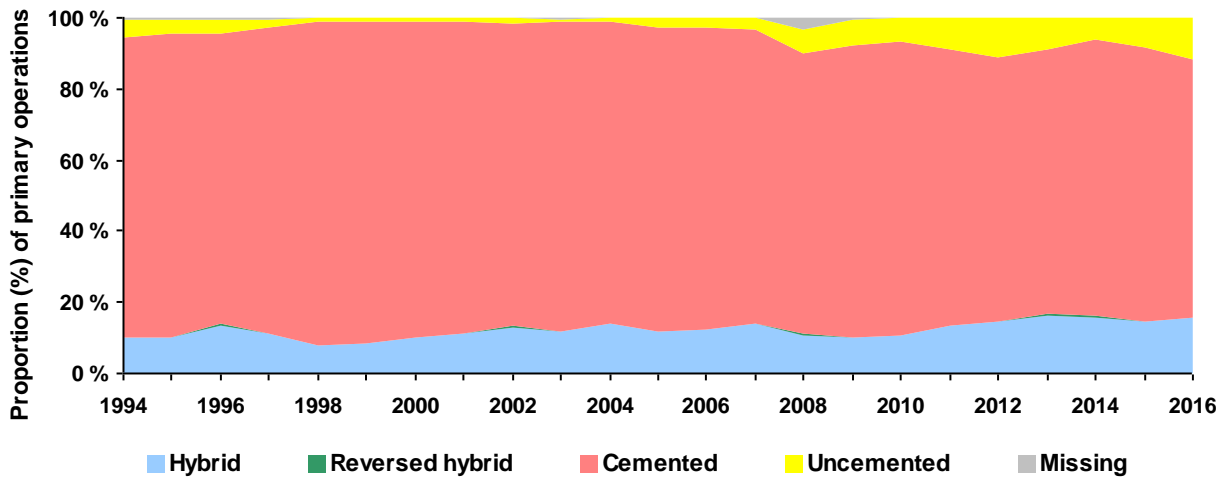
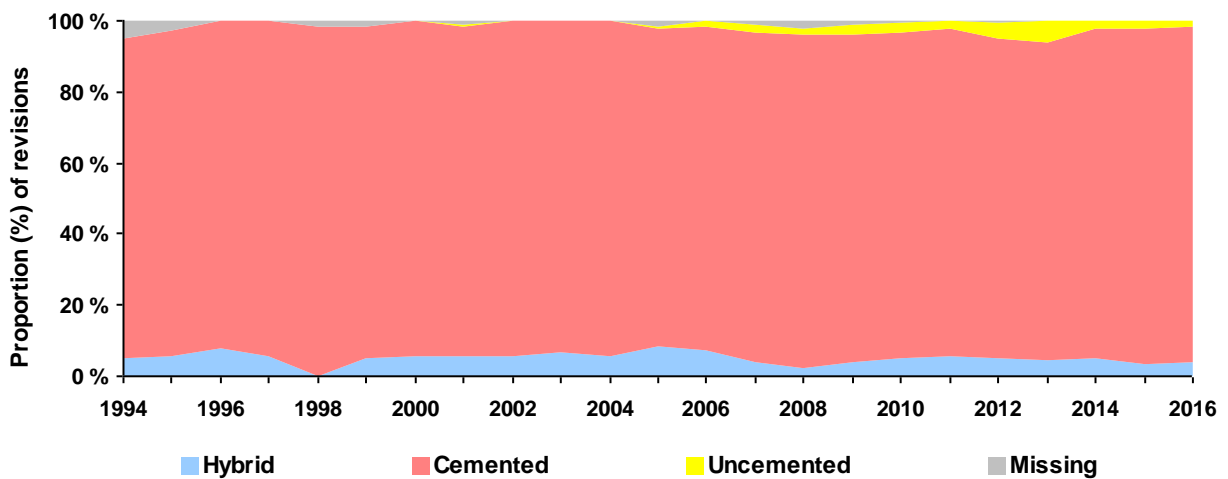
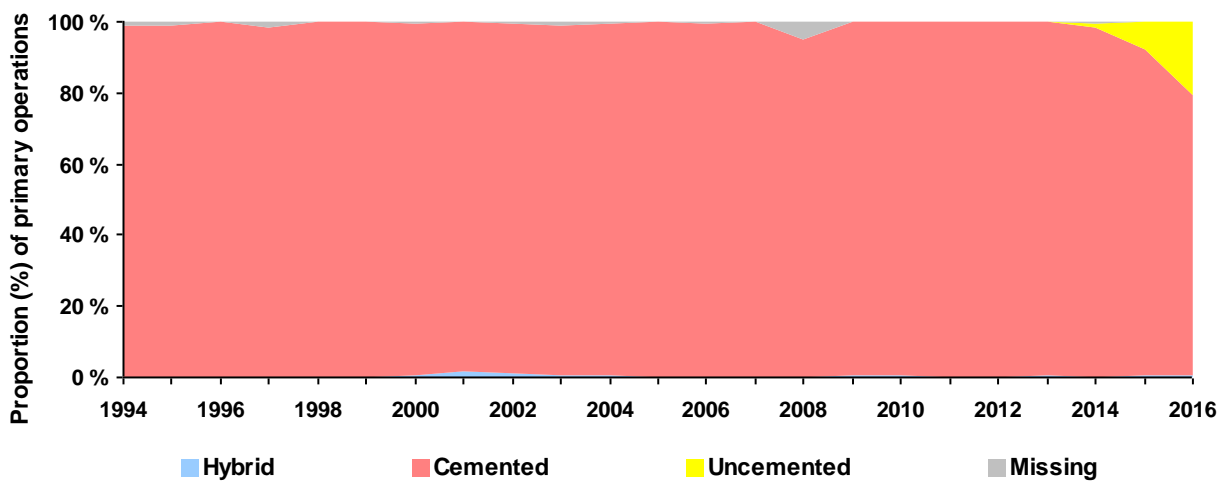


Figure 14: Revisions



Use of cement in unicondylar knee prostheses

Figure 15: Primary operations



The 7 most common primary total prostheses without patella component in 2013-2016

Table 6:

Product	Cemented *	Uncemented *	Hybrid	All poly	Rotating platform	HXLPE	Stabilization			Total
							MS	PS	CCK	
NexGen	7 958	635	789	0	0	613	8623	728	115	9 391
LCS Complete	2 367	58	378	0	2 802	0	2802	3	0	2 807
PFC-Sigma	1 606	860	167	0	2 632	0	2630	5	3	2 638
Legion	915	4	1 387	0	0	65	2231	85	5	2 310
Triathlon	1 072	70	124	0	0	1 240	1232	27	14	1 269
PROFIX	706	147	317	2	0	0	1171	0	0	1 171
Vanguard TM	303	0	0	0	0	0	302	18	0	303

Hybrid = Uncemented femur and cemented tibia

All poly = All polyethylene tibial component

HXLPE = Highly cross linked polyethylene

MS = Minimally stabilized = Posterior cruciate retaining prostheses and deep dish

PS = Posterior cruciate stabilizing prostheses

CCK = Constrained Condylar Knee = high level stabilized

* Surgeon's report for fixation

Table 6 A: Femur component

Product: NexGen (31)

Product Category	Cemented *	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR Option	5 973	2	5978	0	0	5 978
CR-flex porous uncemented	39	821	862	0	0	862
CR-flex Option	791	0	791	0	0	791
CR-flex gender	472	0	472	0	0	472
CR Porous uncemented	34	275	309	0	0	309
LPS-flex porous standard	2	280	0	283	0	283
LPS Option	249	0	0	249	0	249
CR Precoat	170	1	171	0	0	171
LCCK Option	114	0	0	0	114	114
LPS-flex Option	103	5	0	108	0	108
CR-flex porous	3	23	26	0	0	26
LPS-flex	6	0	0	6	0	6
Other	6	5	1	10	0	11
Unknown	9	2	0	0	0	11

Product: PROFIX (35)

Product Category	Cemented *	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR non-porous cemented	600	2	602	0	0	602
CR porous uncemented	98	457	555	0	0	555
CR Oxinium	5	0	5	0	0	5
Other	2	0	2	0	0	2
Unknown	5	1	0	0	0	7

Product: LCS Complete (48)

Product Category	Cemented *	Uncemented *	Stabilization			Total
			MS	PS	CCK	
Cemented	2 318	0	0	0	0	2 320
Uncemented	43	437	0	0	0	480
Other	4	0	0	0	0	4
Unknown	3	0	0	3	0	3

Product: PFC-Sigma (49)

Product Category	Cemented*	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR cemented	1 597	0	1600	0	0	1 600
CR uncemented	6	1 023	1029	0	0	1 029
PS	5	0	0	5	0	5
Other	2	0	0	0	0	2
Unknown	3	0	0	0	0	3

Product: Triathlon (58)

Product Category	Cemented*	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR cemented	1 027	3	1033	0	0	1 033
Beaded CR uncemented	5	190	195	0	0	195
PS cemented	20	0	0	20	0	20
TS cemented	13	0	0	0	13	13
Unknown	8	0	0	0	0	8

Product: Legion (62)

Product Category	Cemented*	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR uncemented	10	1 385	1396	0	0	1 396
CR cemented	821	0	822	0	0	822
PS cemented	66	5	0	71	0	71
CR Oxinium cemented	14	0	14	0	0	14
PS Oxinium cemented	9	0	0	10	0	10
Other	4	1	0	2	3	5
Unknown	1	0	0	0	0	1

Product: Vanguard TM (67)

Product Category	Cemented*	Uncemented *	Stabilization			Total
			MS	PS	CCK	
CR Anatomic interlok cemented	300	0	300	0	0	300
PS Anatomic interlok cemented	15	0	0	15	0	15
Other	3	0	2	1	0	3
Unknown	1	0	0	0	0	1

MS = Minimally stabilized = Posterior cruciate retaining prostheses and deep dish

PS = Posterior cruciate stabilizing prostheses

CCK = Constrained Condylar Knee = high level stabilized

* Surgeon's report for fixation

Table 6 B: Tibia**Product: NexGen (31)**

Product Category	Cemented *	Uncemented *	All poly	Total
Option cemented	5 766	9	0	5 775
Precoat PMMA stemmed cemented	2 826	1	0	2 828
Trabecular metal uncemented	6	638	0	644
Precoat AP wedge stemmed	125	1	0	126
Unknown	16	0	0	16

Product: PROFIX (35)

Product Category	Cemented *	Uncemented *	All poly	Total
Non porous cemented	983	3	0	986
Porous w/o hole uncemented	1	148	0	149
Porous uncemented	31	0	0	31
Other	2	0	2	2
Unknown	3	0	0	3

Table 6 B: Tibia**Product: LCS Complete (48)**

Product Category	Cemented *	Uncemented *	All poly	Total
No keel MBT* cemented	2 725	1	0	2 727
No keel MBT* uncemented	1	56	0	57
MBT* revision	16	0	0	16
Other	2	2	0	4
Unknown	3	0	0	3

* MBT = Mobile bearing tray

Product: PFC-Sigma (49)

Product Category	Cemented *	Uncemented *	All poly	Total
With keel MBT* cemented	1 732	4	0	1 737
With keel MBT* uncemented	11	851	0	862
No keel MBT* cemented	14	2	0	16
MBT* revision	7	8	0	15
Unknown	6	1	0	7

* MBT = Mobile bearing tray

Product: Triathlon (58)

Product Category	Cemented *	Uncemented *	All poly	Total
Cemented	1 161	1	0	1 162
PA uncemented	4	70	0	74
Universal cemented	27	0	0	27
Unknown	6	0	0	6

Product: Legion (62)

Product Category	Cemented *	Uncemented *	All poly	Total
Male tapered cemented	2 300	5	0	2 305
All poly CR	8	0	8	8
Unknown	5	0	0	5

Product: Vanguard TM (67)

Product Category	Cemented *	Uncemented *	All poly	Total
Highly polished modular PCR	299	0	0	299
Interlok Monobloc PCR cemented	15	0	0	15
Other	4	0	0	4

All poly = All polyethylene tibial component

MS = Minimally stabilized = Posterior cruciate retaining prostheses and deep dish

PS = Posterior cruciate stabilizing prostheses

CCK = Constrained Condylar Knee = high level stabilized

* Surgeon's report for fixation

Table 6 C: Foring Tibia Insert**Product: NexGen (31)**

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
CR-Flex	0	0	7947	0	0	7 947
LPS-FlexFixed	0	0	0	714	0	714
CR-Prolong	0	609	609	0	0	609
LCCK	0	0	0	0	79	79
CR	0	0	10	0	0	10
Other	0	4	0	4	0	4
Unknown	0	0	0	0	0	28

Product: PROFIX (35)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
Conforming PCR	0	0	1022	0	0	1 022
Conforming+	0	0	141	0	0	141
Unknown	0	0	8	0	0	8

Product: LCS Complete (48)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
Rotating platform RP	2 802	0	2802	0	0	2 802
Unknown	0	0	0	0	0	5

Product: PFC-Sigma (49)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
Rotating platform RP-CV	2 624	0	2624	0	0	2 624
Revision STB	5	0	0	0	0	5
Other	3	0	1	0	3	4
Unknown	0	0	0	0	0	5

Product: Triathlon (58)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
CR-X3 HXLPE	0	1 026	1026	0	0	1 026
CS-X3 HXLPE	0	192	192	0	0	192
PS-X3 HXLPE	0	14	0	14	0	14
PS	0	0	0	13	0	13
CR	0	0	10	0	0	10
TS-X3 HXLPE	0	8	0	0	8	8
Unknown	0	0	0	0	0	6

Product: Legion (62)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
CR standard	0	0	1242	0	0	1 242
Dished	0	0	979	0	0	979
PS high flex	0	59	0	59	0	59
PS	0	0	0	20	0	20
CR-highflex HXLPE	0	5	5	0	0	5
Other	0	1	1	0	2	3
Unknown	0	0	0	0	0	2

Product: Vanguard TM (67)

Product Category	Rotating platform	HXLPE	Stabilization			Total
			MS	PS	CCK	
Arcom CR	0	0	288	0	0	288
Arcom PS	0	0	0	14	0	14
Other	0	0	0	1	0	1
Unknown	0	0	0	0	0	1

HXLPE = Highly cross linked polyethylene

MS = Minimally stabilized = Posterior cruciate retaining prostheses and deep dish

PS = Posterior cruciate stabilizing prostheses

CCK = Constrained Condylar Knee = high level stabilized

Table 7: Femoral prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Profix	7510	1097	1216	1155	1169	1388	1039	131		1	14706
LCS Complete	2532	1315	1374	1420	1491	1488	802	712	675	618	12427
NexGen	970	172	205	251	221	656	1598	2421	2688	2684	11866
AGC	3385	352	341	290	247	224	27				4866
LCS	4818										4818
Genesis I	3293										3293
Duracon	815	463	508	470	396	101					2753
PFC-Sigma	1				3	1	453	707	729	750	2644
Triathlon	51	48	178	164	287	329	245	229	297	498	2326
Legion						3	136	673	753	757	2322
Tricon -C with Pro-Fit	1085										1085
Vanguard TM	1	3	66	144	198	149	147	65	65	42	880
E-motion	403	9	46	10							468
Kinemax	411										411
Tricon M	337										337
Advance	79	15	38	29	44	43	51	12			311
Journey II BCS								7	70	56	133
Scorpio	60	44	7	12	2	2					127
NexGen Rotating Hinge	5	6	3	10	16	10	4	19	29	22	124
Interax I.S.A.	106										106
Attune										44	44
AGC Dual	43										43
Search	40										40
Kotz	33										33
Evolution Medial-Pivot									10	19	29
GMK Sphere										18	18
RT-Plus Modular	1			4	1	6	4				16
Andre (n<15)	31	3	2	4	2	5	2	8	5	19	81
Total	26010	3527	3984	3963	4077	4405	4508	4984	5321	5528	66307

Table 8: Femoral prostheses in revisions

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
NexGen	89	26	34	29	42	60	107	102	122	106	717
Profix	393	53	48	54	47	40	43	6			684
LCS Complete	106	60	71	61	60	57	42	31	16	23	527
NexGen Rotating Hinge	19	9	12	9	12	17	18	47	53	47	243
Genesis I	211										211
LCS	181										181
Triathlon			1	10	17	29	34	24	23	18	156
Legion		1	8	7		1	6	26	40	30	119
Scorpio	11	16	19	25	16	7					94
PFC-Sigma							12	21	24	30	87
AGC	65	7	1	3	2	4	1				83
Duracon	36	9	17	5	5	4					76
Vanguard TM		1	17	23	21	3	2				67
AGC Dual	62										62
Dual Articular 2000	27	3									30
RT-Plus Modular			3	1	1	9	9	1			24
S-ROM Rotat. Hinge	3		2		7	2	1	4	1	4	24
Tricon -C with Pro-Fit	20										20
Kinemax	16										16
E-motion	6	4	5	1							16
Legion Hinge Knee								1	7	8	16
Andre (n<15)	59	4	7	3	7	5	3	2		6	96
Total	1304	193	245	231	237	238	278	265	286	272	3549

Table 9: Tibial prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Profix	7504	1097	1216	1155	1169	1388	1039	131		1	14700
LCS Complete	2492	1307	1374	1419	1491	1488	802	712	675	619	12379
NexGen	970	172	205	251	221	656	1598	2421	2688	2684	11866
AGC	3395	351	341	290	247	224	27				4875
LCS	4488	8									4496
Genesis I	3293										3293
Duracon	815	463	508	470	396	101					2753
PFC-Sigma	1				3	1	453	707	730	749	2644
Triathlon	51	48	178	164	287	329	245	229	297	498	2326
Legion						3	136	673	753	757	2322
Tricon II	1417										1417
Vanguard TM	1	3	66	144	198	148	146	65	65	42	878
E-motion	403	9	46	10							468
Kinemax	411										411
LCS Universal	373										373
Advance	79	15	38	29	44	43	51	12			311
Journey II BCS								7	70	56	133
Scorpio	60	44	7	12	2	2					127
NexGen Rotating Hinge	5	6	3	10	16	10	4	19	29	22	124
Interax I.S.A.	106										106
Attune										44	44
Search	40										40
Kotz	33										33
Evolution Medial-Pivot									10	19	29
AGC Dual	27										27
GMK Sphere										18	18
RT-Plus Modular	1			4	1	6	4				16
Andre (n<15)	37	4	2	4	1	5	3	8	4	19	87
Total	26002	3527	3984	3962	4076	4404	4508	4984	5321	5528	66296

Table 10: Tibial prostheses in revisions

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
NexGen	88	27	33	30	42	61	111	109	124	114	739
Profix	402	49	47	53	45	45	44	7	1	1	694
LCS Complete	135	81	94	73	81	68	55	46	25	25	683
Genesis I	256	2			1						259
NexGen Rotating Hinge	19	9	12	8	12	16	18	47	51	45	237
LCS	236										236
Triathlon			1	10	18	31	35	24	24	21	164
Duracon	41	12	21	12	14	11	7				118
Legion		1	8	7		1	6	26	39	30	118
Scorpio	11	16	19	26	17	8			1		98
PFC-Sigma							12	20	24	33	89
AGC	67	7	1	4	2	4					85
Tricon II	71										71
Vanguard TM			17	22	21	4	3				67
AGC Dual	59										59
Dual Articular 2000	26	3									29
RT-Plus Modular			3	1	1	9	9	1			24
Maxim	21			1							22
E-motion	6	4	6	1		1					18
Kinemax	17										17
Legion Hinge Knee								1	7	8	16
Andre (n<15)	32	4	5	3	6	9	3	4		8	74
Total	1487	215	267	251	260	268	303	285	296	285	3917

Unicondylar knee prostheses

Table 11: Femoral prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Oxford UNI (III)	2559	400	444	400	412	334	233	202	196	198	5378
Oxford Partial Knee					1	104	205	371	514	631	1826
Genesis UNI	344	1	1								346
Miller/Galante UNI	282	10	4								296
MOD III	200										200
Preservation	127	20	7	11							165
LINK Schlitten UNI	9				3	14	20	13	17	17	93
Duracon	50										50
Journey Uni					7	14	3	3	12	7	46
Oxford UNI (II)	45										45
Sigma High Performance Uni					8	6	11	6	9	3	43
ZUK (Unicondylar)		9	7	3	8	1					28
Other (n<15)	2						3	1		2	8
Total	3618	440	463	414	439	473	475	596	748	858	8524

Table 12: Tibial prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Oxford UNI (III)	2558	399	444	400	412	334	232	203	192	201	5375
Oxford Partial Knee					1	104	206	370	518	628	1827
Genesis UNI	344	1	1								346
Miller/Galante UNI	279	10	4								293
MOD III	201										201
Preservation	127	20	7	11							165
LINK Schlitten UNI	9				3	14	20	13	17	17	93
Duracon	50										50
Journey Uni					7	14	3	3	12	7	46
Oxford UNI (II)	45	1									46
Sigma High Performance Uni					8	6	11	6	9	3	43
ZUK (Unicondylar)		9	7	3	8	1					28
Other (n<15)	1						3			2	6
Total	3614	440	463	414	439	473	475	595	748	858	8519

Patellofemoral prostheses

Table 13: Femoral prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Journey PFJ	3	16	18	21	25	14	18	22	7	17	161
NexGen PFJ Gender	0	0	0	2	4	19	16	16	32	47	136
Patella Mod III / II	33	0	0	0	0	0	0	0	0	0	33
LCS PFJ	17	0	1	0	0	0	0	0	0	0	18
Legion	0	0	0	0	0	0	0	0	0	14	14
Other (n<5)	3	5	0	0	0	0	4	0	0	0	12
Total	56	21	19	23	29	33	38	38	39	78	374

Table 14: Patella prostheses in primary operations

Prosthesis	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Journey PFJ	3	14	18	21	25	14	18	22	7	31	173
NexGen PFJ Gender				2	4	19	16	16	31	46	134
Patella Mod III / II	33										33
LCS PFJ	17										17
Other (n<5)	3	5	1				4		1	1	15
Total	56	19	19	23	29	33	38	38	39	78	372

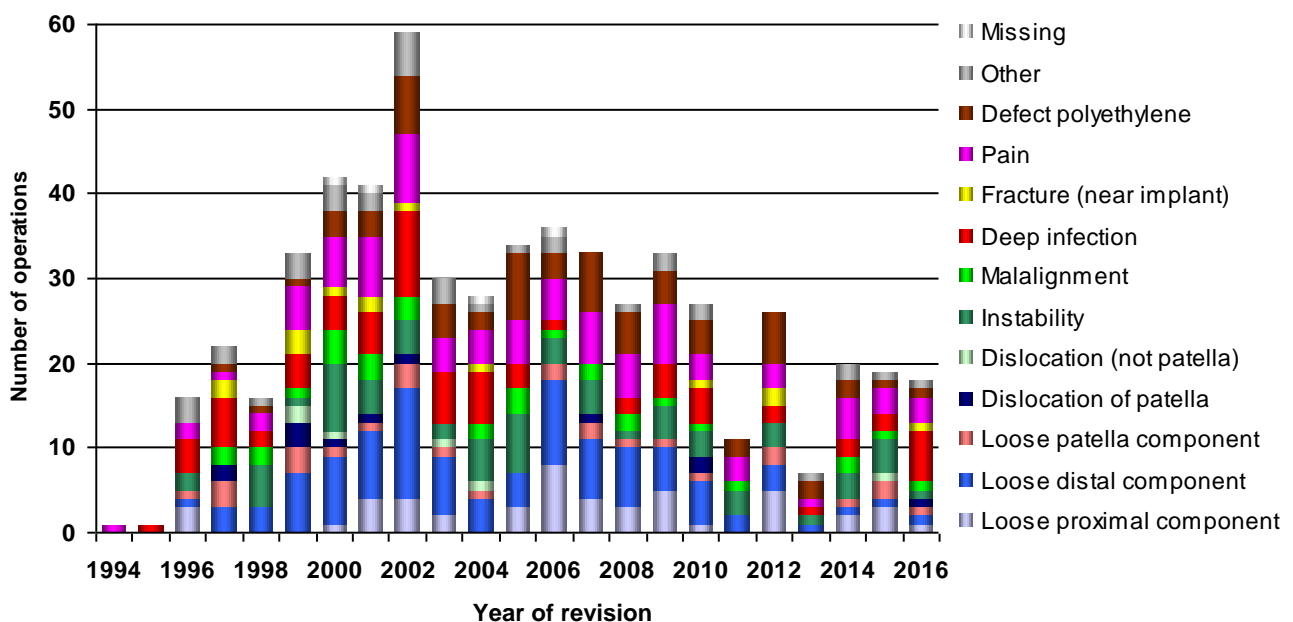
Reasons for revisions

Table 15: Reasons for revisions of total knee prostheses with patella

Year of revision	Loose proximal comp.	Loose distal comp.	Loose patella comp.	Dislocation of patella	Dislocation (not patella)	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	1	1	1	1	0	1	1	6	1	3	1	1	0
2015	3	1	2	0	1	4	1	2	0	3	1	1	0
2014	2	1	1	0	0	3	2	2	0	5	2	2	0
2013	0	1	0	0	0	1	0	1	0	1	2	1	0
2012	5	3	2	0	0	3	0	2	2	3	6	0	0
2011	0	2	0	0	0	3	1	0	0	3	2	0	0
2010	1	5	1	2	0	3	1	4	1	3	4	2	0
2009	5	5	1	0	0	4	1	4	0	7	4	2	0
2008	3	7	1	0	0	1	2	2	0	5	5	1	0
2007	4	7	2	1	0	4	2	0	0	6	7	0	0
2006	8	10	2	0	0	3	1	1	0	5	3	2	1
2005	3	4	0	0	0	7	3	3	0	5	8	1	0
2004	0	4	1	0	1	5	2	6	1	4	2	1	1
2003	2	7	1	0	1	2	0	6	0	4	4	3	0
2002	4	13	3	1	0	4	3	10	1	8	7	5	0
2001	4	8	1	1	0	4	3	5	2	7	3	2	1
2000	1	8	1	1	1	8	4	4	1	6	3	3	1
1999	0	7	3	3	2	1	1	4	3	5	1	3	0
1998	0	3	0	0	0	5	2	2	0	2	1	1	0
1997	0	3	3	2	0	0	2	6	2	1	1	2	0
1996	3	1	1	0	0	2	0	4	0	2	0	3	0
1995	0	0	0	0	0	0	0	1	0	0	0	0	0
1994	0	0	0	0	0	0	0	0	0	1	0	0	0
Total	49	101	27	12	6	68	32	75	14	89	67	36	4

Revision causes are not mutually exclusive. More than one reason for revision is possible

Figure 16: Reasons for revisions of total knee prostheses with patella



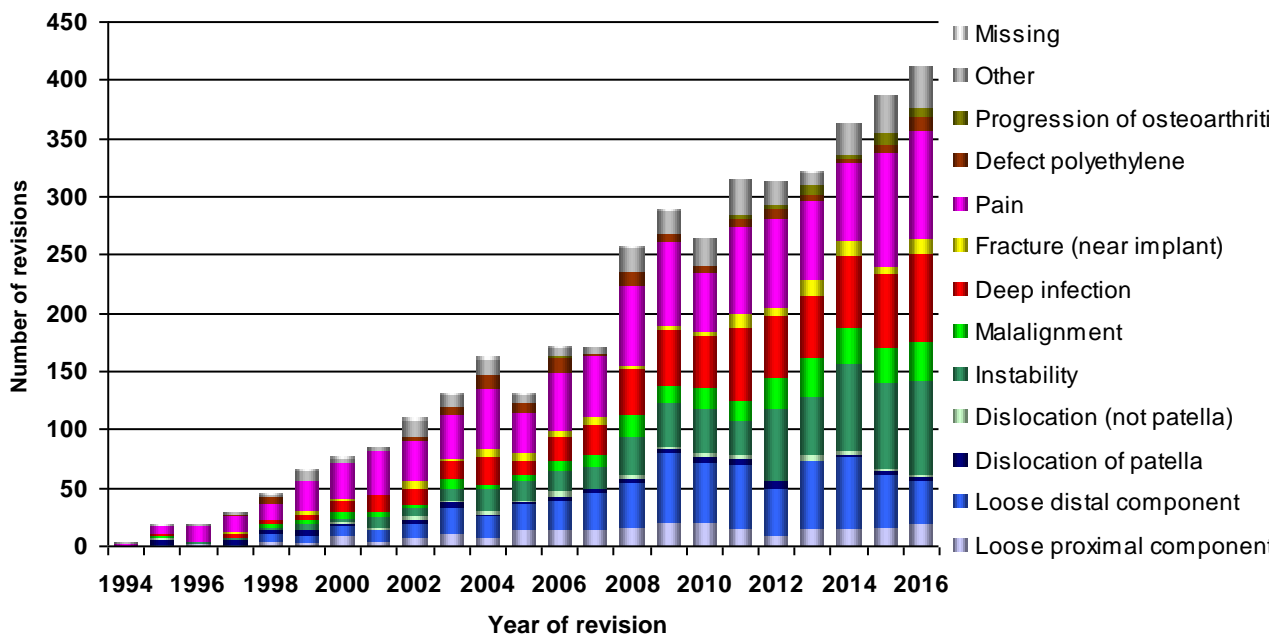
Reasons for revisions

Table 16: Reasons for revisions of total knee prostheses without patella

Year of revision	Loose proximal comp.	Loose distal comp.	Dislocation of patella	Dislocation (not patella)	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Progression of osteoarthritis	Other	Missing
2016	18	38	3	3	80	33	76	14	91	12	8	36	0
2015	15	46	3	3	73	30	64	7	96	8	10	32	0
2014	16	60	2	4	74	31	62	14	66	4	2	28	0
2013	15	58	1	5	49	34	52	14	68	6	8	11	1
2012	8	42	7	0	60	28	52	7	77	9	3	21	0
2011	16	54	5	3	29	17	63	12	76	6	3	31	1
2010	21	51	4	4	38	19	44	3	52	4		25	0
2009	20	60	4	2	36	16	47	5	71	6	1	20	1
2008	15	39	4	3	32	19	40	3	69	11		20	2
2007	13	33	3	1	19	10	25	7	53	2		5	0
2006	14	26	3	5	16	9	20	6	50	13	1	8	2
2005	13	23	2	2	17	4	13	6	34	9		6	2
2004	7	19	2	3	18	4	24	7	51	11		14	3
2003	10	23	4	2	10	9	15	2	38	6		10	3
2002	6	12	4	3	7	4	14	6	35	3		14	3
2001	3	10	0	2	11	3	16	0	36	1		4	0
2000	8	9	1	2	4	5	11	1	30	1		3	1
1999	4	5	4	0	5	4	6	2	26	1		8	2
1998	3	7	3	0	2	4	3	0	13	8		2	1
1997	0	1	4	0	1	0	4	2	13	2	1	1	0
1996	1	0	1	0	1	0	0	1	13	0		2	0
1995	0	2	3	1	1	1	2	0	7	0		0	2
1994	0	0	0	0	0	0	0	0	2	0		1	0
Total	226	618	67	48	583	284	653	119	1 067	123	37	302	24

Revision causes are not mutually exclusive. More than one reason for revision is possible

Figure 17: Reasons for revisions of total knee prostheses without patella



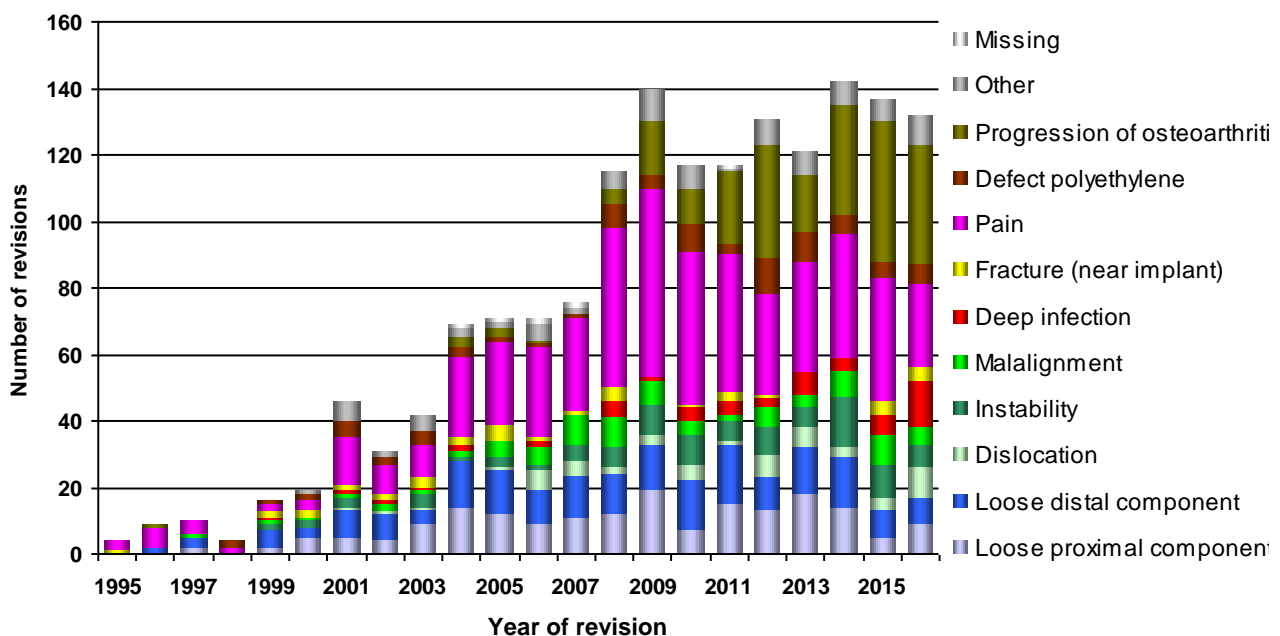
Reasons for revisions

Table 17: Reasons for revisions of unicondylar knee prostheses

Year of revision	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Progression of osteoarthritis	Other	Missing
2016	9	8	9	7	5	14	4	25	6	36	9	0
2015	5	8	4	10	9	6	4	37	5	42	7	0
2014	14	15	3	15	8	4	0	37	6	33	7	0
2013	18	14	6	6	4	7	0	33	9	17	7	0
2012	13	10	7	8	6	3	1	30	11	34	8	0
2011	15	18	1	6	2	4	3	41	3	22	1	1
2010	7	15	5	9	4	4	1	46	8	11	7	0
2009	19	14	3	9	7	1	0	57	4	16	10	0
2008	12	12	2	6	9	5	4	48	7	5	5	0
2007	11	12	5	5	9	0	1	28	1		2	2
2006	9	10	6	2	5	2	1	27	1	1	5	2
2005	12	13	1	3	5	0	5	25	1	3	2	1
2004	14	14	0	1	2	2	2	24	3	3	3	1
2003	9	4	1	4	1	1	3	10	4		5	0
2002	4	8	1	0	2	1	2	9	2		2	0
2001	5	8	1	3	1	1	2	14	5		6	0
2000	5	3	0	2	1	0	2	3	2		1	0
1999	2	5	0	2	1	1	2	2	1		0	0
1998	0	0	0	0	0	0	0	2	2		0	0
1997	2	3	0	0	1	0	0	4	0		0	0
1996	0	2	0	0	0	0	0	6	0	1	0	0
1995	0	0	0	0	0	0	1	3	0		0	0
Total	185	196	55	98	82	56	38	511	81	224	87	7

Revision causes are not mutually exclusive. More than one reason for revision is possible

Figure 18: Reasons for revisions of unicondylar knee prostheses

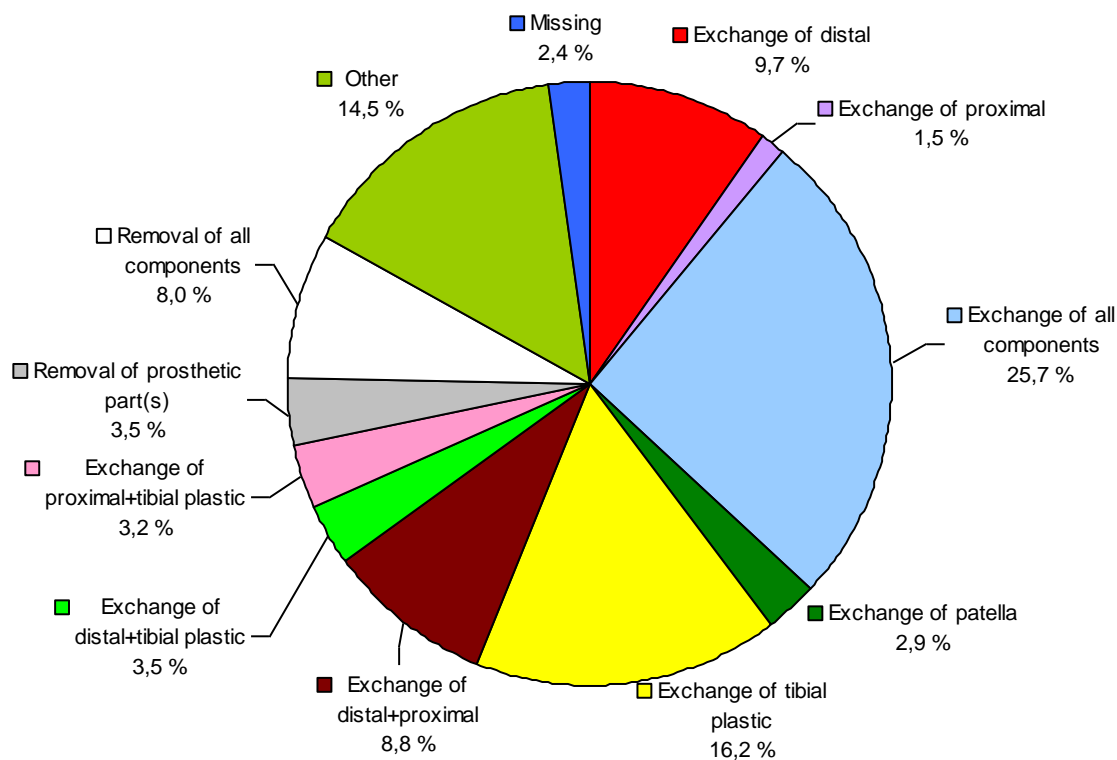


Type of revision

Table 18: Total knee prostheses with patella

Year of primary operation	Exchange of distal	Exchange of distal+tibial plastic	Exchange of distal+ proximal	Exchange of whole prosthesis	Exchange of patella	Exchange of tibial plastic	Exchange of proximal	Exchange of proximal+ tibial	Removal of whole prosthesis	Removal of prosthetic part(s)	Other	Missing	Total
2016						5							5
2015					2	1						1	4
2014		1				2						1	4
2012		1	1	1		1							4
2011						2							2
2010				1		1					1		3
2009						2		1			2		6
2008				1		1		1	1				4
2007				1		2				1			4
2006		1			1			1					3
2005		1		1					1		1	1	5
2004		1		2		3		1		1			8
2003	1	1		6		2			1		2		13
2002	4		1	3	1	2			1		1		13
2001	6			2	1	2	2		3	1	1		18
2000	3		5	6		4		1	3	1	1		24
1999	5	3	6	6	2	4		1	6		2		35
1998	3		2	8	1	7		1	1	4	6	2	35
1997	5	1	4	8		2		1	3	1	9	1	35
1996	4	1	2	12		4		2	3	2	7	2	39
1995	1		7	14		6	2	1	4		9		44
1994	1	1	2	15	2	2	1			1	6	1	32
Total	33	12	30	87	10	55	5	11	27	12	49	8	340

Figure 19: Total knee prostheses with patella

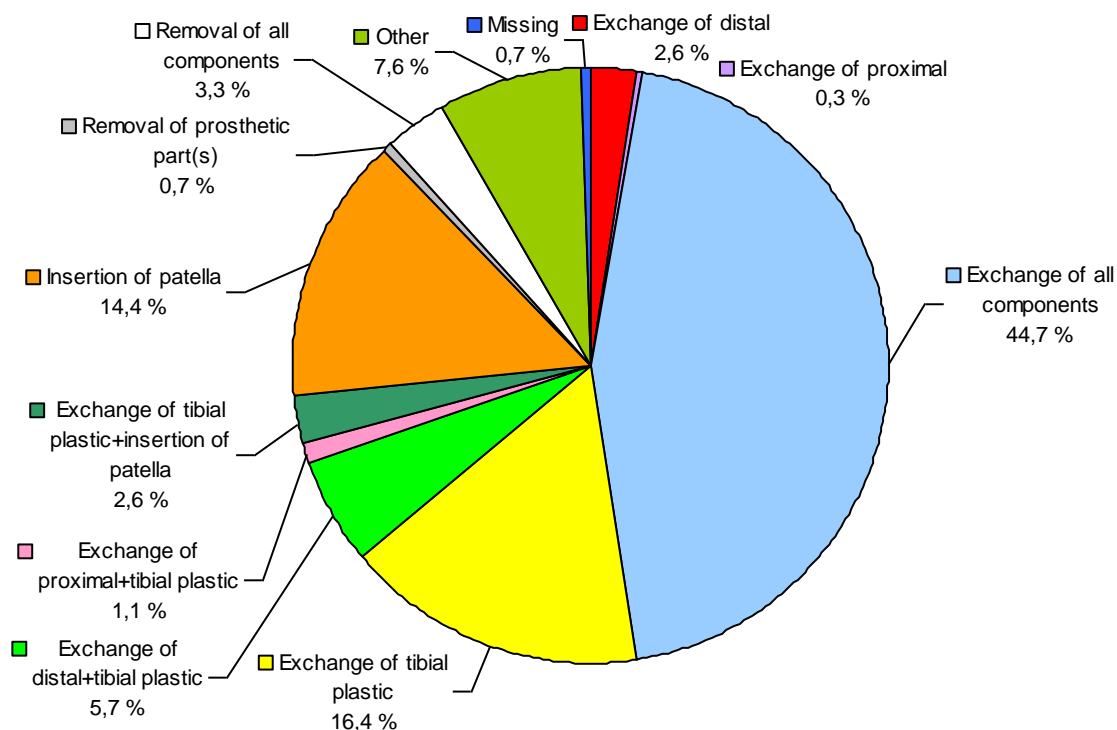


Type of revision

Table 19: Total knee prostheses without patella

Year of primary operation	Exchange of distal	Exchange of distal+tibial plastic	Exchange of whole prosthesis	Exchange of tibial plastic+inns. patella	Exchange of tibial plastic	Exchange of proximal	Exchange of proximal+tibial	Removal of whole prosthesis	Removal of prosthetic part(s)	Insertion of patella	Other	Missing	Total
2016		2	12		36		1	1			12		64
2015		5	29	5	39					8	16		102
2014		11	55	14	41		1	6		15	14		157
2013	1	9	82	4	39		4	1		18	17		175
2012	1	19	123	8	47			5	2	15	13	1	234
2011	1	23	147	8	54		2	8		25	20	1	290
2010	1	20	135	4	45	1	2	6	2	33	14		263
2009	4	20	134	1	49		6	9	1	26	19		269
2008	1	19	109	8	45	1	2	9	2	22	14	1	233
2007	1	13	123	6	29	1	2	6	1	19	14		215
2006	5	11	83	3	15	1	2	9	1	23	15	1	169
2005	6	11	63	2	13		2	6		24	19		146
2004	9	11	63	3	26		5	9		23	10	2	161
2003	5	7	76	1	28		2	12		29	13	1	174
2002	9	11	59	7	22		2	5	1	26	7	1	150
2001	14	4	48	8	12	1	4	6	1	41	7	2	148
2000	5	3	70	2	14	1	1	1	4	24	11		136
1999	10	4	41	4	14	2	1	5	1	32	7	3	124
1998	8	1	20	2	9			5	1	24	5	4	79
1997	4	1	40	1	5	2		1	2	27	7	1	91
1996	5	2	30	3	6	1		5	3	20	9	2	86
1995			38		5	1		1	1	24	4	1	75
1994	3		42		3		1	3	1	25	10	3	91
Total	93	207	1622	94	596	12	40	119	24	523	277	24	3632

Figure 20: Total knee prostheses without patella

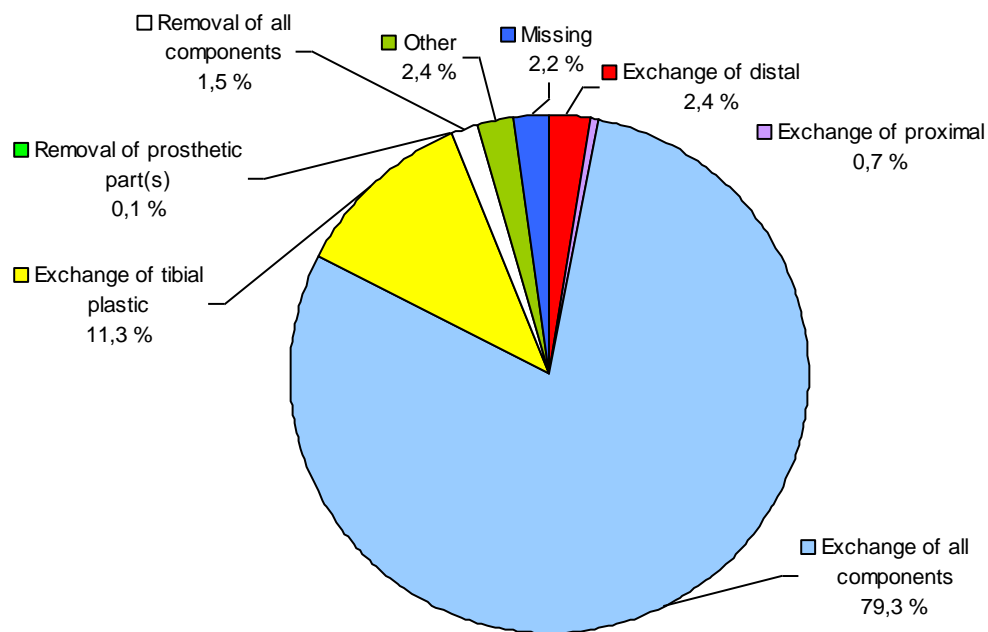


Type of revision

Table 20: Unicondylar prostheses

Year of primary operation	Exchange of distal	Exchange of whole prosthesis	Exchange of tibial plastic	Exchange of proximal	Removal of whole prosthesis	Removal of prosthetic part(s)	Other	Missing	Total
2016		1	10						11
2015	1	11	5						17
2014	2	13	4		1		2		22
2013		12	9		1				22
2012	2	22	9		1				34
2011	1	26	6				2	1	36
2010		39	10				1		50
2009		46	11		1		1		59
2008	1	59	8		2				70
2007		78	7	1	2		4	2	94
2006	1	70	7	1	1		3	2	85
2005	2	78	10				1	4	95
2004		89	5		2			2	98
2003	4	101	7	1			7	6	126
2002		36	6	2	2	1			47
2001	7	38	6		2		2	1	56
2000	1	54	5		1		1	1	63
1999	2	20		1				3	26
1998	2	16		1			1		20
1997		14		1					15
1996		9			1			1	11
1995	1	22							23
1994		21					1	1	23
Total	27	875	125	8	17	1	26	24	1103

Figure 21: Unicondylar prostheses



ASA classification all knee prostheses

Table 21: Primary operations all knee prostheses

Year	ASA 1	ASA 2	ASA 3	ASA 4	ASA 5	Missing	Total
2016	703	4 355	1 230	12		166	6 466
2015	680	4 146	1 188	7		87	6 108
2014	580	3 900	1 058	8		74	5 620
2013	549	3 509	892	5	1	69	5 025
2012	667	3 276	901	8		64	4 916
2011	582	3 019	873	6		65	4 545
2010	661	2 845	797	7		90	4 400
2009	832	2 740	793	8		95	4 468
2008	785	2 352	765	8	1	79	3 990
2007	747	2 060	709			72	3 588
2006	769	1 718	541	10	1	70	3 109
2005	913	1 565	559	2		214	3 253

Table 22: Revisions

Year	ASA 1	ASA 2	ASA 3	ASA 4	ASA 5	Missing	Total
2016	27	351	180	2		33	593
2015	35	313	180	7		19	554
2014	50	296	137	2		13	498
2013	45	290	133			12	480
2012	52	287	135	3		16	493
2011	54	249	119			9	431
2010	77	199	121	1		13	411
2009	93	212	117	1		15	438
2008	102	164	88			13	367
2007	73	141	69	2		16	301
2006	57	134	57	4		15	267
2005	61	94	70			26	251

Figure 22: Primary operations

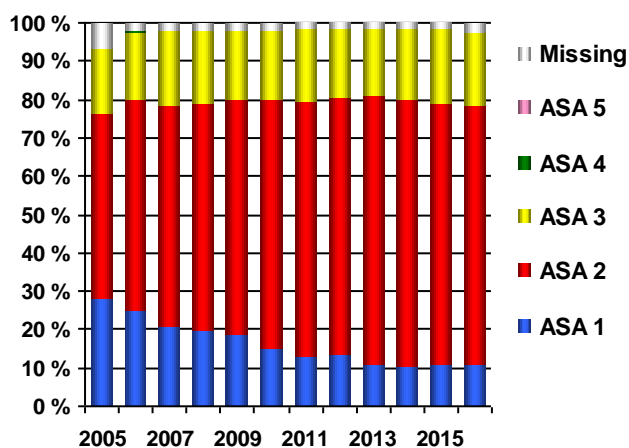
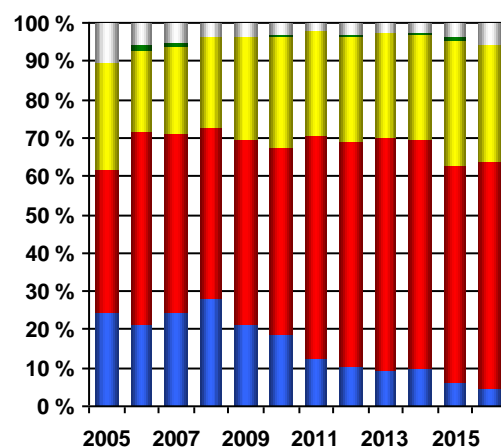


Figure 23: Revisions



ASA 1 = Healthy patients who smoke less than 5 cigarettes a day.

ASA 2 = Patients with an asymptomatic condition who are kept under medical control (f.ex. hypertension), or with diet (f. ex. diabetes mellitus type 2), and otherwise healthy patients who smoke five cigarettes or more daily.

ASA 3 = Patients having a condition that can cause symptoms. However, patients are kept under medical control (f. ex. moderate angina pectoris and mild asthma).

ASA 4 = Patients with a condition that is out of control (f. ex. heart failure and asthma).

ASA 5 = A moribund patient who is not expected to survive the operation.

Registration of ASA classification started in 2005

Thrombosis prophylaxis

Table 23: Primary operations

Year	Preoperatively	Postoperatively	Unknown* pre / post	No	Missing	Total
2016	833	4 766	780	58	29	6 466
2015	923	4 295	816	29	45	6 108
2014	798	4 006	763	25	28	5 620
2013	898	3 346	716	10	55	5 025
2012	1 131	2 879	871	7	28	4 916
2011	1 268	2 287	953	8	29	4 545
2010	1 412	2 408	533	8	39	4 400
2009	1 607	2 386	424	10	41	4 468
2008	1 648	1 828	463	13	38	3 990
2007	1 876	1 259	416	5	32	3 588
2006	1 802	675	578	14	40	3 109
2005	2 021	388	702	8	135	3 254

Table 24: Revisions

Year	Preoperatively	Postoperatively	Unknown* pre / post	No	Missing	Total
2016	94	418	72	7	2	593
2015	64	406	68	11	5	554
2014	69	350	67	7	5	498
2013	75	317	77	6	5	480
2012	105	268	111	6	3	493
2011	97	229	100	2	3	431
2010	107	227	70	6	1	411
2009	93	262	74	4	5	438
2008	106	184	62	7	8	367
2007	146	96	46	4	9	301
2006	139	62	54	3	9	267
2005	138	38	56	4	15	251

* Missing information on medication start

Figure 24: Primary operations

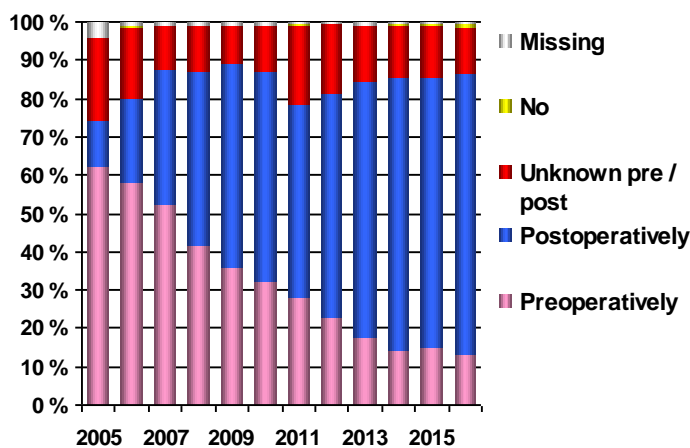
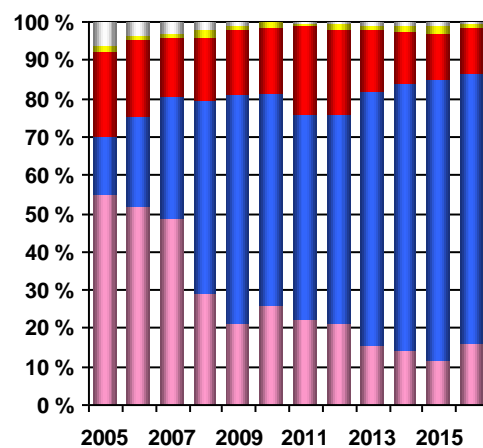


Figure 25: Revisions



Registration of thrombosis prophylaxis started in 2005

Thrombosis prophylaxis

Table 25: Drugs - All operations

Drugs	2005-06	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Apixiban (Eliquis)								1,2%	1,1%	0,9%	1,0%
Dalteparin (Fragmin)	49,6%	56,1%	57,2%	52,6%	62,4%	64,4%	59,2%	54,1%	50,4%	56,3%	56,5%
Enoksaparin (Klexane)	42,5%	39,6%	38,0%	43,4%	32,8%	28,2%	29,2%	30,0%	32,2%	26,7%	24,5%
Rivaroksaban (Xarelto)					0,1%	2,2%	2,6%	2,5%	1,8%	1,4%	1,1%
Ximelagatran (Exanta, Malagatran)	1,8%										
No drugs	0,4%	0,2%	0,5%	0,3%	0,3%	0,2%	0,2%	0,3%	0,5%	0,6%	0,9%
Clinical study	0,1%	0,7%	1,1%								
Combination of 2 drugs	1,6%	1,3%	1,2%	2,1%	3,1%	3,5%	7,3%	10,1%	12,2%	12,2%	14,1%
Other	0,5%	0,2%	0,3%	0,1%	0,1%	0,1%	0,2%	0,2%	0,6%	0,5%	0,7%
Missing	3,4%	1,9%	1,7%	1,5%	1,1%	1,4%	1,3%	1,6%	1,2%	1,5%	1,2%

Figure 26: Drugs

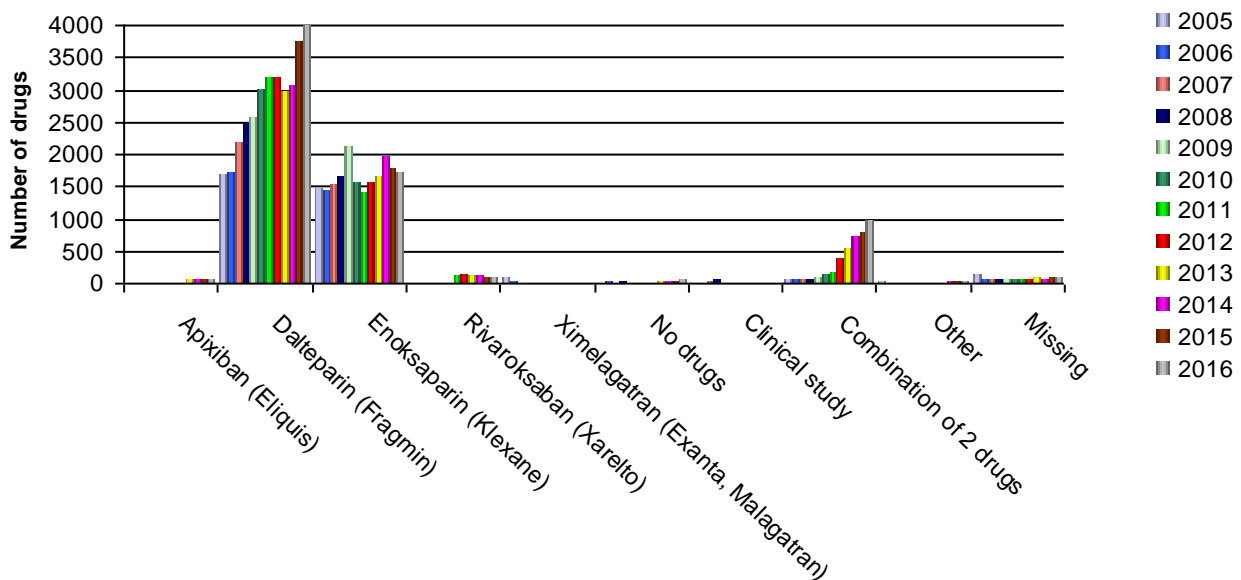


Table 26: Duration - All operations

Year	Days:	1-7	8-14	15-21	22-28	29-35	>35	No drugs	Missing	Total
2016		1 167	3 142	545	313	713	38	65	1 076	7 059
2015		1 011	2 387	977	326	865	143	40	913	6 662
2014		956	1 795	1 024	370	1 065	153	32	723	6 118
2013		722	1 594	1 005	398	996	120	16	654	5 505
2012		582	1 633	1 206	335	890	95	13	655	5 409
2011		289	1 345	1 377	403	798	101	10	653	4 976
2010		348	1 348	1 321	239	779	52	14	710	4 811
2009		398	1 586	1 166	228	761	8	14	745	4 906
2008		424	1 455	828	172	751	31	20	676	4 357
2007		489	1 177	797	119	742	8	9	548	3 889
2006		441	1 038	576	112	543	9	17	640	3 376
2005		547	1 060	621	111	530	69	12	555	3 505

Registration of thrombosis prophylaxis started in 2005

Fibrinolysis Inhibitor

Table 27: Drugs - Primary operations

Drugs	2010	2011	2012	2013	2014	2015	2016
Cyclokapron (Tranexamic acid)	2	1372	3482	3925	4708	5312	5711
Missing		74	153	116	114	72	63
Total	2	1446	3635	4041	4822	5384	5774

Registration of fibrinolysis inhibitor started in 2011

Perioperative complications

Table 28: For primary total prostheses (the 10 most common complications)

Type	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Patella tendon rupture / Avulsion fractures / ligament rupture / tendon injury	41	12	14	1	13	12	10	21	17	15	156
Fracture	43	8	9	7	16	7	5	5	6	9	115
Rupture / damage MCL (medial colateral ligament)		1	7	14	5	12	12	5	5	10	71
Technical problem with cement	18	1	6	6	10	6	6	5	4		62
Failure of instruments	16	7	3	4	3	5	3	7	1	1	50
Blood tourniquet failing	21	8	1	4	5	4	3		1		47
Fracture of proximal bone	13	3	3	3	1	4	5	3	6	3	44
Adm. failure (missing comp. etc.)	17		4	1	2	7	7	2		4	44
Problem due to difficult anatomy	3	7	2	5	3	6	3	5	5	3	42
Anestesiproblemer	6	2		5	7	2	4	7	4	1	38
Other periop. compl.	92	19	25	24	25	27	33	34	40	27	346

Previous operation in relevant joint

Table 29: For primary total prostheses

Type	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Meniscus	2384	321	411	511	582	706	700	770	757	878	8020
Osteotomy	1480	114	122	121	110	116	110	135	119	136	2563
Synovectomy	770	72	100	58	68	65	64	66	66	39	1368
Osteosynthesis of intraarticular joint fracture	577	76	89	77	84	74	62	97	94	97	1327
Ligament	119	18	13	16	18	23	24	65	86	147	529
Arthrodesis	20	2		1	1	2	2			2	30
Other previous op.	1203	123	163	217	227	283	267	308	323	314	3428

Mini-invasive surgery

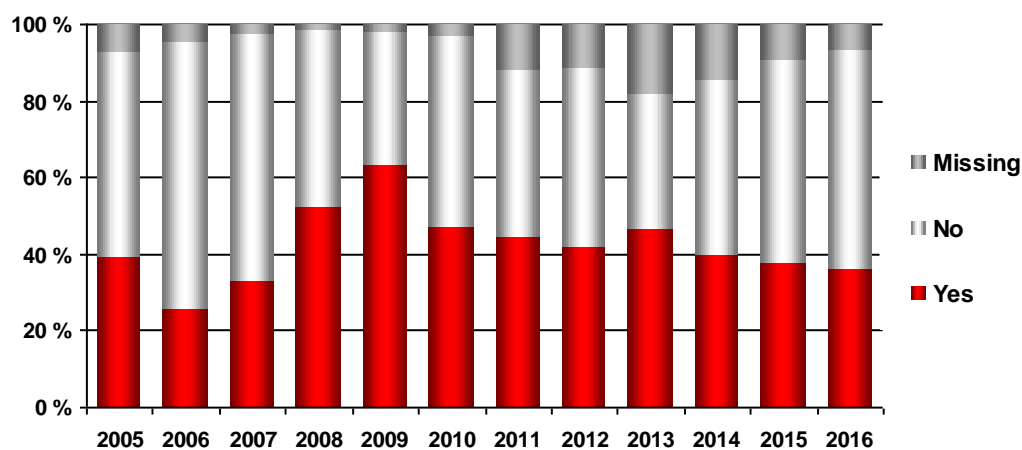
Table 30: Primary operations - Total knee prostheses

Year	Yes	No	Missing	Total
2016	9 (0%)	4 925 (90%)	566 (10%)	5 500
2015	5 (0%)	4 629 (88%)	656 (12%)	5 290
2014	4 (0%)	4 328 (87%)	646 (13%)	4 978
2013	11 (0%)	3 777 (84%)	715 (16%)	4 503
2012	16 (0%)	3 695 (84%)	685 (16%)	4 396
2011	15 (0%)	3 586 (88%)	464 (11%)	4 065
2010	21 (1%)	3 749 (95%)	185 (5%)	3 955
2009	25 (1%)	3 793 (95%)	165 (4%)	3 983
2008	14 (0%)	3 357 (95%)	157 (4%)	3 528
2007	22 (1%)	2 961 (95%)	129 (4%)	3 112
2006	3 (0%)	2 580 (96%)	115 (4%)	2 698
2005	5 (0%)	2 484 (89%)	300 (11%)	2 789

Table 31: Primary operations - Unicondylar knee prostheses

År	Yes	No	Missing	Total
2016	313 (36%)	486 (57%)	59 (7%)	858
2015	283 (38%)	396 (53%)	69 (9%)	748
2014	238 (40%)	273 (46%)	85 (14%)	596
2013	223 (47%)	167 (35%)	86 (18%)	476
2012	199 (42%)	220 (47%)	54 (11%)	473
2011	196 (45%)	191 (44%)	52 (12%)	439
2010	196 (47%)	205 (50%)	13 (3%)	414
2009	293 (63%)	161 (35%)	9 (2%)	463
2008	230 (52%)	204 (46%)	6 (1%)	440
2007	155 (33%)	299 (64%)	12 (3%)	466
2006	104 (26%)	276 (69%)	19 (5%)	399
2005	179 (39%)	244 (54%)	33 (7%)	456

Figure 27: Primary operations - Unicondylar knee prostheses



Registration of MIS started in 2005

Computernavigation

Table 32: Primary operations - Total knee prostheses

Year	Yes	No	Missing	Total
2016	575 (10%)	4 380 (80%)	545 (10%)	5 500
2015	471 (9%)	4 169 (79%)	650 (12%)	5 290
2014	433 (9%)	3 898 (78%)	647 (13%)	4 978
2013	381 (8%)	3 400 (76%)	722 (16%)	4 503
2012	416 (9%)	3 298 (75%)	682 (16%)	4 396
2011	443 (11%)	3 176 (78%)	446 (11%)	4 065
2010	659 (17%)	3 111 (79%)	185 (5%)	3 955
2009	761 (19%)	3 062 (77%)	160 (4%)	3 983
2008	742 (21%)	2 640 (75%)	146 (4%)	3 528
2007	374 (12%)	2 619 (84%)	119 (4%)	3 112
2006	254 (9%)	2 335 (87%)	109 (4%)	2 698
2005	185 (7%)	2 332 (84%)	272 (10%)	2 789

Figure 28: Primary operations - Total knee prostheses

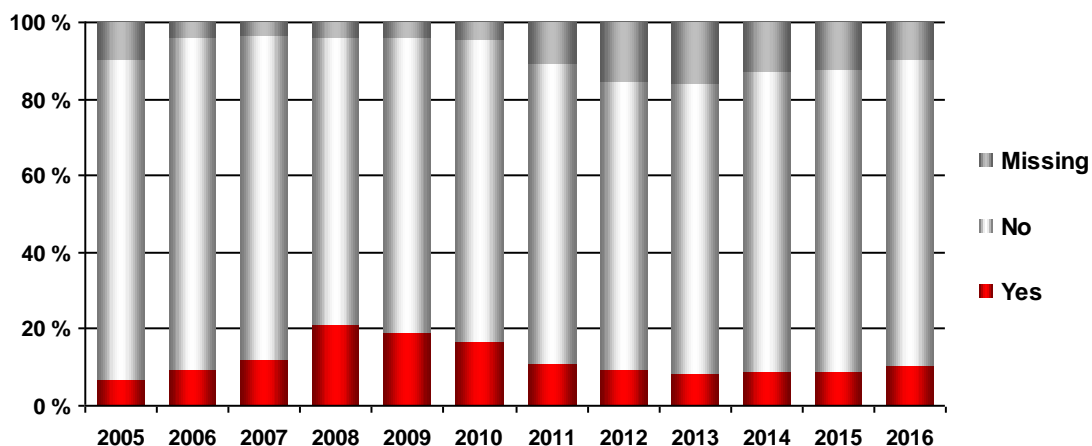


Table 33: Primary operations - Unicondylar knee prostheses

Year	Yes	No	Missing	Total
2016	0	795 (93%)	63 (7%)	858
2015	3 (0%)	677 (91%)	68 (9%)	748
2014	0	510 (86%)	86 (14%)	596
2013	0	388 (82%)	88 (18%)	476
2012	0	417 (88%)	56 (12%)	473
2011	1 (0%)	387 (88%)	51 (12%)	439
2010	7 (2%)	394 (95%)	13 (3%)	414
2009	3 (1%)	452 (98%)	8 (2%)	463
2008	15 (3%)	416 (95%)	9 (2%)	440
2007	4 (1%)	448 (96%)	14 (3%)	466
2006	15 (4%)	364 (91%)	20 (5%)	399
2005	2 (0%)	419 (92%)	35 (8%)	456

Registration of CAOS started in 2005

Cements used in total knee prostheses

Table 34: Primary operations - Femur

Cement	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Palacos R + G	2646	1450	1779	1666	1314	1274	1405	1449	1479	1404	15866
Palacos w/gentamicin	14677										14677
Optipac Refobacin Bonecement R	2	159	679	1100	1326	1314	1322	1736	2150	1825	11613
Refobacin Bone Cement R	2202	911	531	366	410	397	349	356	158	541	6221
Cemex w/gentamycin	488	88	118	110	173	189	216	209	160	149	1900
Refobacin-Palacos	1577										1577
SmartMix Cemvac + SmartSet GHV Genta	30	37	7		22	189	183	268	292	274	1302
Simplex w/Tobramycin	337	89	170	78							674
Palacos	424										424
Cemex System Genta FAST	24	88	44	34	13						203
Simplex	184										184
CMW I w/gentamicin	169										169
CMW I	53										53
Other (n<50)	121	10	9		2	3	7	7	12	19	190
Missing information	5	41	8	9	15	4	2				84
Total	22939	2873	3345	3363	3275	3370	3484	4025	4251	4212	55137

Table 35: Primary operations - Tibia

Cement	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Palacos R + G	3488	1847	2266	2190	1952	1953	2131	2190	2224	2220	22461
Palacos w/gentamicin	17798										17798
Optipac Refobacin Bonecement R	2	180	727	1178	1416	1447	1471	1907	2318	1955	12601
Refobacin Bone Cement R	2343	953	564	393	447	472	394	377	171	556	6670
Cemex w/gentamycin	589	110	118	112	181	190	214	222	165	150	2051
Refobacin-Palacos	1626										1626
SmartMix Cemvac + SmartSet GHV Genta	40	37	7		22	189	182	269	294	276	1316
Simplex w/Tobramycin	345	88	169	77							679
Palacos	452										452
Cemex System Genta FAST	55	116	61	38	13						283
CMW I w/gentamicin	192	1		1							194
Simplex	186										186
CMW I	54										54
Other (n<50)	133	13	12	1	3	5	9	7	17	44	244
Missing information	5	46	8	10	9	3	3	1	1		86
Total	27308	3391	3932	4000	4043	4259	4404	4973	5190	5201	66701

Cements used in unicondylar knee prostheses

Table 36: Primary operations - Femur

Cement	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Palacos R + G	390	210	244	232	220	254	287	381	426	365	3009
Palacos w/gentamicin	2201										2201
Optipac Refobacin Bonecement R		27	100	110	159	164	156	167	226	223	1332
Refobacin Bone Cement R	440	141	56	46	40	49	18	26	25	81	922
Refobacin-Palacos	269										269
Simplex w/Tobramycin	154	11	36	14	4		2	2			223
Cemex w/gentamycin	54	6	3								63
Cemex System Genta FAST	7	26	22	7							62
SmartSet GHV	2				8	6	11	6	9	2	44
Simplex	40										40
Other (n<20)	61	4		3	7		2	3	2	7	89
Total	3618	425	461	412	438	473	476	585	688	678	8254

Table 37: Primary operations - Tibia

Cement	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Palacos R + G	400	205	247	236	221	254	286	385	425	367	3026
Palacos w/gentamicin	2199										2199
Optipac Refobacin Bonecement R		27	100	107	159	164	154	166	226	224	1327
Refobacin Bone Cement R	431	144	55	46	40	49	18	26	25	81	915
Refobacin-Palacos	266										266
Simplex w/Tobramycin	148	9	36	14	4		2	2			215
Cemex w/gentamycin	52	8	3								63
Cemex System Genta FAST	7	25	22	7							61
SmartSet GHV	2				8	6	11	6	9	2	44
Simplex	39										39
Other (n<20)	56	4		3	7		2	3	2	7	84
Total	3600	422	463	413	439	473	473	588	687	681	8239

Antibiotic prophylaxis

Table 38: Primary operations

Drugs	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Cefalotin (Keflin)	23072	3274	3696	3628	3731	3940	4182	4891	5225	5605	61244
Cefuroksim (Zinacef, Cefuroxim, Lifurox)	2989	168	141	172	205	162	96	14		1	3948
Kloksacillin (Ekvacillin)	771	130	206	249	234	265	185	134	207	23	2404
Klindamycin (Dalacin, Clindamycin)	431	99	125	112	146	215	227	281	316	339	2291
Dikloksacillin (Diclocil, Dicillin)	1427	101	67	13	27	17	22	8	1	3	1686
Imipenem (Tienam)	51										51
Cefazolin (Cephazolin)	34		5			1		1			41
Cefaleksin (Keflex, Cefalexin)	19					1		1			21
Benzylpenicillin (Penicillin G)	17	1					1	1			20
Erytromycin (Ery-max, Abboticin)	16						1				17
Ciprofloksasin (Ciproxin)	5	1	1			1				2	10
Combination of 2 drugs	706	187	182	175	156	271	273	230	305	451	2936
Other (n<10)	18	5	1		3	1	2	2	4	6	42
Missing	135	24	44	51	43	42	36	57	50	36	518
Total	29691	3990	4468	4400	4545	4916	5025	5620	6108	6466	75229

Table 39: Revisions

Drugs	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Cefalotin (Keflin)	1660	256	281	275	271	291	300	290	321	349	4294
Cefuroksim (Zinacef, Cefuroxim, Lifurox)	282	5	10	8	6	12	2	1	1	1	328
Klindamycin (Dalacin, Clindamycin)	93	18	26	12	17	27	23	27	25	26	294
Dikloksacillin (Diclocil, Dicillin)	165	15	4	3	8	12	8	3	6	5	229
Kloksacillin (Ekvacillin)	77	5	3	6	19	9	18	21	19	15	192
Vankomycin (Vancomycin, Vancocin)	35	10	14	16	11	13	21	19	8	14	161
Benzylpenicillin (Penicillin G)	15	2	6	5	2		3	2	4	4	43
Ampicillin (Pentrexyl, Pondocillin, Doktacilin)	10				2		1				13
Ciprofloksasin (Ciproxin)	7	1						1		1	10
Combination of 2 drugs	211	31	64	63	71	123	97	122	157	137	1076
Other (n<10)	15	1	1	4	1	1	1	4	6	1	35
Missing	78	23	29	19	23	5	6	8	7	40	238
Total	2648	367	438	411	431	493	480	498	554	593	6913

Patient specific instruments

Table 40:

Year	Yes	No	Missing	Total
2016	5	6973	1 135	8 113
2015	14	6214	1 516	7 744
2014	22	5485	1 570	7 077
2013	25	4668	1 780	6 473
2012	88	4241	1 959	6 288
2011	65	1693	4 141	5 899

Registration started in 2011

Drain

Table 41:

Year	Yes	No	Missing	Total
2016	2 035	5088	990	8 113
2015	2 277	4683	784	7 744
2014	2 244	3909	924	7 077
2013	2 076	3343	1 054	6 473
2012	2 207	2841	1 240	6 288
2011	1 095	1127	3 677	5 899

Registration started in 2011

Completeness of reporting analysis for the Knee Arthroplasty Register, 2013-2014

A completeness of reporting analysis for the Knee Arthroplasty Register has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Knee Arthroplasty Register (NAR). A report on the implementation and further results will be published on www.helsedirektoratet.no. There are separate statistics on primary operations and revisions. Some hospitals have few knee arthroplasty operations and the completeness of reporting rate must be seen in this light.

NCSP codes for combining data from NPR hospital stays and the Knee Arthroplasty Register

Type	Code	Description
Primary operation	NGB 0*	Primary partial prosthetic replacement of knee joint not using cement
	NGB 1*	Primary partial prosthetic replacement of knee joint using cement
	NGB 20	Primary total prosthetic replacement of knee joint not using cement
	NGB 30	Primary total prosthetic replacement of knee joint using hybrid technique
	NGB 40	Primary total prosthetic replacement of knee joint using cement
	NGB 99	Other primary prosthetic replacement of knee joint
Reoperation	NGC 0*	Secondary implantation of partial prosthesis in knee joint not using cement
	NGC 1*	Secondary implantation of partial prosthesis in knee joint using cement
	NGC 2*	Secondary implantation of total prosthesis in knee joint not using cement
	NGC 3*	Secondary implantation of total prosthesis in knee joint using hybrid technique
	NGC 4*	Secondary implantation of total prosthesis in knee joint using cement
	NGC 99	Other secondary prosthetic replacement in knee joint
	NGU 0*	Removal of partial prosthesis from knee joint
	NGU 1*	Removal of total prosthesis from knee joint

The completeness of reporting rate for the Knee Arthroplasty Register was calculated as follows:

$$\frac{\text{(Only NAR + Inclusion in both registers)}}{\text{(Only NPR + Only NAR + Inclusion in both registers)}}$$

Completeness of reporting for the NPR was calculated in a similar way:

$$\frac{\text{(Only NPR + Inclusion in both registers)}}{\text{(Only NAR + Only NPR + Inclusion in both registers)}}$$

Primary operations. In 2013 and 2014, 11 011 primary knee replacements were reported to one or both of the registers. 95.3% of these were reported to the NAR, while 97.9% were reported to the NPR. The analysis by hospital shows a completeness of reporting rate for the NAR ranging from 77.1% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the Knee Arthroplasty Register, either the form was not sent in or other interventions than knee arthroplasties were incorrectly coded with NGB 0*/NGB 1*/NGB 20/NGB 30/NGB 40 (There were only 9 operations in the category NGB 99 during the period).

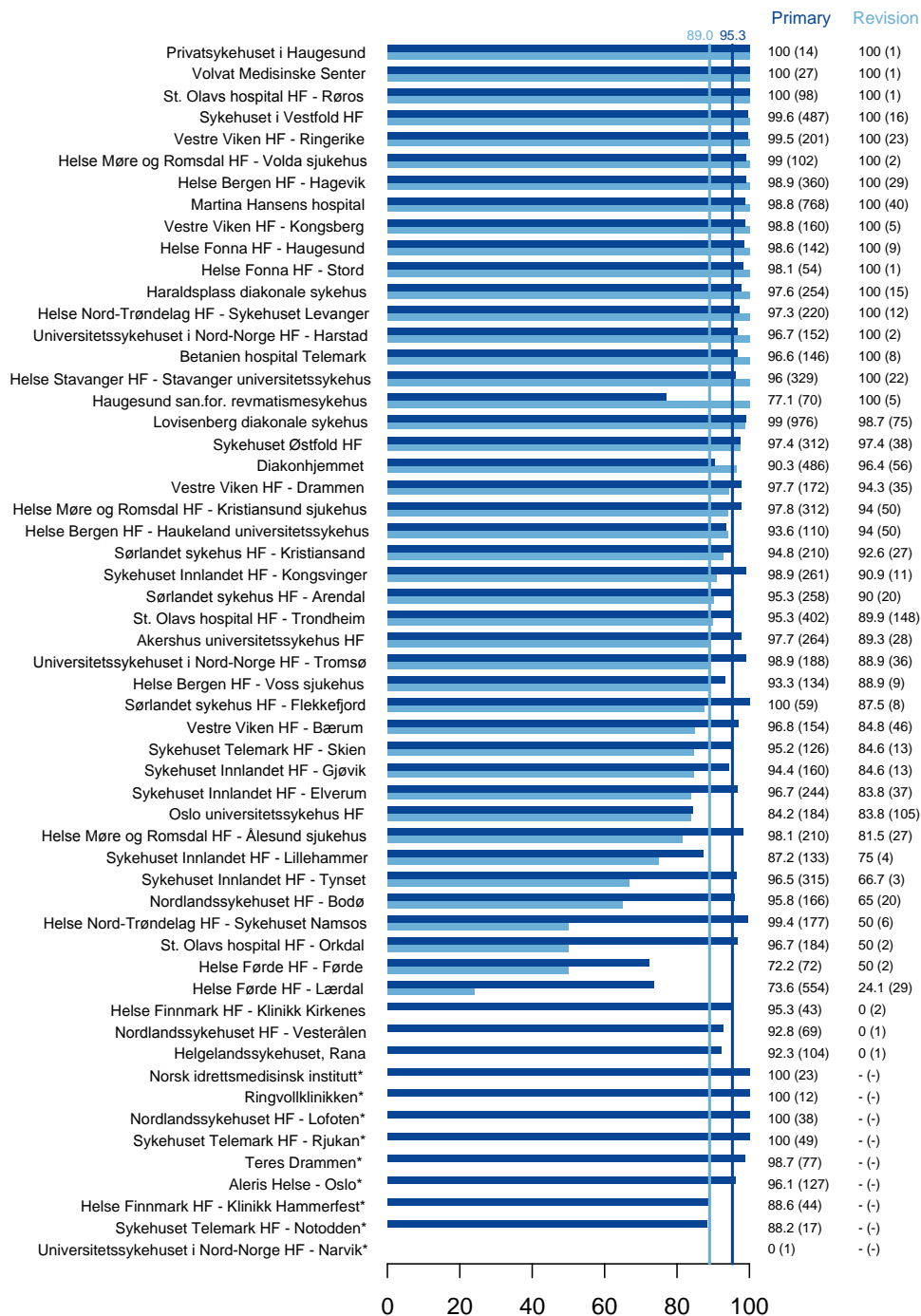
Procedure codes to be used for primary operations: NGB 0* - NGB 1* - NGB 20 - NGB 30 - NGB 40

Revision operations. In 2013 and 2014, 1097 revisions were reported to one or both of the registers. 89.0% of these were reported to the NAR, while 88.4% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 24.1% and 100%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations: NGC 0* - NGC 1* - NGC 2* - NGC 3* - NGC 4* - NGC 99 - NGU 0* - NGU 1*

New: From 2012, revisions due to infection, even where parts of the prosthesis are not removed or replaced, are to be reported on the form to the NAR. These must be coded NGS 19 or NGS 49 with the additional code NGW 69.

Completeness of reporting for primary and revision operations, knee prosthesis 2013-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

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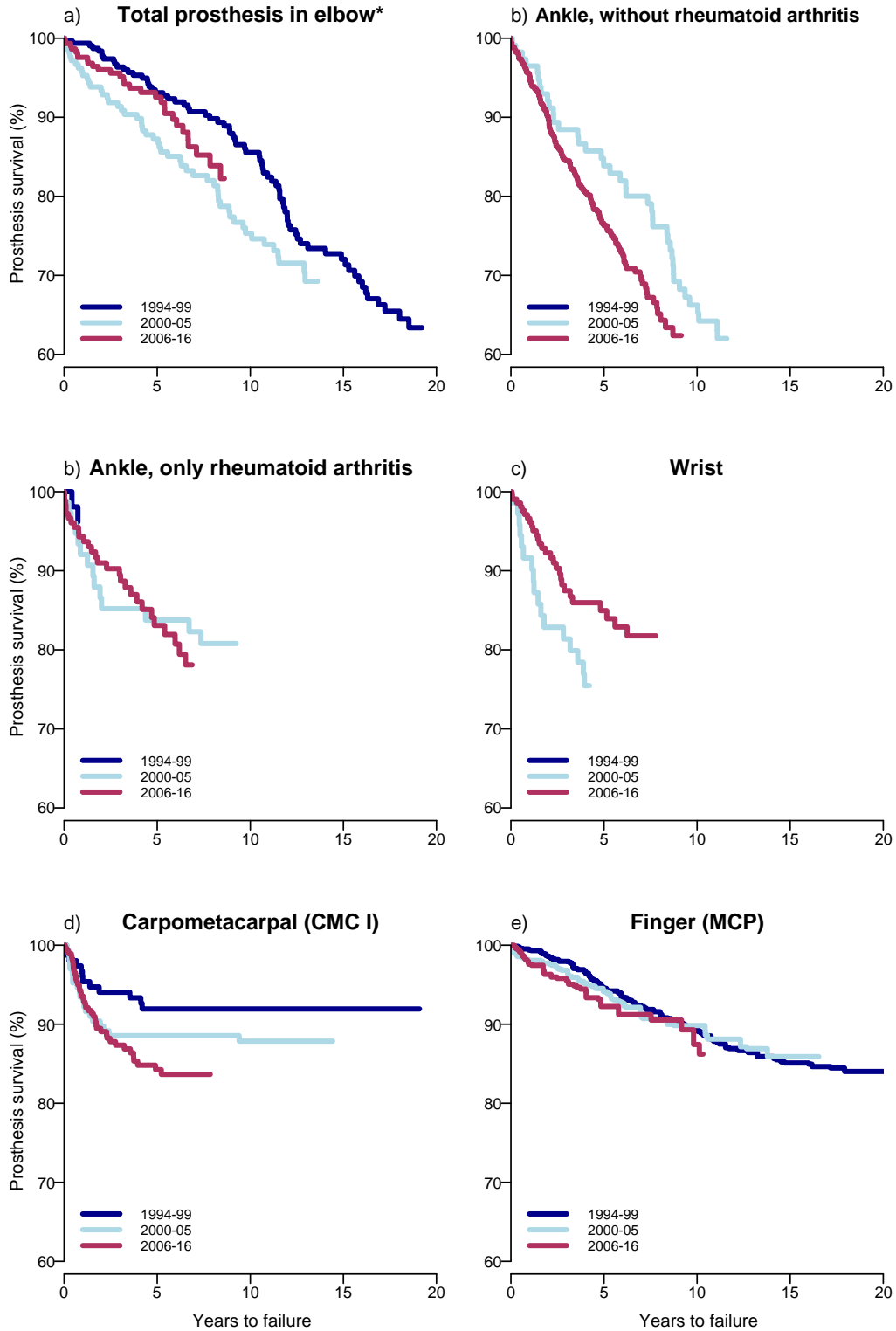
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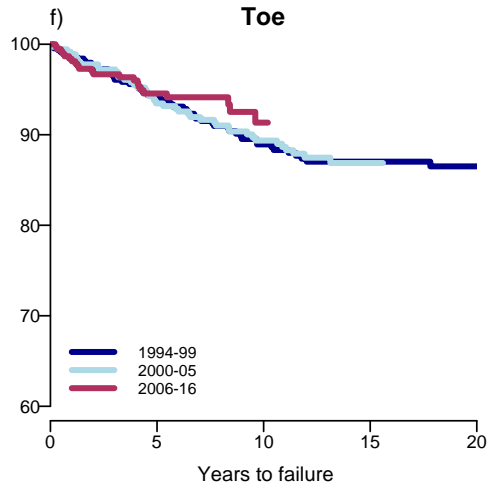
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Survival curves for joint prosthesis



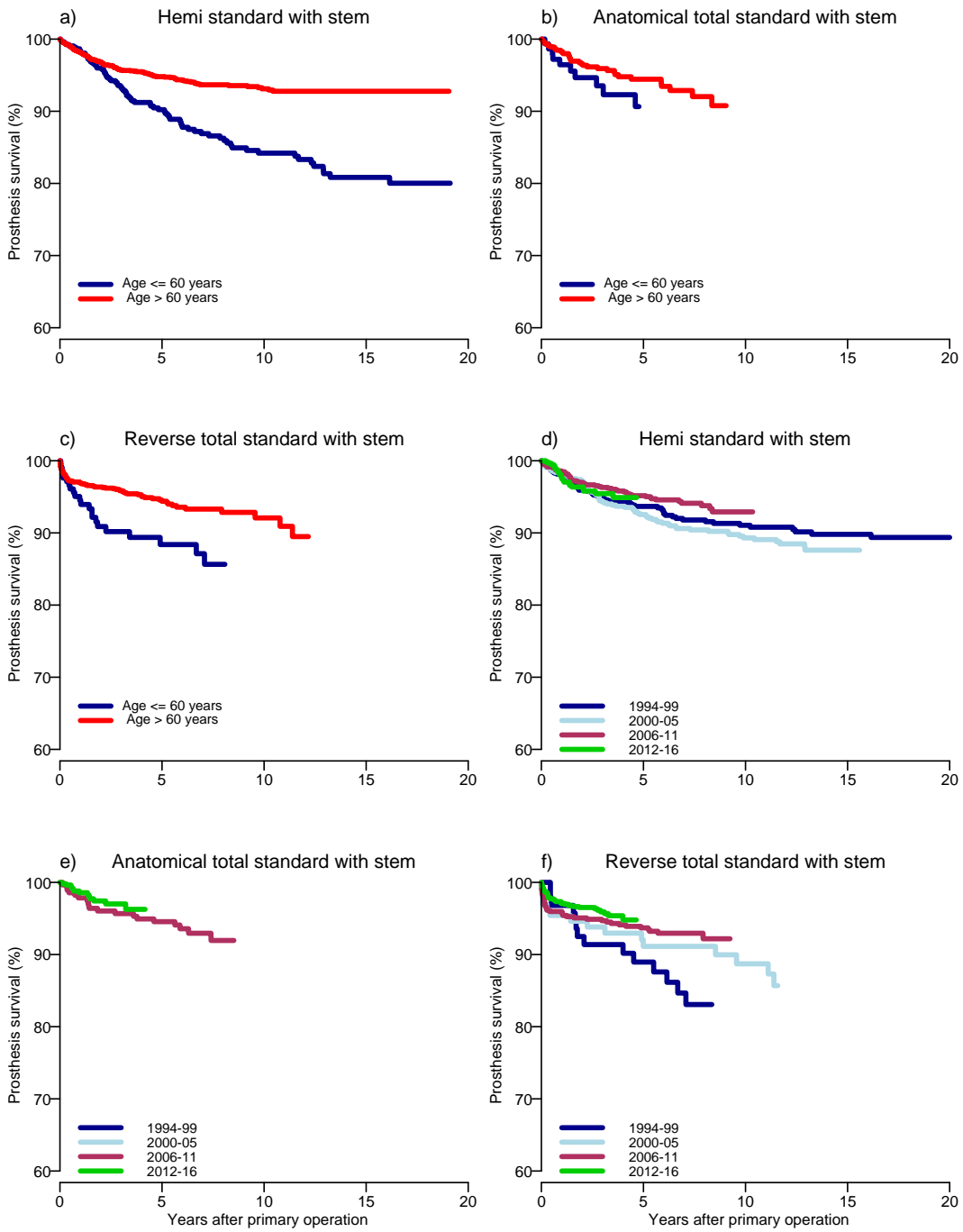
*Caput radii prosthesis for acute fracture is not included.
Kaplan-Meier survival curves. Survival estimate is given as long as > 50 prostheses are at risk.

Survival curves for joint prosthesis



Kaplan-Meier survival curves. Survival estimate is given as long as > 50 prostheses are at risk.

Survival curves - Shoulder arthroplasty



Kaplan-Meier survival curves. Survival estimates are given as long as >50 prostheses are at risk.

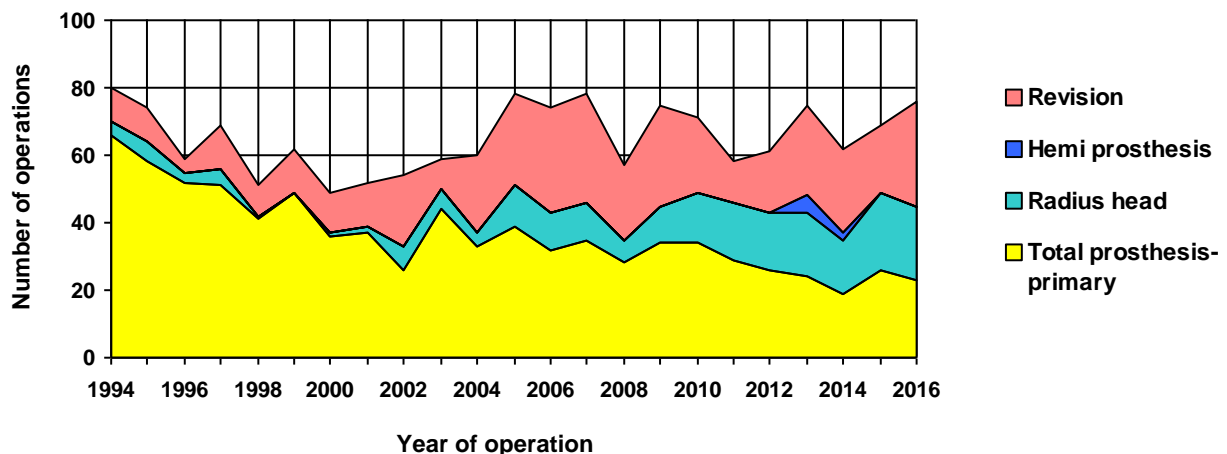
ELBOW PROSTHESES

Table 1: Annual number of prostheses

Year	Primary operations					Total
	Hemi prosthesis	Total prosthesis	Radius head	Reoperations *	Revisions	
2016		23 (30,3%)	22 (28,9%)	1 (1,3%)	30 (39,5%)	76
2015		26 (37,7%)	23 (33,3%)		20 (29,0%)	69
2014	2 (3,2%)	19 (30,6%)	16 (25,8%)		25 (40,3%)	62
2013	5 (6,7%)	24 (32,0%)	19 (25,3%)	1 (1,3%)	26 (34,7%)	75
2012		26 (42,6%)	17 (27,9%)		18 (29,5%)	61
2011		29 (50,0%)	17 (29,3%)	1 (1,7%)	11 (19,0%)	58
2010		34 (47,9%)	15 (21,1%)		22 (31,0%)	71
2009		34 (45,3%)	11 (14,7%)		30 (40,0%)	75
2008		28 (49,1%)	7 (12,3%)		22 (38,6%)	57
2007		35 (44,9%)	11 (14,1%)		32 (41,0%)	78
2006		32 (43,2%)	11 (14,9%)		31 (41,9%)	74
2005		39 (50,0%)	12 (15,4%)		27 (34,6%)	78
2004		33 (55,0%)	4 (6,7%)		23 (38,3%)	60
2003		44 (74,6%)	6 (10,2%)		9 (15,3%)	59
2002		26 (48,1%)	7 (13,0%)		21 (38,9%)	54
2001		37 (71,2%)	2 (3,8%)		13 (25,0%)	52
1994-00		353 (79,5%)	20 (4,5%)		71 (16,0%)	444
Total	7 (0,5%)	842 (56,0%)	220 (14,6%)	3 (0,2%)	431 (28,7%)	1503

* Reoperation where prosthetic parts were not changed or removed (soft tissue debridements for infected prosthesis, prosthetic parts were not changed)

Figure 1: Annual numbers of operations



53,1 % of all operations were performed on the right side. 74,8 % performed in women. Mean age: 62 years.

Table 2: Elbow disease in primary operations - Total prostheses

Year	Idiopathic osteo-arthrititis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Other	Missing
2016	3	14	3			5			
2015	1	13	4			8		2	
2014		13	5			3			
2013	2	9	6		1	7		3	
2012	1	16	5			4		1	
2011	4	18	6			3		1	
2010	6	19	5			2		4	
2009	1	18	6		1	7	1	6	
2008	1	19	1			6	1	1	
2007	3	22	4			2		6	
2006	3	19	9					1	
2005	6	26	9	3	1	2		1	
2004	2	23	2	2		4		2	2
2003	5	32	6					3	
2002	1	24				1		1	
2001	2	33	1	1			1		
1994-00	10	327	12			4		12	5
Total	51	645	84	6	3	58	3	44	7

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 3: Elbow disease in primary operations - Hemiprotheses

Year	Idiopathic osteo-arthrititis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Other	Missing
2014		1				2			
2013			1			4			
Total	0	1	1	0	0	6	0	0	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 4: Elbow disease in primary operations - Radius head prostheses (Caput radii)

Year	Idiopathic osteo-arthrititis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Other	Missing
2016			2			19		1	
2015			5			20		1	
2014	1		3			12			
2013	1					19			
2012	1		3			13			
2011	2		2			13			
2010			2			13			
2009						11			
2008			2			5			
2007						11			
2006			5			5		1	
2005	2		2		1	6		1	1
2004	1		1			2			
2003			1			5			
2002	1		2			4		2	
2001			1			1			
1994-00		13	5			2		2	
Total	9	13	36	0	1	161	0	8	1

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in elbow prostheses

Table 5: Primary operations - Humerus

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016	23 (100,0%)				23
2015	25 (96,2%)		1 (3,8%)		26
2014	18 (85,7%)			3 (14,3%)	21
2013	27 (93,1%)		2 (6,9%)		29
2012	23 (88,5%)		3 (11,5%)		26
2011	26 (89,7%)		1 (3,4%)	2 (6,9%)	29
2010	30 (88,2%)		4 (11,8%)		34
2009	29 (85,3%)		4 (11,8%)	1 (2,9%)	34
2008	24 (85,7%)		2 (7,1%)	2 (7,1%)	28
2007	31 (88,6%)		4 (11,4%)		35
2006	24 (75,0%)		8 (25,0%)		32
2005	23 (59,0%)		16 (41,0%)		39
2004	16 (48,5%)		17 (51,5%)		33
2003	25 (56,8%)	3 (6,8%)	16 (36,4%)		44
2002	12 (46,2%)	3 (11,5%)	10 (38,5%)	1 (3,8%)	26
2001	12 (32,4%)	3 (8,1%)	22 (59,5%)		37
1994-00	194 (55,0%)	86 (24,4%)	70 (19,8%)	3 (0,8%)	353
Total	562 (66,2%)	95 (11,2%)	180 (21,2%)	12 (1,4%)	849

Table 6: Primary operations - Ulna/radius

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016	30 (62,5%)		18 (37,5%)		48
2015	31 (63,3%)		18 (36,7%)		49
2014	21 (63,6%)	1 (3,0%)	9 (27,3%)	2 (6,1%)	33
2013	23 (53,5%)		20 (46,5%)		43
2012	24 (55,8%)		19 (44,2%)		43
2011	40 (87,0%)		4 (8,7%)	2 (4,3%)	46
2010	44 (89,8%)		1 (2,0%)	4 (8,2%)	49
2009	37 (82,2%)		6 (13,3%)	2 (4,4%)	45
2008	29 (82,9%)		4 (11,4%)	2 (5,7%)	35
2007	42 (91,3%)		3 (6,5%)	1 (2,2%)	46
2006	35 (81,4%)		8 (18,6%)		43
2005	42 (82,4%)		9 (17,6%)		51
2004	28 (75,7%)		9 (24,3%)		37
2003	41 (82,0%)	4 (8,0%)	4 (8,0%)	1 (2,0%)	50
2002	21 (63,6%)	3 (9,1%)	9 (27,3%)		33
2001	30 (76,9%)	3 (7,7%)	6 (15,4%)		39
1994-00	256 (68,6%)	86 (23,1%)	29 (7,8%)	2 (0,5%)	373
Total	774 (72,8%)	97 (9,1%)	176 (16,6%)	16 (1,5%)	1 063

Prostheses used in elbow prostheses - Total prostheses

Table 7: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Discovery	40	9	21	24	21	18	19	9	18	11	190
Norway	180										180
Kudo	162										162
IBP	118	3	4	5	2	3	1				136
GSB III	43	9	7	5	2	4	3	3	1		77
NES	46	7	1								54
Nexel									4	12	16
Mark II	2		1		1	1		1	2		8
IBP Reconstruction	5										5
Coonrad/Morrey	1				2			1	1		5
Other (n < 5)	2				1		1	5			9
Total	599	28	34	34	29	26	24	19	26	23	842

Table 8: Primary operations - Ulna/radius

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Discovery	40	9	21	24	21	18	19	9	18	11	190
Norway	179										179
Kudo	162										162
IBP	118	3	4	5	2	3	1				136
GSB III	43	9	7	5	2	4	3	3	1		77
NES	47	7	1								55
Nexel									4	12	16
Mark II	2		1		1	1		1	2		8
IBP Reconstruction	5										5
Coonrad/Morrey	1				2			1	1		5
Other (n < 5)	2				1		1	3			7
Total	599	28	34	34	29	26	24	17	26	23	840

Prostheses used in elbow prostheses - Hemiprotheses

Table 9: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Latitude Anatomic hemi							5	2			7
Total							5	2			7

Prostheses used in elbow prostheses - Radius head prostheses

Table 10: Primary operations - Radius

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
rHead	29	4	9	9	8	1		2			62
Acumed anatomic radial head		1			4	11	16	5	13	12	62
Radial Head	21	1	2	5							29
Explor					2	2	3	5	7	10	29
Silastic H.P. 100	20										20
Link radius					2	1		4	3		10
Evolve	2	1				2					5
Other (n < 5)	1			1	1						3
Total	73	7	11	15	17	17	19	16	23	22	220

Reasons for revisions in elbow prostheses

Table 11:

Year	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	9	8	1		1	12	2	2	5	5	
2015	4	5	1	1		6		1	7	2	1
2014	5	5		1	1	6	3	4	6	4	1
2013	4	3	1	2		8	2	1	10	8	
2012	1	3	2	1		7		1	5	8	
2011	3	5	2	1		1	2	2	3	3	1
2010	3	8	2	2	2	3	7	2	2	6	
2009	6	11		3	2	2	5	4	5	11	
2008	6	5		1	4	5	4	3	2	6	
2007	5	12	1	2	1	4	1	5	4	10	
2006	11	13	2	3	1	3	4	1	2	7	1
2005	11	9	4	1	1	2	5	3	3		
2004	8	11	2	3		3	5	2	2	3	
2003	4	4	1			3	2	1		1	
2002	4	7	1	4	3	2	5	6	1	3	1
2001	7	8	1		1		1	4	1	1	1
1994-00	35	30	5	4	2	4	13	12	2	11	1
Total	126	147	26	29	19	71	61	54	60	89	7

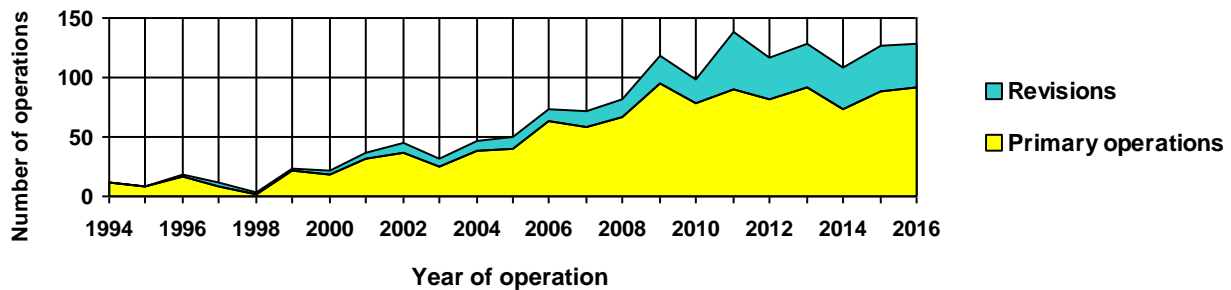
More than one reason for revision is possible

ANKLE PROSTHESES

Table 1: Annual number of operations

Year	Primary operations	Revisions	Total
2016	92 (71,9%)	36 (28,1%)	128
2015	89 (70,1%)	38 (29,9%)	127
2014	74 (68,5%)	34 (31,5%)	108
2013	92 (71,9%)	36 (28,1%)	128
2012	82 (70,7%)	34 (29,3%)	116
2011	90 (65,2%)	48 (34,8%)	138
2010	79 (79,8%)	20 (20,2%)	99
2009	95 (79,8%)	24 (20,2%)	119
2008	66 (80,5%)	16 (19,5%)	82
2007	58 (80,6%)	14 (19,4%)	72
2006	63 (86,3%)	10 (13,7%)	73
2005	40 (80,0%)	10 (20,0%)	50
2004	39 (83,0%)	8 (17,0%)	47
2003	25 (78,1%)	7 (21,9%)	32
2002	36 (80,0%)	9 (20,0%)	45
2001	32 (88,9%)	4 (11,1%)	36
1994-00	87 (87,9%)	12 (12,1%)	99
Total	1139 (76,0%)	360 (24,0%)	1499

Figure 1: Annual numbers of operations



57,6 % of all operations were performed on the right side. 54,5 % performed in women. Mean age: 59,8 years.

Table 2: Ankle disease in primary operations

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Bechterew Mb.	Sequelae ligament tear	Acute fracture	Sequelae of infection	Other	Missing
2016	22	13	27	1	30			5	
2015	22	18	25	2	18			11	
2014	21	11	27	1	10			5	
2013	36	20	25	1	16			2	1
2012	21	8	44		9			2	
2011	32	18	35		5		1	3	
2010	22	20	29		9			5	
2009	31	26	27		13		1	1	
2008	20	15	24		7		2	2	
2007	13	16	20	2	6			2	
2006	19	14	24		5			5	
2005	15	9	18		3			1	
2004	8	10	17		1			3	1
2003	7	11	2	1				4	
2002	7	21	4	1				5	
2001	7	14	9	1				4	
1994-00	11	64	7	1	1			8	
Total	314	308	364	11	133	0	4	68	2

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in ankle prostheses

Table 3: Primary operations - Tibia

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			92 (100,0%)		92
2015			89 (100,0%)		89
2014			74 (100,0%)		74
2013			91 (100,0%)		91
2012			82 (100,0%)		82
2011			90 (100,0%)		90
2010			79 (100,0%)		79
2009	5 (5,3%)		88 (92,6%)	2 (2,1%)	95
2008	1 (1,5%)		61 (92,4%)	4 (6,1%)	66
2007			58 (100,0%)		58
2006			63 (100,0%)		63
2005	1 (2,5%)		39 (97,5%)		40
2004			39 (100,0%)		39
2003	1 (4,0%)		24 (96,0%)		25
2002			36 (100,0%)		36
2001			32 (100,0%)		32
2000			19 (100,0%)		19
1999			22 (100,0%)		22
1998			2 (100,0%)		2
1997	3 (37,5%)		5 (62,5%)		8
1996	7 (41,2%)	3 (17,6%)	7 (41,2%)		17
1995	5 (62,5%)	3 (37,5%)			8
1994	6 (54,5%)	4 (36,4%)		1 (9,1%)	11
Total	29 (2,5%)	10 (0,9%)	1 092 (96,0%)	7 (0,6%)	1 138

Table 4: Primary operations - Talus

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			92 (100,0%)		92
2015			89 (100,0%)		89
2014			74 (100,0%)		74
2013			91 (100,0%)		91
2012			82 (100,0%)		82
2011			90 (100,0%)		90
2010			79 (100,0%)		79
2009	5 (5,3%)		88 (92,6%)	2 (2,1%)	95
2008	1 (1,5%)		61 (92,4%)	4 (6,1%)	66
2007			58 (100,0%)		58
2006	1 (1,6%)		62 (98,4%)		63
2005	1 (2,5%)		39 (97,5%)		40
2004			39 (100,0%)		39
2003	1 (4,0%)	1 (4,0%)	23 (92,0%)		25
2002			36 (100,0%)		36
2001			32 (100,0%)		32
2000			19 (100,0%)		19
1999			22 (100,0%)		22
1998			2 (100,0%)		2
1997	3 (37,5%)		5 (62,5%)		8
1996	7 (41,2%)	3 (17,6%)	7 (41,2%)		17
1995	5 (62,5%)	3 (37,5%)			8
1994	7 (63,6%)	4 (36,4%)			11
Total	31 (2,7%)	11 (1,0%)	1 090 (95,8%)	6 (0,5%)	1 138

Prostheses used in ankle prostheses

Table 5: Primary operations - Tibia

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Link S.T.A.R.	332	59	57	40	50	39	38		1		616
Salto Talaris							26	62	85	76	249
Mobility	4	2	25	26	16	12	15				100
CCI		4	12	13	17	12	11	9			78
Norwegian TPR	32										32
TM Total Ankle								3	3	16	22
Rebalance					7	8					15
Salto Mobile						11	1				12
Hintegra	9	1	1								11
AES	3										3
Total	380	66	95	79	90	82	91	74	89	92	1138

Table 6: Primary operations - Talus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Link S.T.A.R.	332	59	57	40	50	39	38		1		616
Salto Talaris							22	61	84	75	242
Mobility	4	2	25	26	16	12	15				100
CCI		4	12	13	17	12	11	9			78
Norwegian TPR	32										32
TM Total Ankle								3	3	16	22
Rebalance					7	8					15
Salto Mobile						11	1				12
Hintegra	9	1	1								11
Salto XT							4	1	1	1	7
AES	3										3
Total	380	66	95	79	90	82	91	74	89	92	1138

Reasons for revisions in ankle prostheses

Table 7:

Year	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	12	10		1	2	2	2	13	4	2	
2015	6	6		1	7	4		16	10	6	
2014	14	11		1	4	1		14	9	2	
2013	6	3	1	5	9	3	1	14	17	3	
2012	7	4		2	1	3	1	14	9	3	
2011	9	6	1	8	7	5	1	17	10	2	
2010	2	1		3	3	1	2	12	3	3	
2009	7	3	1	5	7	3	1	9	4		
2008	3	4	1	2	5		1	4	2	3	
2007	2	2		2	1	1		7	3	1	
2006	3	2		2	2	1	1	4	1		
2005	1	3		1	2	1		4	1	1	
2004	5	4		1	1	2		1	1	1	
2003	3	3			2	1		2	1		
2002	4	1		1	1			4	1		
2001	2	2						2		1	
1994-00	9	7		2	4		1	4		1	
Total	95	72	4	37	58	28	11	141	76	29	0

More than one reason for revision is possible

FINGER JOINT PROSTHESES

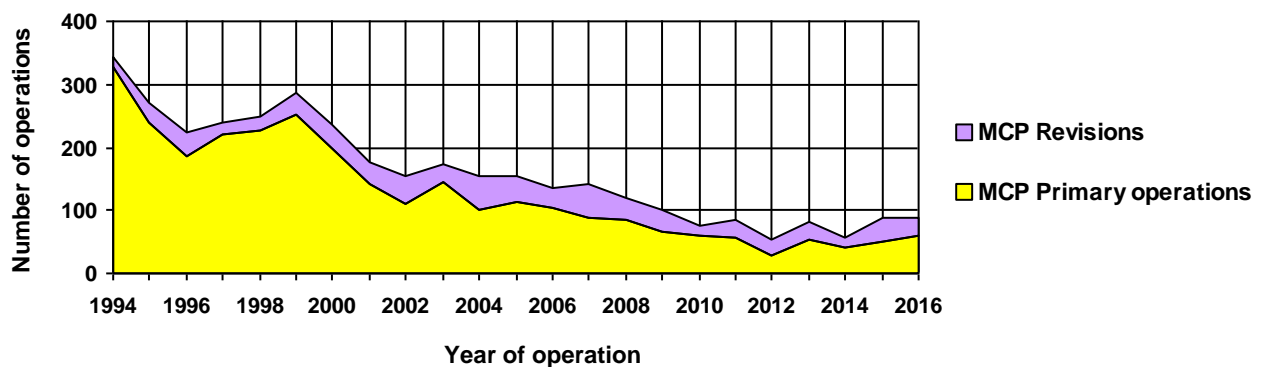
Table 1: Annual number of operations - MCP

Year	Primary operations	Revisions	Total
2016	59 (67,8%)	28 (32,2%)	87
2015	51 (57,3%)	38 (42,7%)	89
2014	42 (75,0%)	14 (25,0%)	56
2013	55 (67,9%)	26 (32,1%)	81
2012	27 (50,9%)	26 (49,1%)	53
2011	57 (66,3%)	29 (33,7%)	86
2010	59 (76,6%)	18 (23,4%)	77
2009	66 (66,0%)	34 (34,0%)	100
2008	84 (70,0%)	36 (30,0%)	120
2007	88 (61,5%)	55 (38,5%)	143
2006	104 (77,6%)	30 (22,4%)	134
2005	112 (72,7%)	42 (27,3%)	154
2004	101 (66,0%)	52 (34,0%)	153
2003	145 (83,8%)	28 (16,2%)	173
2002	110 (71,4%)	44 (28,6%)	154
2001	141 (79,7%)	36 (20,3%)	177
1994-00	1651 (89,5%)	194 (10,5%)	1845
Total	2952 (80,2%)	730 (19,8%)	3682

Table 2: Annual number of operations - PIP

Year	Primary operations	Revisions	Total
2016	1 (100,0%)		1
2015	5 (100,0%)		5
2014	4 (100,0%)		4
2013	6 (100,0%)		6
2011	3 (100,0%)		3
2010	6 (100,0%)		6
2009	3 (100,0%)		3
2008	4 (57,1%)	3 (42,9%)	7
2007	6 (85,7%)	1 (14,3%)	7
2006	7 (87,5%)	1 (12,5%)	8
2005	6 (85,7%)	1 (14,3%)	7
2004	7 (87,5%)	1 (12,5%)	8
2003		1 (100,0%)	1
2002	6 (100,0%)		6
2001	2 (100,0%)		2
1994-00	23 (79,3%)	6 (20,7%)	29
Total	89 (86,4%)	14 (13,6%)	103

Figure 1: Annual number of operations



61,4 % of all operations were performed on the right side. 87,6 % performed in women. Mean age: 61,3 years.

Reasons for primary operations

Table 3: MCP prostheses - Finger disease

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae of infection	Other	Missing
2016	4	55						2	
2015	5	43		1				2	
2014		33					1	8	
2013		53	1					3	
2012		25	1					1	
2011	1	50						6	
2010	3	53	1					2	
2009	2	62						2	
2008	2	81						1	
2007	2	85		1				4	
2006	10	91	1		1			3	
2005	9	91	9				1	3	1
2004	5	95						1	1
2003	1	132		3				9	
2002	2	103						6	
2001	5	132						5	
2000	9	186					1	3	
1999	2	249		3				2	
1998	12	213		1		1		5	1
1997	3	215						5	
1996		181		1				5	
1995	1	228	3					9	
1994		323						5	
Total	78	2779	16	10	1	1	3	92	3

More than one reason for primary operation is possible

Table 4: PIP prostheses - Finger disease

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae of infection	Other	Missing
2016	1								
2015	3		2						
2014	3		1						
2013	1	5							
2011		2	1						
2010		2	2		1			1	
2009	2						1		
2008	2		1					1	
2007	3		1		1				1
2006	4	3							
2005	4	2	1						
2004	6	1						1	
2002	3	2	1					2	
2001		2							
2000	1	3							
1999	1	6						1	
1998		4							
1996	1	2	1			1			
1995		1				1			
1994		1							
Total	35	36	11	0	2	2	1	6	1

More than one reason for primary operation is possible

Use of cement in MCP prostheses

Table 5: Primary operations - Proximal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016	2 (3,4%)		57 (96,6%)		59
2015	1 (2,0%)		48 (94,1%)	2 (3,9%)	51
2014			41 (97,6%)	1 (2,4%)	42
2013			52 (98,1%)	1 (1,9%)	53
2012			27 (100,0%)		27
2011			57 (100,0%)		57
2010			59 (100,0%)		59
2009			66 (100,0%)		66
2008	1 (1,2%)		83 (98,8%)		84
2007			88 (100,0%)		88
2006			103 (99,0%)	1 (1,0%)	104
2005		2 (1,8%)	109 (97,3%)	1 (0,9%)	112
2004	1 (1,0%)		100 (99,0%)		101
2003			145 (100,0%)		145
2002			108 (99,1%)	1 (0,9%)	109
2001	1 (0,7%)		140 (99,3%)		141
2000			198 (100,0%)		198
1999			253 (100,0%)		253
1998			228 (100,0%)		228
1997			216 (98,6%)	3 (1,4%)	219
1996			187 (100,0%)		187
1995			238 (100,0%)		238
1994			326 (99,4%)	2 (0,6%)	328
Total	6 (0,2%)	2 (0,1%)	2 929 (99,3%)	12 (0,4%)	2 949

Table 6: Primary operations - Distal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			2 (100,0%)		2
2014			1 (100,0%)		1
2011			2 (100,0%)		2
2010			1 (100,0%)		1
2009			1 (100,0%)		1
2008			2 (100,0%)		2
2007			2 (100,0%)		2
2006			7 (100,0%)		7
2005			4 (100,0%)		4
2004			1 (100,0%)		1
2003			1 (100,0%)		1
2002			5 (100,0%)		5
2001			1 (100,0%)		1
2000			1 (100,0%)		1
1996			2 (100,0%)		2
1995			4 (100,0%)		4
Total			37 (100,0%)		37

Use of cement in PIP prostheses

Table 7: Primary operations - Proximal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			1 (100,0%)		1
2015			5 (100,0%)		5
2014			4 (100,0%)		4
2013			5 (83,3%)	1 (16,7%)	6
2011			2 (66,7%)	1 (33,3%)	3
2010			6 (100,0%)		6
2009			3 (100,0%)		3
2008			4 (100,0%)		4
2007			5 (83,3%)	1 (16,7%)	6
2006			7 (100,0%)		7
2005			6 (100,0%)		6
2004			7 (100,0%)		7
2002			6 (100,0%)		6
2001			2 (100,0%)		2
2000			4 (100,0%)		4
1999			7 (100,0%)		7
1998			4 (100,0%)		4
1996			5 (100,0%)		5
1995			2 (100,0%)		2
1994			1 (100,0%)		1
Total			86 (96,6%)	3 (3,4%)	89

Table 8: Primary operations - Distal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2014			1 (100,0)		1
2011			2 (100,0)		2
2010			2 (100,0)		2
2008			1 (100,0)		1
2007			2 (100,0)		2
2006			4 (80,0%)	1 (20,0%)	5
2005			5 (100,0)		5
2004			5 (100,0)		5
2002			1 (100,0)		1
1996			3 (100,0)		3
1995			1 (100,0)		1
Total			27 (96,4%)	1 (3,6%)	28

Finger prostheses

Table 9: MCP prostheses in primary operations - Proximal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Silastic HP 100	1674	81	61	53	49	27	25		5	1	1976
Avanta	554			1					1		556
NeuFlex	193	1	4								198
Silastic HP 100 II				4	6		28	41	45	54	178
Ascension MCP	23	2	1	1	2			1		2	32
MCS	6										6
SR Avanta										2	2
Moje	1										1
Total	2451	84	66	59	57	27	53	42	51	59	2949

Table 10: MCP prostheses in primary operations - Distal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Ascension MCP	21	2	1	1	2			1		2	30
MCS	6										6
Moje	1										1
Total	28	2	1	1	2			1		2	37

Table 11: PIP prostheses in primary operations - Proximal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Silastic HP 100	21						4	2			27
SR Avanta	4	3	3	4	1		1	1	5	1	23
Ascension MCP	17	1									18
NeuFlex	7										7
Ascension PIP PyroCarbon				2	2			1			5
MCS	4										4
Avanta	3						1				4
Moje	1										1
Total	57	4	3	6	3		6	4	5	1	89

Table 12: PIP prostheses in primary operations - Distal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Ascension MCP	17	1									18
Ascension PIP PyroCarbon				2	2			1			5
MCS	4										4
Moje	2										2
Total	23	1		2	2			1			29

Finger prostheses - Reasons for revisions

Table 13: MCP prostheses - Reasons for revisions

Year	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Fractured/defect component	Other	Missing
2016			5	5	8	1	2	10	9	5	7	
2015	6	2		6		1		15	9	8	10	
2014		1		4				2	4		5	
2013				4	13			13		10	1	
2012			1	2	4			10	4	13	1	
2011					6	2		13		12	8	
2010	1	1	2				2	3		10	3	
2009	1	2	3	2	2	4		6	3	22	5	
2008		1	2	4	15	4		13	5	10	5	
2007		3	11	8	2	1		16		39		4
2006			4	10	4	1		7	4	11		1
2005			5	6	6			12	5	24	4	2
2004	2	5		8	8			12		30	5	4
2003		1	1		9			8	1	17	2	
2002		3		12	7			15		27	4	
2001		3	3	4	7			11	3	9	10	
2000		2	1	2	1	4	8	4		20	5	1
1999		1	4	3	6		4	7		14	8	
1998		1	1	3	5		1	2		11	1	
1997		1	3	4	4	1		8		11	1	
1996				8				13		22	7	2
1995	4				4		7	12		13	5	
1994					1		1	1		2	4	6
Total	14	27	46	95	112	19	25	213	47	340	101	20

Revision reasons are not mutually exclusive. More than one reason for revision is possible

Table 14: PIP prostheses - Reasons for revisions

Year	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Fractured/defect component	Other	Missing
2008	1	1	1	1	1			2				
2007								1			1	
2006					1							
2005										1		
2004	1	1										
2003	1	1										
1998				1						1		
1997										4		
1996	1											
Total	4	3	1	2	2	0	0	3	0	6	1	0

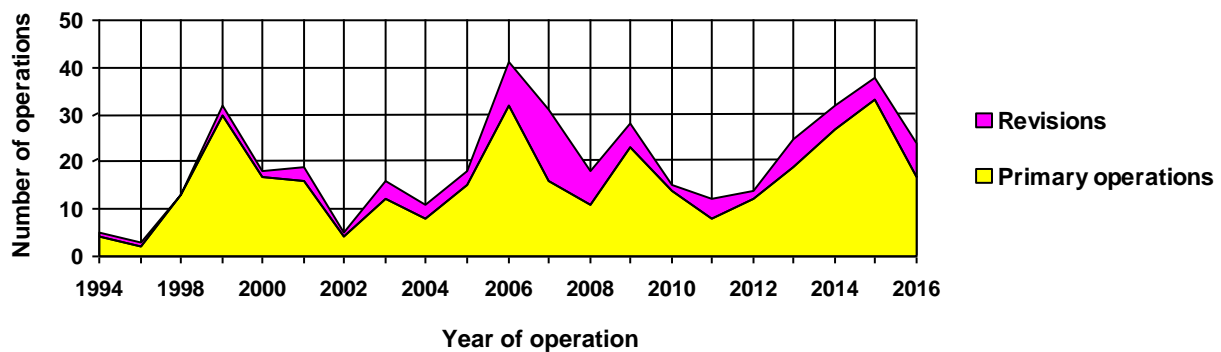
Revision reasons are not mutually exclusive. More than one reason for revision is possible

WRIST PROSTHESES

Table 1: Annual number of operations

Year	Primary operations	Revisions	Total
2016	17 (70,8%)	7 (29,2%)	24
2015	33 (86,8%)	5 (13,2%)	38
2014	27 (84,4%)	5 (15,6%)	32
2013	19 (76,0%)	6 (24,0%)	25
2012	12 (85,7%)	2 (14,3%)	14
2011	8 (66,7%)	4 (33,3%)	12
2010	14 (93,3%)	1 (6,7%)	15
2009	23 (82,1%)	5 (17,9%)	28
2008	11 (61,1%)	7 (38,9%)	18
2007	16 (51,6%)	15 (48,4%)	31
2006	32 (78,0%)	9 (22,0%)	41
2005	15 (83,3%)	3 (16,7%)	18
2004	8 (72,7%)	3 (27,3%)	11
2003	12 (75,0%)	4 (25,0%)	16
2002	4 (80,0%)	1 (20,0%)	5
2001	16 (84,2%)	3 (15,8%)	19
1994-00	66 (93,0%)	5 (7,0%)	71
Total	333 (79,7%)	85 (20,3%)	418

Figure 1: Annual number of operations



57,2 % of all operations were performed on the right side. 63,2 % performed in women Mean age: 56,1 years.

Table 2: Wrist disease in primary operations

Year	Idiopathic osteo-arthrititis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Other	Missing
2016	4		6		6	1		1	
2015	4	2	13		10			7	
2014	7	1	11		9			3	
2013	4	3	5		3		1	3	
2012	3	5	2		2			1	
2011	1	3	4					2	
2010		4	4		4			2	
2009	4	5	9		4		1	1	
2008	4	2	2		2				1
2007	1	6	6		1			2	
2006	5	19	6		1			3	
2005	5		4					6	
2004		8							
2003	1	5	3					3	
2002		4							
2001		14	2						
1994-00	2	59		1				4	
Total	45	140	77	1	42	1	2	38	1

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in wrist prostheses

Table 3: Primary operations - Proximal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			17 (100,0%)		17
2015			31 (96,9%)	1 (3,1%)	32
2014			27 (100,0%)		27
2013			19 (100,0%)		19
2012			11 (91,7%)	1 (8,3%)	12
2011			8 (100,0%)		8
2010			14 (100,0%)		14
2009			21 (91,3%)	2 (8,7%)	23
2008			10 (100,0%)		10
2007			16 (100,0%)		16
2006			32 (100,0%)		32
2005			15 (100,0%)		15
2004	2 (25,0%)		6 (75,0%)		8
2003	1 (8,3%)		11 (91,7%)		12
2002			4 (100,0%)		4
2001	1 (6,3%)	1 (6,3%)	14 (87,5%)		16
2000	3 (17,6%)		14 (82,4%)		17
1999			29 (96,7%)	1 (3,3%)	30
1998			13 (100,0%)		13
1995			2 (100,0%)		2
1994			4 (100,0%)		4
Total	7 (2,1%)	1 (0,3%)	318 (96,1%)	5 (1,5%)	331

Table 4: Primary operations - Distal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			17 (100,0%)		17
2015			33 (100,0%)		33
2014			27 (100,0%)		27
2013			19 (100,0%)		19
2012			12 (100,0%)		12
2011			8 (100,0%)		8
2010			14 (100,0%)		14
2009			20 (95,2%)	1 (4,8%)	21
2008			9 (100,0%)		9
2007			15 (100,0%)		15
2006			32 (100,0%)		32
2005			15 (100,0%)		15
2004	4 (50,0%)		4 (50,0%)		8
2003	3 (25,0%)		9 (75,0%)		12
2002			3 (100,0%)		3
2001	1 (6,7%)		14 (93,3%)		15
2000	1 (5,9%)		16 (94,1%)		17
1999			30 (100,0%)		30
1998			13 (100,0%)		13
Total	9 (2,8%)		310 (96,9%)	1 (0,3%)	320

Wrist prostheses

Table 5: Primary operations - Proximal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Motec Wrist	47	9	21	14	5	5	4	9	17	7	138
Biax	90										90
Remotion Wrist					3	3	10	13	13	5	47
Elos ¹	23										23
Scheker Radio-ulnar	1	1				1	3	3	1	3	13
Uhead (Druj)						3	2	2	1	2	10
Silastic ulnar head	7										7
Eclipse radio-ulnar			2								2
TMW	1										1
Total	169	10	23	14	8	12	19	27	32	17	331

Table 6: Primary operations - Distal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Motec Wrist	47	9	21	14	5	5	4	9	17	7	138
Biax	89										89
Remotion Wrist					3	3	10	13	14	5	48
Elos ¹	23										23
Scheker Radio-ulnar						1	3	3	1	3	11
Uhead (Druj)						3	2	2	1	2	10
TMW	1										1
Total	160	9	21	14	8	12	19	27	33	17	320

Table 7: Reasons for revisions

Year	Loose proximal comp.	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing	Total
2016		2	1		1	2		1				7
2015		2		1		1		1	1	1		7
2014		1				1		1		3		6
2013		1			1	1		3	1	1		8
2012					2			1				3
2011		2			1	1		2				6
2010										1		1
2009		2		1	1	1		3				8
2008		4	1			2		2		1		10
2007		6		1	1	5		3	1	2		19
2006	3	5				2				1		11
2005		2		1								3
2004	1	1			2	1		2				7
2003		1			1			2				4
2002			1									1
2001		2		1	2			1				6
2000		1										1
1999	1				1	1		1				4
1995								1				1
1994								1				1
Total	5	32	3	5	13	18	0	25	3	10	0	114

Revision reasons are not mutually exclusive. More than one reason for revision is possible

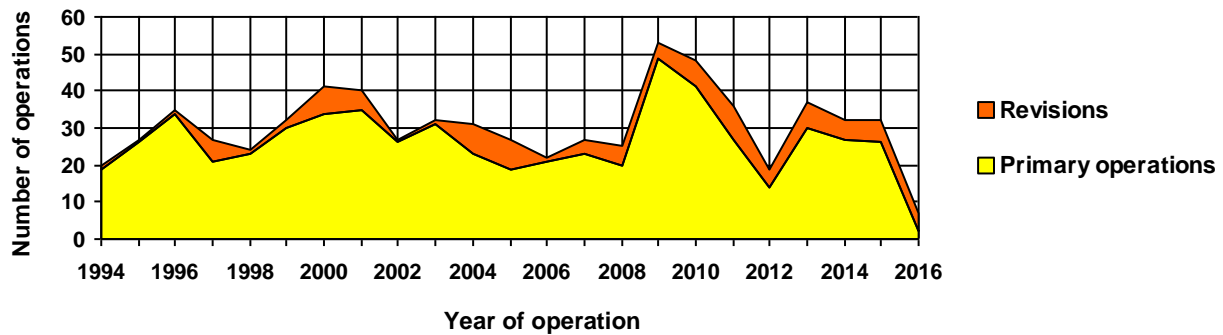
¹Elos are 3 different development models of Motec Wrist. Motec Wrist was previously sold under the name Gibbon.

CARPOMETACARPAL PROSTHESES (CMC I)

Table 1: Annual number of operations

Year	Primary operations	Revisions	Total
2016	2 (28,6%)	5 (71,4%)	7
2015	26 (81,3%)	6 (18,8%)	32
2014	27 (84,4%)	5 (15,6%)	32
2013	30 (81,1%)	7 (18,9%)	37
2012	14 (73,7%)	5 (26,3%)	19
2011	27 (75,0%)	9 (25,0%)	36
2010	41 (85,4%)	7 (14,6%)	48
2009	49 (92,5%)	4 (7,5%)	53
2008	20 (80,0%)	5 (20,0%)	25
2007	23 (85,2%)	4 (14,8%)	27
2006	21 (95,5%)	1 (4,5%)	22
2005	19 (70,4%)	8 (29,6%)	27
2004	23 (74,2%)	8 (25,8%)	31
2003	31 (96,9%)	1 (3,1%)	32
2002	26 (96,3%)	1 (3,7%)	27
2001	35 (87,5%)	5 (12,5%)	40
1994-00	187 (90,8%)	19 (9,2%)	206
Total	601 (85,7%)	100 (14,3%)	701

Figure 1: Annual number of operations



47,8 % of all operations were performed on the right side. 83 % performed in women. Mean age: 62,8 years.

Table 2: Carpometacarpal disease in primary operations

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Bechterew Mb.	Sequelae ligament tear	Acute fracture	Sequelae of infection	Other	Missing
2016		2							
2015	24	1				1			
2014	24	2						1	
2013	23	5		1				1	
2012	13	1							
2011	26		1						
2010	37	4							
2009	47	2						1	
2008	17	3							
2007	17	6						1	
2006	15	4						2	
2005	16	2						1	
2004	21							2	
2003	23	5						3	
2002	20	5						1	
2001	25	8		1				1	
1994-00	122	59	2	3				7	
Total	470	109	3	5	0	1	0	21	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in carpometacarpal prostheses

Table 3: Primary operations - Proximal (Single-component)

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			2 (100,0%)		2
2015			26 (100,0%)		26
2014			26 (96,3%)	1 (3,7%)	27
2013			30 (100,0%)		30
2012			14 (100,0%)		14
2011			27 (100,0%)		27
2010			40 (97,6%)	1 (2,4%)	41
2009			44 (91,7%)	4 (8,3%)	48
2008			20 (100,0%)		20
2007			23 (100,0%)		23
2006			21 (100,0%)		21
2005			19 (100,0%)		19
2004			23 (100,0%)		23
2003	1 (3,2%)		30 (96,8%)		31
2002	1 (3,8%)		25 (96,2%)		26
2001			35 (100,0%)		35
1994-00	1 (0,5%)		185 (98,9%)	1 (0,5%)	187
Total	3 (0,5%)		590 (98,3%)	7 (1,2%)	600

Carpometacarpal prostheses - Prosthesis brand

Table 4: Primary operations - Proximal (Single-component)

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Silastic Trapezium	281	17	16	11	9	6	8	8	4	2	362
Swanson Titanium Basal	71			1							72
Motec			21	17	15	2					55
Elektra	2	3	10	12	3	5	4	5	8		52
Motec II						1	18	14	14		47
Avanta Trapezium	6		1								7
Custom made	5										5
Total	365	20	48	41	27	14	30	27	26	2	600

Reasons for revisions

Table 5:

Year	Loose proximal	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	2		1	1				2			
2015	4		1	1		1		3			
2014	2		2							1	
2013	3		4					1			
2012	4		1					1			
2011	7		2				1	5			
2010	4		3	2		1		3			
2009	1		2					1		1	
2008			2					4			
2007			1	3				1			
2006			1								
2005			4	1				7	1	2	
2004	1		3					6		1	
2003			1								
2002											1
2001			4	1				4	1	1	
1994-00	1		6	2				10		5	
Total	29	0	38	11	0	2	1	48	2	11	1

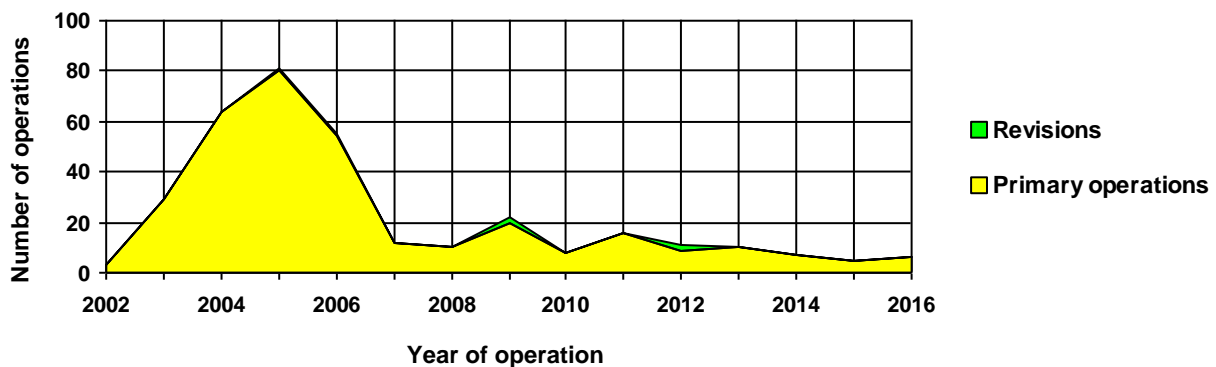
Revision reasons are not mutually exclusive. More than one reason for revision is possible

LUMBAR DISC PROSTHESES

Table 1: Annual number of operations

Year	Primary operations	Revisions	Total
2016	6 (100,0%)		6
2015	5 (100,0%)		5
2014	7 (100,0%)		7
2013	10 (100,0%)		10
2012	9 (81,8%)	2 (18,2%)	11
2011	16 (100,0%)		16
2010	8 (100,0%)		8
2009	20 (90,9%)	2 (9,1%)	22
2008	10 (100,0%)		10
2007	12 (100,0%)		12
2006	54 (98,2%)	1 (1,8%)	55
2005	80 (98,8%)	1 (1,2%)	81
2004	64 (100,0%)		64
2003	29 (100,0%)		29
2002	3 (100,0%)		3
Total	333 (98,2%)	6 (1,8%)	339

Figure 1: Annual number of operations



59,6 % performed in women. Mean age: 43,5 years.

Table 2: Back disease - Primary operations

Year	Idiopathic osteoarthritis	Sequelae after fracture	Spondylitis	Sequelae after prolapse surgery	Disc degeneration	Sequelae of infection	Other	Missing
2016	1				6			
2015					5			
2014			5		2			
2013				1	9			
2012					9			
2011			6		10			
2010				1	6		2	
2009				2	18		1	
2008				4	8		1	
2007				2	12			
2006	2		26	11	22		1	
2005	6	1	52	19	17		2	
2004	1		49			1	15	
2003			22	3			4	
2002	1		1				2	
Total	11	1	161	43	124	1	28	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in lumbar disc prostheses

Table 3: Primary operations - Proximal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			6 (100,0%)		6
2015			5 (100,0%)		5
2014			7 (100,0%)		7
2013			10 (100,0%)		10
2012			9 (100,0%)		9
2011			16 (100,0%)		16
2010			8 (100,0%)		8
2009			20 (100,0%)		20
2008			10 (100,0%)		10
2007			12 (100,0%)		12
2006			54 (100,0%)		54
2005			80 (100,0%)		80
2004			64 (100,0%)		64
2003			29 (100,0%)		29
2002			3 (100,0%)		3
Total			333 (100,0%)		333

Table 4: Primary operations - Distal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			6 (100,0%)		6
2015			5 (100,0%)		5
2014			7 (100,0%)		7
2013			10 (100,0%)		10
2012			9 (100,0%)		9
2011			16 (100,0%)		16
2010			8 (100,0%)		8
2009			20 (100,0%)		20
2008	2 (20,0%)		8 (80,0%)		10
2007			11 (91,7%)	1 (8,3%)	12
2006	1 (1,9%)		52 (96,3%)	1 (1,9%)	54
2005			80 (100,0%)		80
2004			64 (100,0%)		64
2003			29 (100,0%)		29
2002			3 (100,0%)		3
Total	3 (0,9%)		328 (98,5%)	2 (0,6%)	333

Lumbar disc prostheses - Prosthesis brand

Table 5: Primary operations - Proximal

Prostheses	2002-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Prodisc	214	2		4	16	9	10	7	5	6	273
Charité	30	8	20	4							62
Totalt	244	10	20	8	16	9	10	7	5	6	335

Table 6: Primary operations - Distal

Prostheses	2002-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Prodisc	214	2		4	16	9	10	7	5	6	273
Charité	30	8	20	4							62
Total	244	10	20	8	16	9	10	7	5	6	335

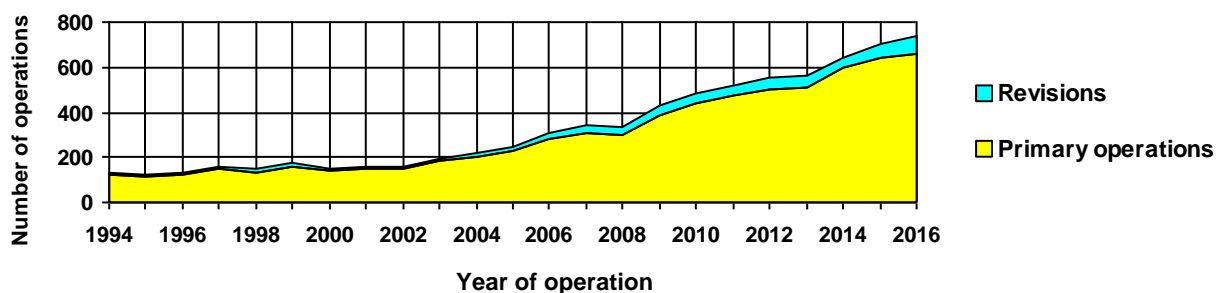
SHOULDER PROSTHESES

Table 1: Annual number of operations in shoulder prostheses

Year	Primary operations	Reoperations *	Revisions	Total
2016	663 (90,2%)		72 (9,8%)	735
2015	644 (91,7%)		58 (8,3%)	702
2014	594 (92,4%)	1 (0,2%)	48 (7,5%)	643
2013	517 (90,9%)	2 (0,4%)	50 (8,8%)	569
2012	500 (89,1%)	1 (0,2%)	60 (10,7%)	561
2011	481 (92,5%)		39 (7,5%)	520
2010	447 (91,2%)		43 (8,8%)	490
2009	392 (90,7%)		40 (9,3%)	432
2008	302 (89,9%)		34 (10,1%)	336
1994-07	2426 (91,5%)		224 (8,5%)	2650
Total	6966 (91,2%)	4 (0,1%)	668 (8,7%)	7638

* Reoperation where prosthetic parts were not changed or removed (soft tissue debridements for infected prosthesis, prosthetic parts were not changed)

Figure 1: Annual number of operations - All prostheses



53,2 % of all operations were performed on the right side. 71,6 % performed in women. Mean age: 69,8 years.

Table 2: Annual number of operations - Stemmed shoulder hemiprotheses

Year	Primary operations	Revisions	Total
2016	88 (82,2%)	19 (17,8%)	107
2015	111 (85,4%)	19 (14,6%)	130
2014	123 (93,2%)	9 (6,8%)	132
2013	108 (85,7%)	18 (14,3%)	126
2012	166 (91,7%)	15 (8,3%)	181
2011	177 (92,7%)	14 (7,3%)	191
2010	176 (92,6%)	14 (7,4%)	190
2009	161 (91,5%)	15 (8,5%)	176
2008	137 (94,5%)	8 (5,5%)	145
1994-07	1698 (92,9%)	130 (7,1%)	1828
Total	2945 (91,9%)	261 (8,1%)	3206

Table 3: Annual number of operations - Anatomic stemmed total shoulder prostheses

Year	Primary operations	Revisions	Total
2016	167 (91,8%)	15 (8,2%)	182
2015	139 (96,5%)	5 (3,5%)	144
2014	120 (93,8%)	8 (6,3%)	128
2013	99 (96,1%)	4 (3,9%)	103
2012	61 (95,3%)	3 (4,7%)	64
2011	79 (94,0%)	5 (6,0%)	84
2010	69 (90,8%)	7 (9,2%)	76
2009	56 (98,2%)	1 (1,8%)	57
2008	37 (97,4%)	1 (2,6%)	38
1994-07	99 (82,5%)	21 (17,5%)	120
Total	926 (93,0%)	70 (7,0%)	996

Table 4: Annual number of operations - Resurfacing shoulder hemiprotheses

Year	Primary operations	Revisions	Total
2016		11 (100,0%)	11
2015	2 (28,6%)	5 (71,4%)	7
2014		11 (100,0%)	11
2013	9 (52,9%)	8 (47,1%)	17
2012	10 (43,5%)	13 (56,5%)	23
2011	20 (71,4%)	8 (28,6%)	28
2010	25 (71,4%)	10 (28,6%)	35
2009	53 (84,1%)	10 (15,9%)	63
2008	43 (81,1%)	10 (18,9%)	53
1994-07	266 (97,1%)	8 (2,9%)	274
Total	428 (82,0%)	94 (18,0%)	522

Table 5: Annual number of operations - Resurfacing total shoulder prostheses

Year	Primary operations	Revisions	Total
2012	1 (100,0%)		1
2011	1 (100,0%)		1
2009	2 (100,0%)		2
2008	1 (50,0%)	1 (50,0%)	2
1994-07	5 (83,3%)	1 (16,7%)	6
Total	10 (83,3%)	2 (16,7%)	12

Table 6: Annual number of operations - Reversed stemmed total shoulder prostheses

Year	Primary operations	Reoperations *	Revisions	Total
2016	371 (94,9%)		20 (5,1%)	391
2015	350 (92,3%)		29 (7,7%)	379
2014	304 (94,1%)		19 (5,9%)	323
2013	252 (95,1%)		13 (4,9%)	265
2012	216 (90,4%)	1 (0,4%)	22 (9,2%)	239
2011	161 (95,8%)		7 (4,2%)	168
2010	131 (93,6%)		9 (6,4%)	140
2009	100 (92,6%)		8 (7,4%)	108
2008	75 (92,6%)		6 (7,4%)	81
1994-07	329 (88,4%)		43 (11,6%)	372
Total	2289 (92,8%)	1 (0,0%)	176 (7,1%)	2466

Table 7: Annual number of operations - Non stemmed hemiprotheses

Year	Primary operations	Reoperations *	Revisions	Total
2016	12 (75,0%)		4 (25,0%)	16
2015	16 (72,7%)		6 (27,3%)	22
2014	23 (82,1%)	1 (3,6%)	4 (14,3%)	28
2013	26 (100,0%)			26
2012	23 (82,1%)		5 (17,9%)	28
2011	21 (95,5%)		1 (4,5%)	22
2010	33 (100,0%)			33
2009	5 (100,0%)			5
Total	159 (88,3%)	1 (0,6%)	20 (11,1%)	180

* Reoperation where prosthetic parts were not changed or removed (soft tissue debridements for infected prosthesis, prosthetic parts were not changed)

Table 8: Annual number of operations - Non stemmed total shoulder prostheses

Year	Primary operations	Revisions	Total
2016	18 (85,7%)	3 (14,3%)	21
2015	15 (75,0%)	5 (25,0%)	20
2014	21 (95,5%)	1 (4,5%)	22
2013	18 (100,0%)		18
2012	20 (80,0%)	5 (20,0%)	25
2011	15 (100,0%)		15
2010	8 (100,0%)		8
2009	8 (100,0%)		8
2008	3 (100,0%)		3
Total	126 (90,0%)	14 (10,0%)	140

Table 9: Annual number of operations - Reversed non stemmed total shoulder prostheses

Year	Primary operations	Revisions	Total
2015	3 (100,0%)		3
2014	1 (100,0%)		1
Total	4 (100,0%)		4

Reasons for primary operations

Table 10: Shoulder disease in primary operations - Stemmed shoulder hemiprotheses

Year	Idiopathic osteo-arthriti	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2016	16	1	9	1		58			3	
2015	14	1	15			81	1		5	
2014	21		15			88			4	
2013	21	1	7		1	77		2	3	
2012	22	3	13			126			4	
2011	34	4	26			115			3	
2010	35	8	22	1		109			2	
2009	28	9	27			101		1	3	
2008	21	13	29	1		69		2	4	2
1994-07	324	422	363	13	8	554	7	3	79	8
Total	536	462	526	16	9	1378	8	8	110	10

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 11: Shoulder disease in primary operations - Anatomic stemmed total shoulder prostheses

Year	Idiopathic osteo-arthriti	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechte-rew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2016	138	7	20		1	2	1		2	
2015	124	3	7		1		1		6	
2014	96	5	14		3				3	
2013	84	3	10		1	1	1			
2012	54	1	4		1				2	
2011	68	3	10				1			
2010	58	2	3		2				3	1
2009	38	5	11		1		1		2	
2008	28	2	3			1			3	
1994-07	61	14	14	1	1	1	1		6	1
Total	749	45	96	1	11	5	6	0	27	2

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 12: Shoulder disease in primary operations - Resurfacing shoulder hemiprostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2015	2									
2013	8		1	1						
2012	8									2
2011	18	1						1	1	
2010	17	3	3							2
2009	33	13	5		2			1		1
2008	32	10	1							2
1994-07	167	67	24	3	3	1	3	3	11	2
Total	285	94	34	4	5	1	3	5	18	3

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 13: Shoulder disease in primary operations - Resurfacing total shoulder prostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2012	1									
2011	1									
2009	2									
2008	1									
1994-07	4									2
Total	9	0	0	0	0	0	0	0	2	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 14: Shoulder disease in primary operations - Reversed stemmed total shoulder prostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2016	117	27	61	2	13	100	1	82	16	
2015	123	30	63	1	17	77	4	56	23	
2014	116	22	45	2	18	86	2	38	13	
2013	87	26	37		14	76	1	24	5	
2012	61	19	50		24	43	4	33	10	
2011	46	21	30	1	9	30	1	35	9	1
2010	41	27	26		5	12	4	21	8	1
2009	42	19	15	1	1	9	2	13	4	
2008	22	19	19	1	1	5	1	7	4	
1994-07	69	147	68	1	2	7	2	31	23	1
Total	724	357	414	9	104	445	22	340	115	3

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 15: Shoulder disease in primary operations - Non stemmed shoulder hemiprostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2016	7		4		1				1	
2015	13		3			1		1		
2014	16		2		1				4	
2013	23	1	2						2	
2012	15	3	3	2				1		
2011	13	6	2						1	
2010	23	3	7			1			2	
2009	2		1		1				2	
Total	112	13	24	2	3	2	0	2	12	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 16: Shoulder disease in primary operations - Non stemmed total shoulder prostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2016	12	2	1		2			1		
2015	13		1		1					
2014	18		3							
2013	15		1		1				2	
2012	17			1	1				1	
2011	13	2								
2010	6	1							1	
2009	5	2	1							
2008	2	1								
Total	101	8	7	1	5	0	0	1	4	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Table 17: Shoulder disease in primary operations - Reversed non stemmed total shoulder prostheses

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Mb. Bechterew	Sequelae ligament tear	Acute fracture	Sequelae after infection	Rotarcuff arthropathy	Other	Missing
2015	2					1				
2014						1				
Total	2	0	0	0	0	2	0	0	0	0

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in shoulder prostheses

Table 18: Stemmed shoulder hemiprotheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	49 (55,7%)		39 (44,3%)		88
2015	68 (61,3%)		41 (36,9%)	2 (1,8%)	111
2014	84 (68,3%)		36 (29,3%)	3 (2,4%)	123
2013	80 (74,1%)		28 (25,9%)		108
2012	140 (84,3%)		26 (15,7%)		166
2011	130 (73,4%)	1 (0,6%)	37 (20,9%)	9 (5,1%)	177
2010	135 (76,7%)		36 (20,5%)	5 (2,8%)	176
2009	117 (72,7%)		33 (20,5%)	11 (6,8%)	161
2008	87 (63,5%)	2 (1,5%)	36 (26,3%)	12 (8,8%)	137
1994-07	1 040 (61,2%)	39 (2,3%)	617 (36,3%)	2 (0,1%)	1 698
Total	1 930 (65,5%)	42 (1,4%)	929 (31,5%)	44 (1,5%)	2 945

Table 19: Anatomic stemmed total shoulder prostheses - Primary operations - Glenoid

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	153 (91,6%)		14 (8,4%)		167
2015	125 (89,9%)		14 (10,1%)		139
2014	99 (82,5%)		18 (15,0%)	3 (2,5%)	120
2013	77 (79,4%)		20 (20,6%)		97
2012	50 (83,3%)		10 (16,7%)		60
2011	65 (82,3%)		14 (17,7%)		79
2010	57 (82,6%)		11 (15,9%)	1 (1,4%)	69
2009	40 (71,4%)		15 (26,8%)	1 (1,8%)	56
2008	30 (81,1%)		2 (5,4%)	5 (13,5%)	37
1994-07	43 (44,3%)	3 (3,1%)	51 (52,6%)		97
Total	739 (80,2%)	3 (0,3%)	169 (18,3%)	10 (1,1%)	921

Table 20: Anatomic stemmed total shoulder prostheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	17 (10,2%)		150 (89,8%)		167
2015	24 (17,3%)		115 (82,7%)		139
2014	24 (20,2%)		93 (78,2%)	2 (1,7%)	119
2013	58 (58,6%)		41 (41,4%)		99
2012	45 (73,8%)		15 (24,6%)	1 (1,6%)	61
2011	58 (74,4%)		20 (25,6%)		78
2010	54 (81,8%)		11 (16,7%)	1 (1,5%)	66
2009	38 (69,1%)		16 (29,1%)	1 (1,8%)	55
2008	28 (75,7%)		3 (8,1%)	6 (16,2%)	37
1994-07	43 (50,0%)	1 (1,2%)	42 (48,8%)		86
Total	389 (42,9%)	1 (0,1%)	506 (55,8%)	11 (1,2%)	907

Table 21: Resurfacing shoulder hemiprotheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2015			2 (100,0)		2
2013			9 (100,0)		9
2012			10 (100,0)		10
2011		2 (10,0%)	17 (85,0%)	1 (5,0%)	20
2010	1 (4,0%)	2 (8,0%)	22 (88,0%)		25
2009			44 (83,0%)	9 (17,0%)	53
2008			15 (34,9%)	28 (65,1%)	43
1994-07			50 (18,8%)	216 (81,2%)	266
Total	1 (0,2%)	4 (0,9%)	169 (39,5%)	254 (59,3%)	428

Table 22: Resurfacing total shoulder prostheses - Primary operations - Glenoid

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2011	1 (100,0)				1
1994-07			2 (100,0)		2
Total	1 (33,3%)		2 (66,7%)		3

Table 23: Resurfacing total shoulder prostheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2012			1 (100,0)		1
2011				1 (100,0)	1
2009				2 (100,0)	2
2008			1 (100,0)		1
1994-07				5 (100,0)	5
Total			2 (20,0%)	8 (80,0%)	10

Table 24: Reversed stemmed total shoulder prostheses - Primary operations - Glenoid

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	1 (0,3%)		370 (99,7%)		371
2015	3 (0,9%)		346 (98,9%)	1 (0,3%)	350
2014	9 (3,0%)		295 (97,0%)		304
2013	2 (0,8%)		250 (99,2%)		252
2012	1 (0,5%)	1 (0,5%)	213 (98,6%)	1 (0,5%)	216
2011	1 (0,6%)	1 (0,6%)	158 (98,1%)	1 (0,6%)	161
2010	6 (4,6%)	1 (0,8%)	122 (93,1%)	2 (1,5%)	131
2009	2 (2,0%)		97 (97,0%)	1 (1,0%)	100
2008	1 (1,3%)		65 (86,7%)	9 (12,0%)	75
1994-07	26 (7,9%)	1 (0,3%)	301 (91,8%)		328
Total	52 (2,3%)	4 (0,2%)	2 217 (96,9%)	15 (0,7%)	2 288

Table 25: Reversed stemmed total shoulder prostheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	239 (64,4%)		132 (35,6%)		371
2015	215 (61,4%)		135 (38,6%)		350
2014	180 (59,2%)		119 (39,1%)	5 (1,6%)	304
2013	143 (56,7%)		107 (42,5%)	2 (0,8%)	252
2012	140 (64,8%)		76 (35,2%)		216
2011	99 (61,5%)		60 (37,3%)	2 (1,2%)	161
2010	72 (55,0%)		57 (43,5%)	2 (1,5%)	131
2009	50 (50,0%)		49 (49,0%)	1 (1,0%)	100
2008	51 (68,0%)		16 (21,3%)	8 (10,7%)	75
1994-07	126 (38,3%)	1 (0,3%)	201 (61,1%)	1 (0,3%)	329
Total	1 315 (57,4%)	1 (0,0%)	952 (41,6%)	21 (0,9%)	2 289

Table 26: Non stemmed shoulder hemiprotheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016			9 (100,0)		9
2015			5 (100,0)		5
2014			12 (92,3%)	1 (7,7%)	13
2013			11 (100,0)		11
2012		1 (7,1%)	13 (92,9%)		14
2011			16 (100,0)		16
2010	1 (3,3%)		29 (96,7%)		30
2009			5 (100,0)		5
Total	1 (1,0%)	1 (1,0%)	100 (97,1%)	1 (1,0%)	103

Table 27: Non stemmed total shoulder prostheses - Primary operations - Glenoid

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	18 (100,0				18
2015	15 (100,0				15
2014	21 (100,0				21
2013	14 (77,8%)		4 (22,2%)		18
2012	18 (90,0%)		1 (5,0%)	1 (5,0%)	20
2011	14 (93,3%)			1 (6,7%)	15
2010	6 (75,0%)		2 (25,0%)		8
2009	3 (42,9%)		4 (57,1%)		7
2008			3 (100,0		3
Total	109 (87,2%)		14 (11,2%)	2 (1,6%)	125

Table 28: Non stemmed total shoulder prostheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2016	2 (11,1%)		16 (88,9%)		18
2015	1 (10,0%)		9 (90,0%)		10
2014	1 (5,9%)		16 (94,1%)		17
2013	2 (12,5%)		13 (81,3%)	1 (6,3%)	16
2012	2 (11,8%)		15 (88,2%)		17
2011	1 (7,1%)		13 (92,9%)		14
2010	1 (12,5%)		7 (87,5%)		8
2009			8 (100,0		8
2008			3 (100,0		3
Total	10 (9,0%)		100 (90,1%)	1 (0,9%)	111

Table 29: Reversed non stemmed total shoulder prostheses - Primary operations - Glenoid

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2015			3 (100,0		3
2014			1 (100,0		1
Total			4 (100,0%		4

Table 30: Reversed non stemmed total shoulder prostheses - Primary operations - Humerus

Year	Cem. with antib.	Cem. without antib.	Uncemented	Missing	Total
2015	3 (100,0				3
2014			1 (100,0		1
Total	3 (75,0%)		1 (25,0%)		4

Prosthesis brand

Stemmed hemiprotheses shoulder

Table 31: Primary operations- Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Bio - Modular	640	18	21	36	13	20	2	1	2		753
Global Advantage	332	55	53	54	66	44	36	40	34	16	730
Global Fx	58	10	26	29	47	50	17	16	13	11	277
Global	248										248
Nottingham	155	28	7	7	3	3					203
EPOCA			27	20	28	24	20	21	5		145
Delta I	62										62
Global Unite						1		11	21	24	57
Promos standard						8	13	12	11	6	50
Aequalis	5	9	6	5	8	7	6				46
Nottingham 1	1	1	12	15	2	4	2				37
Aequalis-Fracture	3	6	3	7	7	2	3	3	1	1	36
Modular	33										33
Bigliani/Flatow	14	4	4	1	3		2		1		29
Comprehensive						2	4	6	2	13	27
JR-Vaios Anatomic							1	7	9	2	19
Global unite anatomic								3	3	9	15
Aequalis Ascend Flex Anatomic							2	2	8	3	15
Other (n < 10)	4	2	1					1	1	3	12
Total	1555	133	160	174	177	165	108	123	111	88	2794

Table 32: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Bio - Modular	654	21	21	34	13	20	2	1	2		768
Global Advantage	187	37	45	42	60	41	35	38	33	16	534
Global Fx	204	28	34	41	53	54	18	18	14	11	475
Global	261										261
Nottingham	153	26	10	10	4	7					210
EPOCA			27	21	28	24	20	21	5		146
Delta I	63										63
Global Unite						1		11	21	24	57
Scan Shoulder	56										56
Promos standard						8	13	12	11	6	50
Neer II	45	2									47
Aequalis	5	8	4	5	8	7	5				42
Aequalis-Fracture	3	7	5	7	7	2	4	3	1	1	40
Modular	33										33
Nottingham 1	2	2	10	15	1		2				32
Bigliani/Flatow	15	4	4	1	3		2		1		30
JR-Vaios Anatomic							1	7	9	2	19
Comprehensive Fracture			1			2	4	6	2	3	18
Global unite anatomic								3	3	9	15
Aequalis Ascend Flex Anatomic							2	2	8	3	15
Monosperical	13	1									14
Comprehensive										10	10
Other (n < 10)	4	1						1	1	3	10
Total	1698	137	161	176	177	166	108	123	111	88	2945

Anatomic stemmed total shoulder prostheses

Table 33: Primary operations - Glenoid

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Aequalis	18	22	31	51	51	32	36	3			244
Global unite anatomic								3	81	100	184
Aequalis Ascend Flex Anatomic							11	68	15	29	123
Global	8	8	20	14	18	14	30	9	1		122
Global Advantage	4						2	18	27	18	69
Bio - Modular	49		1								50
JR-Vaios Anatomic							4	8	8	11	31
Bigliani/Flatow	4	6	1		2	4	1	2		1	21
Promos standard						1	3	6	6	4	20
Anatomical shoulder						5	8	2	1		16
Nottingham	13										13
Other (n < 10)	1	1	3	4	8	4	2	1		4	28
Total	97	37	56	69	79	60	97	120	139	167	921

Table 34: Primary operations - Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Aequalis	18	22	31	51	51	33	36	6			248
Global Advantage	13	8	19	14	18	14	31	27	28	17	189
Global unite anatomic								3	81	100	184
Aequalis Ascend Flex Anatomic							12	65	14	29	120
Bio - Modular	35		1								36
JR-Vaios Anatomic							4	8	8	11	31
Promos standard						1	4	6	6	4	21
Bigliani/Flatow	4	6	1		2	4	1	2		1	21
Anatomical shoulder						5	8	2	2		17
Nottingham	15										15
Other (n < 10)	1	1	4	4	8	4	3	1		5	31
Total	86	37	56	69	79	61	99	120	139	167	913

Table 35: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Aequalis	18	22	31	51	51	33	36	6			248
Global unite anatomic								3	81	100	184
Global Advantage	12	8	18	14	18	14	31	26	27	16	184
Aequalis Ascend Flex Anatomic							12	63	14	29	118
Bio - Modular	34		1								35
JR-Vaios Anatomic							3	8	8	11	30
Promos standard						1	4	6	6	4	21
Bigliani/Flatow	4	6	1		2	4	1	2		1	21
Anatomical shoulder						5	8	1	2		16
Nottingham	15										15
Other (n < 10)	3	1	4	1	7	4	4	4	1	6	35
Total	86	37	55	66	78	61	99	119	139	167	907

Resurfacing shoulder hemiprostheses

Table 36: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Copeland	215	28	35	12	4	4					298
Global C.A.P.	44	11	12	8	11	4	2		2		94
EPOCA Resurfacing			2	3	4	2	7				18
Aequalis Resurfacing	6	4	2		1						13
Other (n < 10)	1		2	2							5
Total	266	43	53	25	20	10	9		2		428

Resurfacing total shoulder prostheses

Table 37: Primary operations - Glenoid

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Copeland	2										2
Aequalis Resurfacing					1						1
Total	2				1						3

Table 38: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Copeland	5		1								6
Aequalis Resurfacing		1	1		1	1					4
Total	5	1	2		1	1					10

Reversed stemmed total shoulder prostheses

Table 39: Primary operations - Glenoid

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Delta Xtend	15	49	64	91	114	147	142	178	222	242	1264
Delta III	307	5	1	1							314
Tess Reversed		15	30	31	28	32	30	38	39	24	267
Aequalis Ascend Flex Reverse							17	38	47	40	142
Promos Reverse					9	10	16	21	14	17	87
Aequalis Reversed II					1	18	36	11	13	5	84
Comprehensive Reverse					1	1	1	3	5	29	40
Aequalis-Reversed	6	5	3	8	7	2					31
JRI-Vaios Inverse							9	5	4	3	21
SMR Axioma reversed								2	4	11	17
Trebecular Metal Reverse Shou		1	2		1	1	1	3	2		11
Anatomical shoulder Reversed						5		5			10
Total	328	75	100	131	161	216	252	304	350	371	2288

Table 40: Primary operations - Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Delta Xtend	15	49	64	91	115	147	142	178	222	242	1265
Delta III	300	5	1	1							307
Tess Reversed		15	29	31	27	32	30	38	39	24	265
Aequalis Ascend Flex Reversed							17	41	44	34	136
Promos Reverse					9	10	16	21	14	17	87
Aequalis Reversed Fracture						3	15	8	16	11	53
Aequalis-Reversed	3	5	3	8	8	10	13				50
Comprehensive Reverse					1	1	1	3	5	29	40
JRI-Vaios Inverse							9	5	4	3	21
SMR Axioma reversed								2	4	11	17
Aequalis Reversed II						6	8				14
Trebecular Metal Reverse Shoulder		1	2		1	1		3	2		10
Anatomical shoulder Reversed						5		5			10
Total	318	75	99	131	161	215	251	304	350	371	2275

Table 41: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Delta Xtend	15	49	64	91	115	147	142	178	222	242	1265
Delta III	308	5	1	1							315
Tess Reversed		15	30	31	27	32	30	38	39	24	266
Aequalis Ascend Flex Reversed							17	41	44	34	136
Promos Reverse					9	10	16	21	14	17	87
Aequalis-Reversed	6	5	3	8	8	12	19				61
Aequalis Reversed Fracture						3	15	8	16	11	53
Comprehensive Reverse					1	1	1	3	5	27	38
JRI-Vaios Inverse							9	5	4	3	21
SMR Axioma reversed								2	4	11	17
Trebecular Metal Reverse Shoulder		1	2		1	1	1	3	2		11
Anatomical shoulder Reversed						5		5			10
Other (n < 10)						5	2			2	9
Total	329	75	100	131	161	216	252	304	350	371	2289

Non stemmed shoulder hemiprotheses

Table 42: Primary operations - Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Tess-Anatomic			5	30	16	13	7	7	3	5	86
ECLIPSE TM				3	5	9	15	10	11	3	56
Andre (n < 10)						1	4	6	2	4	17
Total			5	33	21	23	26	23	16	12	159

Table 43: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Tess-Anatomic			5	30	16	13	7	7	3	5	86
Other (n < 10)						1	4	6	2	4	17
Total			5	30	16	14	11	13	5	9	103

Non stemmed total shoulder prostheses

Table 44: Primary operations - Glenoid

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Tess-Anatomic		3	7	8	14	7	3	3	3	4	52
Aequalis Ascend Flex Anatomic								13	7	12	32
Simpliciti						10	10				20
ECLIPSE TM					1	3	2	4	5		15
Other (n < 10)							3	1		2	6
Total		3	7	8	15	20	18	21	15	18	125

Table 45: Primary operations - Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Tess-Anatomic		3	8	8	14	7	4	3	3	4	54
Simpliciti						10	12	13	7	12	54
ECLIPSE TM					1	3	2	4	5		15
Andre (n < 10)								1		2	3
Total		3	8	8	15	20	18	21	15	18	126

Table 46: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Simpliciti						10	12	14	7	12	55
Tess-Anatomic		3	8	8	14	7	4	3	3	4	54
Other (n < 10)										2	2
Total		3	8	8	14	17	16	17	10	18	111

Reversed stemmed total shoulder prostheses

Table 47: Primary operations - Glenoid

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Comprehensive Nano Stemless									3		3
Comprehensive Reverse								1			1
Total								1	3		4

Table 48: Primary operations - Caput humeri

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Comprehensive Nano Stemless Reverse									3		3
Comprehensive Reverse								1			1
Total								1	3		4

Table 49: Primary operations - Humerus

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Comprehensive Nano Stemless Reverse								1	3		4
Total								1	3		4

Reasons for revisions

Table 50: Stemmed shoulder hemiprotheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	1	1	3	1		1	1	7		7	
2015	1	2	1	3	1	2		10		6	
2014			2	1		1		6		2	
2013		2	2	5		3	2	12	2	4	
2012	1	2	4	1			1	5		5	1
2011			3	2		3		6		4	
2010		3	3	1		2	1	9		5	
2009			1	3		3	1	10		4	
2008			1	2		1		5		2	1
2007	1	1	1	3		2		12		2	2
2006	1	3		4		2	2	10	1	4	
2005	1	2		1	1	3		5		3	
2004		1	5	3				5		5	
2003		1		1		2		6		3	
2002		1						5			
2001	1		1	1				4		2	1
2000	1	1	1	2		2		4		2	
1999			2			1		5		1	
1998			1			1	2	6		3	1
1997				1				1			
1996		1	1					2		2	
1995								1		1	
Total	8	21	32	35	2	29	10	136	3	67	6

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 51: Anatomic stemmed total shoulder prostheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	4	1		2		7		3		1	
2015						1		4		1	
2014	2			4	1		1	3		3	
2013						3		2			
2012			1	2				1	2		
2011	1	1	3					1			
2010			1	2		4		1		1	
2009			1								
2008								1			
2006		1	1							1	
2004	1										
2003								1			
2002	1	1	1					1			
2001	1							1			
1999	1							2		1	
1998			1					1		1	
1997				1				1			
1996	2		1			1					
1995			1			1					
1994			1							1	
Total	13	4	12	11	1	17	1	23	2	10	0

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 52: Resurfacing shoulder hemiprotheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016		3		1				7		3	
2015	1	2						1		1	
2014		1		1				10		3	
2013		1						7		1	
2012		1	1	2		2		6		3	
2011					1			6		5	
2010								9		1	
2009								9		2	
2008		2		1				10		2	
2007	1		1			1		2	1		
2006		1		1		1		2			
2005		1						1			
Total	2	12	2	6	1	4	0	70	1	21	0

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 53: Resurfacing total shoulder prostheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2008								1			
2005			1	1							
Total	0	0	1	1	0	0	0	1	0	0	0

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 54: Reversed stemmed total shoulder prostheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016	4	3	4	1		9	4	2	1		
2015	6	2	4	1	1	12	2	2	3	2	
2014	1	2	3	2		8	1	2		2	
2013	3	3	4	1		6		1		2	
2012	6	5	6	1		7		1	2	2	
2011	1		1	1			3			1	
2010	3	1	2	1		1				3	
2009	2	1				4				2	
2008	1		3		1					1	
2007	2	2	3	2		7		1			
2006	1	1	1	1		1			1	1	
2005	1	1						1			
2004	4	3	3	1						3	
2003	2		1					1			1
2002	1					1					
2001	3					2					
2000	1			1		2	1				
1999		1									
1998						1				1	
1996								1			
1995						2				1	
Total	42	25	35	13	2	63	11	12	7	21	1

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 55: Non stemmed shoulder hemiprostheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016							1	3		2	
2015								3		3	
2014		1						4		1	
2012			1			2		1		2	
2011										1	
Total	0	1	1	0	0	2	1	11	0	9	0

Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

Table 56: Non stemmed total shoulder prostheses

Year	Loose proximal	Loose distal comp	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016		1				1		1		1	
2015	2			1		3		1			
2014	1							1			
2012	4					3		1			
Total	7	1	0	1	0	7	0	4	0	1	0

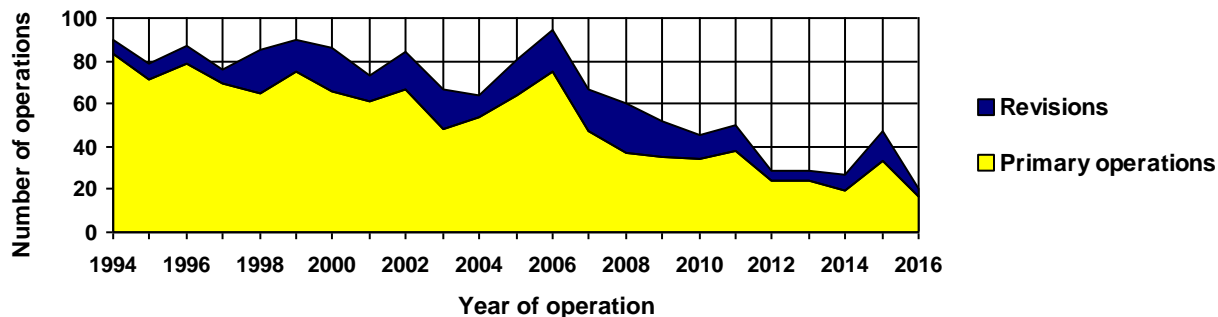
Revision reasons are not mutually exclusive. More than one reason for revision is possible. All revisions were included.

TOE JOINT PROSTHESES

Table 1: Annual number of operations

Year	Primary operations	Revisions	Total
2016	17 (85,0%)	3 (15,0%)	20
2015	33 (70,2%)	14 (29,8%)	47
2014	19 (70,4%)	8 (29,6%)	27
2013	24 (82,8%)	5 (17,2%)	29
2012	24 (82,8%)	5 (17,2%)	29
2011	38 (76,0%)	12 (24,0%)	50
2010	34 (75,6%)	11 (24,4%)	45
2009	35 (67,3%)	17 (32,7%)	52
2008	37 (61,7%)	23 (38,3%)	60
2007	47 (70,1%)	20 (29,9%)	67
2006	75 (79,8%)	19 (20,2%)	94
2005	64 (79,0%)	17 (21,0%)	81
2004	54 (84,4%)	10 (15,6%)	64
2003	48 (71,6%)	19 (28,4%)	67
2002	67 (79,8%)	17 (20,2%)	84
2001	61 (83,6%)	12 (16,4%)	73
1994-00	508 (85,7%)	85 (14,3%)	593
Total	1185 (80,0%)	297 (20,0%)	1 482

Figure 1: Annual number of operations



52,4 % of all operations were performed on the right side. 83,7 % performed in women. Mean age: 60,4 years.

Table 2: Toe disease in primary operations

Year	Idiopathic osteoarthritis	Rheumatoid arthritis	Sequelae after fracture	Bechterew Mb.	Sequelae ligament tear	Acute fracture	Sequelae of infection	Other	Missing
2016	14	3						1	
2015	22	5	2					4	
2014	10	9							
2013	11	11	1					1	
2012	15	9							
2011	18	16						4	
2010	13	20	1	1	1	1	1	8	
2009	12	20		1				2	
2008	6	29						2	
2007	13	28		1				4	1
2006	21	46	2					8	
2005	31	22	9				1	10	
2004	13	37						5	
2003	2	41	1	2				3	
2002	8	53		1				6	
2001	4	51		2				3	1
1994-00	45	435	3	2	1			23	2
Total	258	835	19	10	2	1	2	84	4

Diseases are not mutually exclusive. More than one reason for operation is possible.

Use of cement in toe joint prostheses

Table 3: Primary operations - Proximal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2016			17 (100,0%)		17
2015			32 (97,0%)	1 (3,0%)	33
2014			19 (100,0%)		19
2013			24 (100,0%)		24
2012			24 (100,0%)		24
2011			35 (92,1%)	3 (7,9%)	38
2010			34 (100,0%)		34
2009			35 (100,0%)		35
2008			37 (100,0%)		37
2007			46 (100,0%)		46
2006			74 (98,7%)	1 (1,3%)	75
2005			64 (100,0%)		64
2004	1 (1,9%)		53 (98,1%)		54
2003	1 (2,1%)		47 (97,9%)		48
2002	1 (1,5%)		65 (97,0%)	1 (1,5%)	67
2001	1 (1,6%)		60 (98,4%)		61
2000	2 (3,0%)		64 (97,0%)		66
1999			75 (100,0%)		75
1998			65 (100,0%)		65
1997			69 (100,0%)		69
1996			79 (100,0%)		79
1995			71 (100,0%)		71
1994			81 (97,6%)	2 (2,4%)	83
Total	6 (0,5%)		1 170 (98,8%)	8 (0,7%)	1 184

Table 4: Primary operations - Distal

Year	Cement with antibiotics	Cement without antibiotics	Uncemented	Missing	Total
2015			1 (100,0%)		1
2013			1 (100,0%)		1
2012			1 (100,0%)		1
2011			2 (100,0%)		2
2010			5 (100,0%)		5
2009			7 (100,0%)		7
2008			4 (100,0%)		4
2007			5 (100,0%)		5
2006			13 (100,0%)		13
2005			6 (100,0%)		6
2004			7 (100,0%)		7
2002			4 (100,0%)		4
2001	1 (9,1%)		10 (90,9%)		11
2000	1 (6,7%)		14 (93,3%)		15
1999	1 (9,1%)		10 (90,9%)		11
1998			2 (100,0%)		2
Total	3 (3,2%)		92 (96,8%)		95

Toe joint prostheses

Table 5: Primary operations - Proximal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Silastic HP 100	776	30	25	22	22	14	13	11	11	5	929
LPT	29	3	3	6	14	9	10	8	20	12	114
Toefit-plus	31	4	7	5	2	1	1		1		52
Sutter	26										26
Biomet Total Toe	25										25
Moje	18										18
LaPorta	14										14
Swanson Titanium	4			1							5
Epyc									1		1
Total	923	37	35	34	38	24	24	19	33	17	1184

Table 6: Primary operations - Distal

Prostheses	1994-07	2008	2009	2010	2011	2012	2013	2014	2015	2016	Total
Toefit-plus	31	4	7	5	2	1	1		1		52
Biomet Total Toe	25										25
Moje	18										18
Total	74	4	7	5	2	1	1		1		95

Reasons for revisions

Table 7:

Year	Loose proximal	Loose distal comp.	Dislocation	Instability	Malalignment	Deep infection	Fracture (near implant)	Pain	Defect polyethylene	Other	Missing
2016								1	1		
2015				1	5			4	5	3	
2014		1		1	2			2	4		
2013					2			3	2		
2012					1			2		3	
2011					3	1		7	1	5	
2010		3			2	2		3	2	3	
2009			1		3	2		7	3	5	
2008				2	10	1		13	1	6	
2007	2	3	2	1	3	2	1	10		6	
2006		1		1	4	2		10	1	6	1
2005	1	1	1		7	2		6	1	5	2
2004					3			7		6	
2003	1	2	1	2	6	2		9		8	
2002	1	1		1	4	4		5		7	3
2001		3		2	5			8	1	4	
2000		2		1	6	2		6	1	6	1
1999		2			3	1		6		6	
1998		2	1	1	4	3		5		6	1
1997		1			3	1		6		1	
1996				1	4		1	4		3	
1995			1	2	2	2		5		1	
1994		1					1	3		2	1
Total	5	23	7	16	82	27	3	132	23	92	9

Revision reasons are not mutually exclusive. More than one reason for revision is possible

Completeness of reporting analysis for total elbow arthroplasty, 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals have few total elbow arthroplasties and the completeness of reporting rate must be seen in this light.

NCSP codes for combining data from NPR hospital stays and total elbow arthroplasties

Type	Code	Description
Primary operation	NCB 20	Primary total prosthetic replacement of elbow joint not using cement
	NCB 30	Primary total prosthetic replacement of elbow joint using hybrid technique
	NCB 40	Primary total prosthetic replacement of elbow joint using cement
With and without	NCB 99	Other primary prosthetic replacement of elbow joint
Revision level 1	NCC 2y	Secondary implantation of total prosthesis in elbow joint not using cement Includes: Of component of total prosthesis
	NCC 3y	Secondary implantation of total prosthesis in elbow joint using hybrid technique Includes: Of component of total prosthesis
	NCC 4y	Secondary implantation of total prosthesis in elbow joint using cement Includes: Of component of total prosthesis
	NCC 99	Other secondary prosthetic replacement in elbow joint
	NCU 1y	Removal of total prosthesis from elbow joint
Revision level 2	NCC 59	Secondary implantation of interposition prosthesis in elbow joint
	NCS 19	Incision and debridement of infection of elbow joint
	NCS 49	Incision and debridement of infection of elbow joint with introduction of therapeutic agent
	NCW 69	Reoperation for deep infection in surgery of elbow or forearm For infection at the site of target structures
	NCH 2y	Reduction of dislocation of prosthesis of elbow joint
	T 81.* T 84.*	Complications of procedures, not elsewhere classified Complications of internal orthopaedic prosthetic devices, implants and grafts

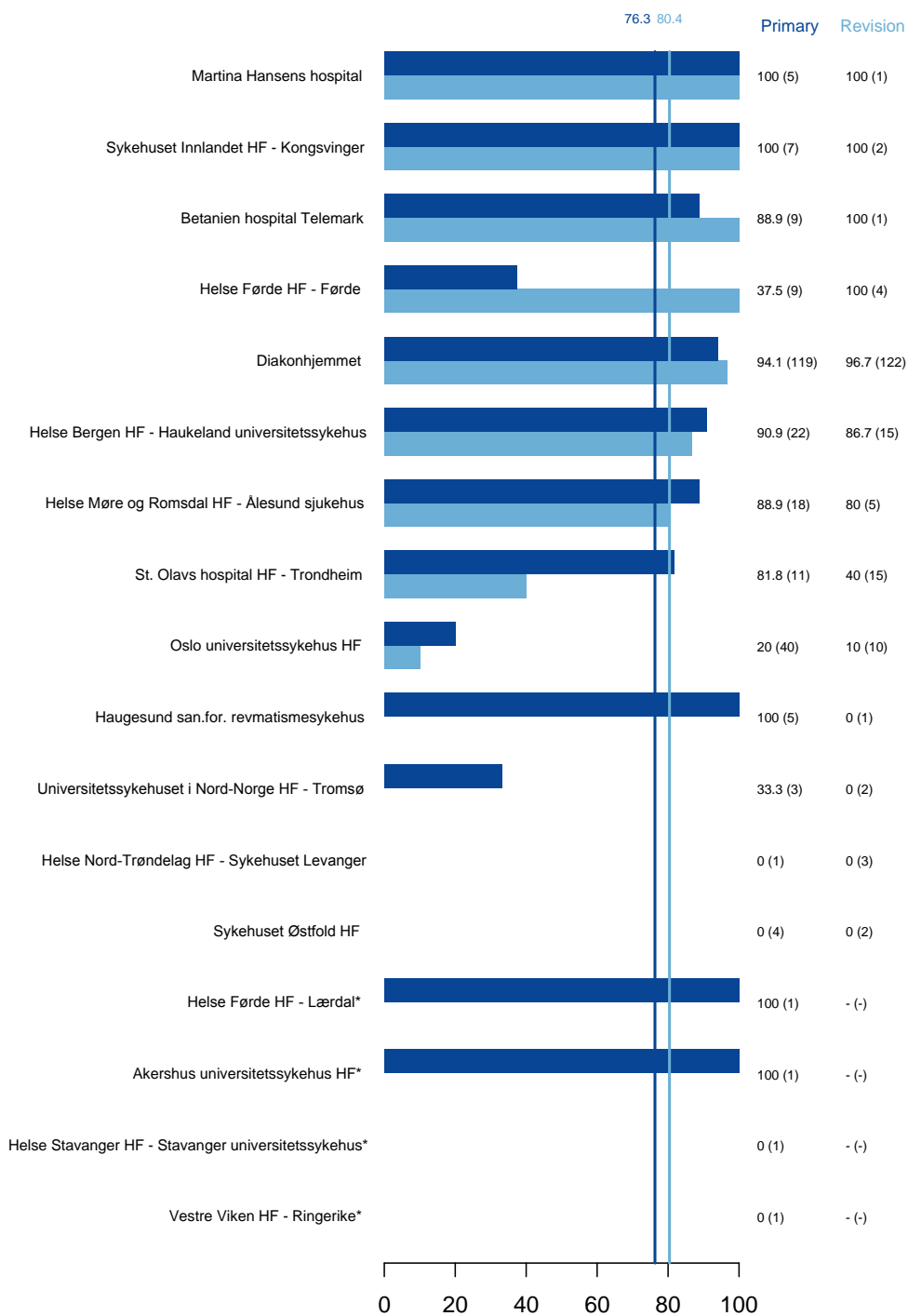
Primary operations. From 2008 to 2014, 240 primary total elbow arthroplasties were reported to one or both of the registers. 76.3% were reported to the NAR while 95.3% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the NAR, either the form was not sent, or other interventions than elbow arthroplasties were incorrectly coded with NCB 20*/NCB 30*/NCB 40*. (There were only 18 operations in the category NCB 99 during the period).

Procedure codes to be used for primary operations: NCB 20*/NCB 30*/NCB 40*

Revision operations. From 2008 to 2014, 189 revisions were reported to one or both of the registers. 80.4% of these were reported to the NAR, while 90.5% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 0% and 100%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations, level 1: NCC 2* - NCC 3* - NCC 4* and possibly NCU 1* and NCC 99.

Completeness of reporting for primary and revision operations, elbow total prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

Completeness of reporting analysis for ankle arthroplasty, 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals have few ankle arthroplasties and the completeness of reporting rate must be seen in this light.

NCSF codes for combining data from NPR hospital stays and ankle arthroplasties

Type	Code	Description
Primary operation	NHB 0y	Primary partial prosthetic replacement of ankle joint not using cement
	NHB 1y	Primary partial prosthetic replacement of ankle joint using cement
	NHB 20	Primary total prosthetic replacement of ankle joint not using cement
	NHB 30	Primary total prosthetic replacement of ankle joint using hybrid technique
	NHB 40	Primary total prosthetic replacement of ankle joint using cement
With and without	NHB 99	Other primary prosthetic replacement of joint of ankle or foot
Revision level 1	NHC 0y	Secondary implantation of partial prosthesis in ankle joint not using cement Excludes: Of component of total prosthesis
	NHC 1y	Secondary implantation of partial prosthesis in ankle joint using cement Excludes: Of component of total prosthesis
	NHC 2y	Secondary implantation of total prosthesis in ankle joint not using cement Includes: Of component of total prosthesis
	NHC 3y	Secondary implantation of total prosthesis in ankle joint using hybrid technique Includes: Of component of total prosthesis
	NHC 4y	Secondary implantation of total prosthesis in ankle joint using cement
	NHU 0y	Removal of partial prosthesis from ankle joint
	NHU 1y	Removal of total prosthesis from ankle joint
	Revision level 2	NHC 59
NHS 19		Incision and debridement of infection of joint of ankle or foot
NHS 49		Incision and debridement of infection of joint of ankle or foot with introduction of therapeutic agent
NHW 69		Reoperation for deep infection in surgery of ankle or foot For infection at the site of target structures
NHC 99		Other secondary prosthetic replacement in joint of ankle or foot
NHH 2y		Reduction of dislocation of joint prosthesis of ankle or foot
T 81.*		Complications of procedures, not elsewhere classified
	T 84.*	Complications of internal orthopaedic prosthetic devices, implants and grafts

Primary operations. From 2008 to 2014, 638 primary ankle arthroplasties were reported to one or both of the registers. 90.6% were reported to the NAR, while 97.2% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the NAR, either the form was not sent, or other interventions than ankle arthroplasties were incorrectly coded with NHB 0*/NHB 1*/NHB 20/NHB 30/NHB 40. (There were only 13 operations in the category NHB 99 during the period).

Procedure codes to be used for primary operations:

NHB 0* - NHB 1* - NHB 20 - NHB 30 - NHB 40

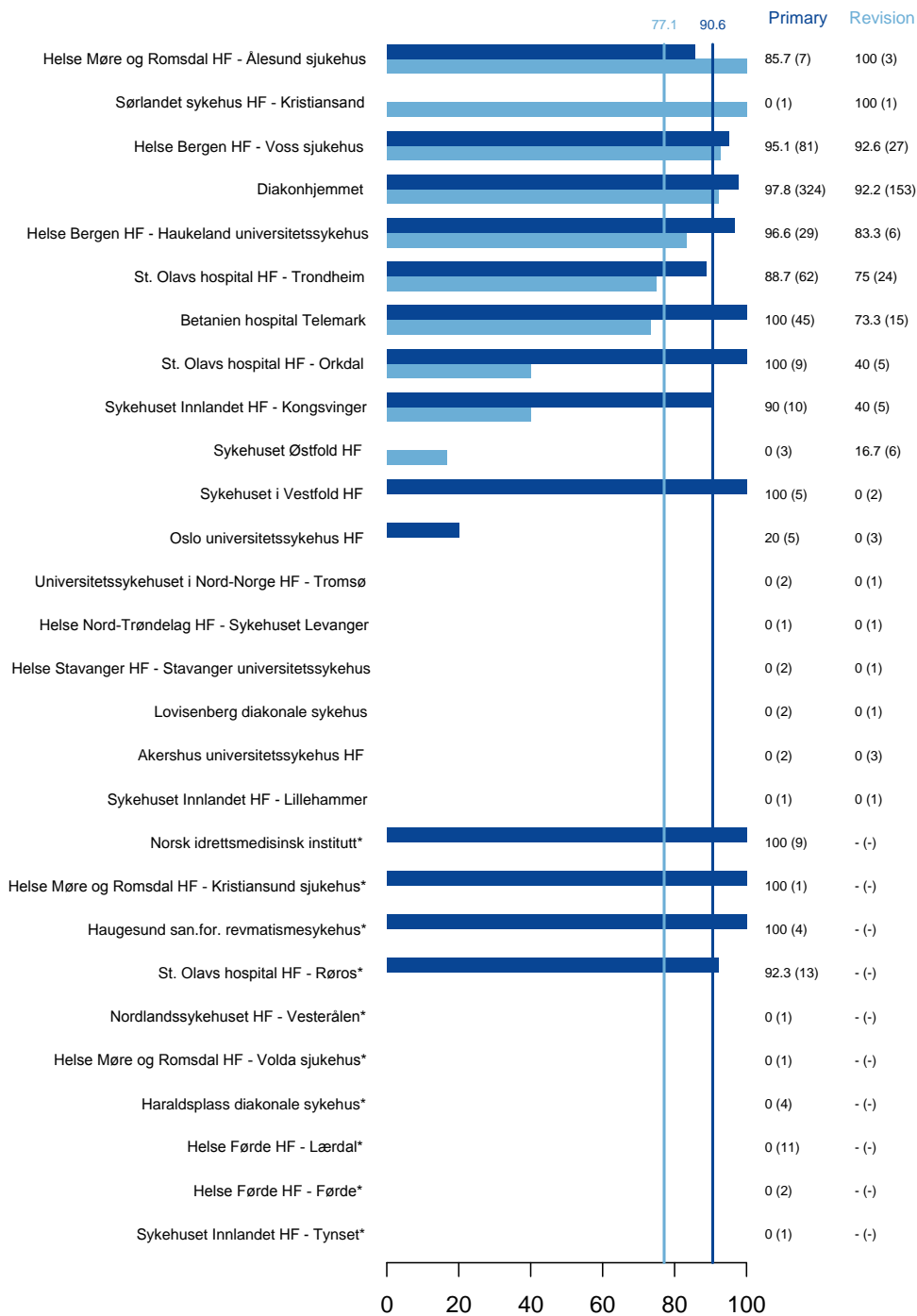
Revision operations. From 2008 to 2014, 275 revisions were reported to one or both of the registers. 77.1% of these were reported to the NAR, while 94.5% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 16.7% and 100%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are

missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations:

NHC 0* - NHC 1* - NHC 2* - NHC 3* - NHC 4* - NHC 99 - NHU 0* - NHU 1*

Completeness of reporting for primary and revision operations, ankle prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

Completeness of reporting analysis for finger arthroplasty, 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals have few finger arthroplasties and the completeness of reporting rate must be seen in this light.

NCSF codes for combining data from NPR hospital stays and finger arthroplasties

Type	Code	Description
Primary operation	NDB 8y	Primary prosthetic replacement of joint of finger or metacarpal
With and without	NDB 99	Other primary prosthetic replacement of joint of wrist or hand
Revision level 1	NDC 8y NDU 2y	Secondary prosthetic replacement in joint of finger or metacarpal Removal of prosthesis from other joint of hand
Revision level 2	NDS 19 NDS 49 NDW 69 NDC 99 NDH 2y T 81.* T 84.*	Incision and debridement of infection of joint of wrist or hand Incision and debridement of infection of joint of wrist or hand with introduction of therapeutic agent Reoperation for deep infection in surgery of wrist or hand For infection at the site of target structures Other secondary prosthetic replacement in joint of wrist or hand Reduction of dislocation of joint prosthesis of wrist or hand Complications of procedures, not elsewhere classified Complications of internal orthopaedic prosthetic devices, implants and grafts

Primary operations. From 2008 to 2014, 413 primary finger arthroplasties were reported to one or both of the registers. 45.8% were reported to the NAR, while 96.1% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the NAR, either the form was not sent, or other interventions than finger arthroplasties were incorrectly coded with NDB 8y (There were 84 operations in the category NDB 99 during the period).

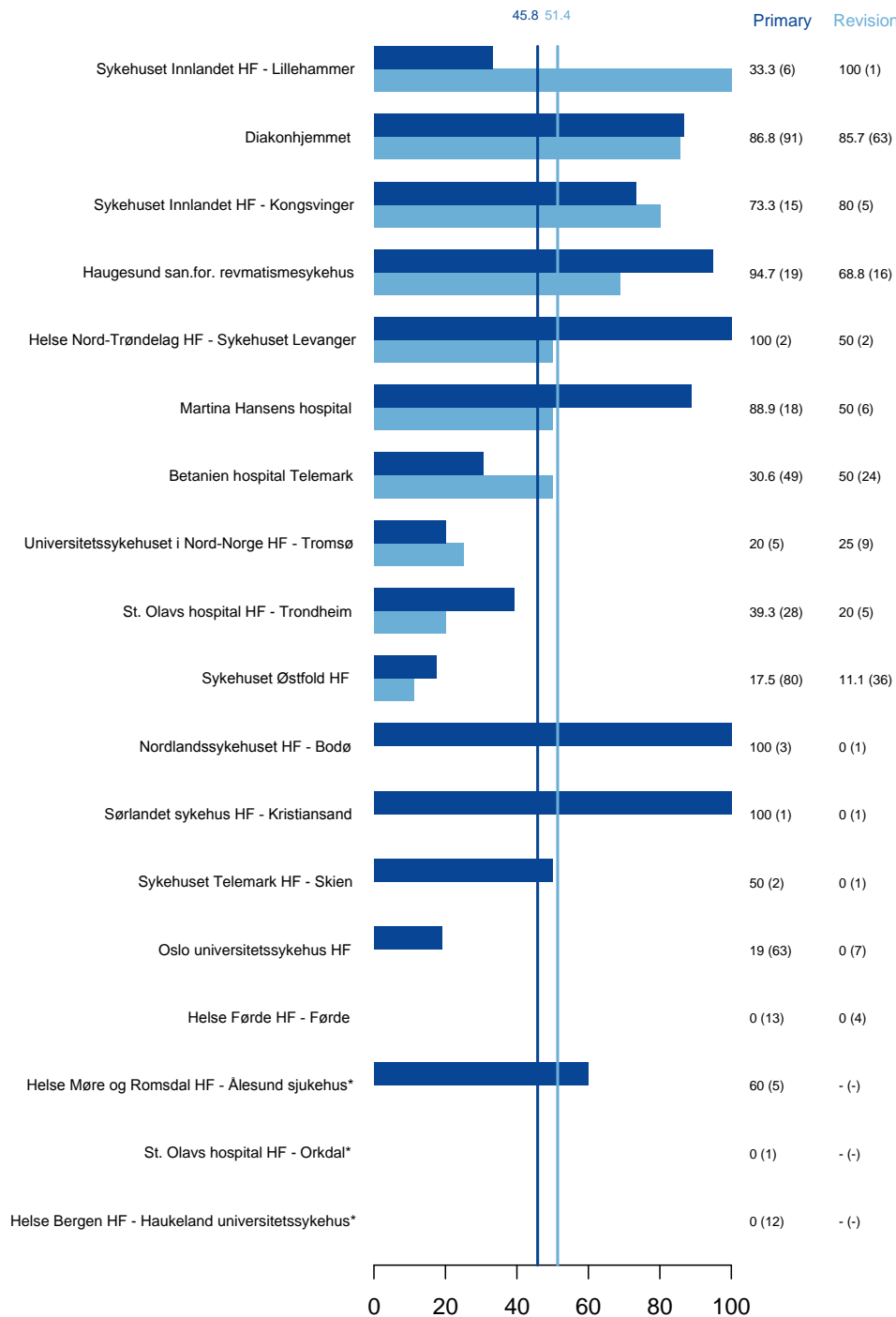
Procedure code to be used for primary operations: NDB 8y

Revision operations. From 2008 to 2014, 181 revisions were reported to one or both of the registers. 51.4% of these were reported to the NAR, while 96.1% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 0% and 100%. A low completeness of reporting rate may mean that the revision form was not sent in. It appears that a number of revision forms are missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations:

NDC 8y - NDU 2y

Completeness of reporting for primary and revision operations, finger prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

Completeness of reporting analysis for wrist/carpus/distal radioulnar joint (DRUJ), 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals perform few of these arthroplasties and the completeness of reporting rate must be seen in this light.

NCSP codes for combining data from NPR hospital stays and wrist/carpus/DRUJ

Type	Code	Description	
Primary operation	NDB 0y	Primary partial prosthetic replacement of joint of wrist not using cement	
	NDB 1y	Primary partial prosthetic replacement of joint of wrist using cement	
	NDB 2y	Primary total prosthetic replacement of joint of wrist not using cement	
	NDB 3y	Primary total prosthetic replacement of joint of wrist using hybrid technique	
	NDB 4y	Primary total prosthetic replacement of joint of wrist using cement	
With and without	NDB 5y	Primary prosthetic interposition arthroplasty of joint of wrist	
	NDB 99	Other primary prosthetic replacement of joint of wrist or hand	
Revision level 1	NDC 0y	Secondary implantation of partial prosthesis in joint of wrist not using cement Excludes: Of component of total prosthesis	
	NDC 1y	Secondary implantation of partial prosthesis in joint of wrist using cement Excludes: Of component of total prosthesis	
	NDC 2y	Secondary implantation of total prosthesis in joint of wrist not using cement Includes: Of component of total prosthesis	
	NDC 3y	Secondary implantation of total prosthesis in joint of wrist using hybrid technique Includes: Of component of total prosthesis	
	NDC 4y	Secondary implantation of total prosthesis in joint of wrist using cement	
	NDC 5y	Secondary implantation of interposition prosthesis in joint of wrist	
	NDU 0y	Removal of partial prosthesis from joint of wrist	
	NDU 1y	Removal of total prosthesis from joint of wrist	
	With and without	NDU 2y	Removal of prosthesis from other joint of hand
		NDC 99	Other secondary prosthetic replacement in joint of wrist or hand
Revision level 2	NDS 19	Incision and debridement of infection of joint of wrist or hand	
	NDS 49	Incision and debridement of infection of joint of wrist or hand with introduction of therapeutic agent	
	NDW 69	Reoperation for deep infection in surgery of wrist or hand For infection at the site of target structures	
	NDH 2y	Reduction of dislocation of joint prosthesis of wrist or hand	
	T 81.*	Complications of procedures, not elsewhere classified	
	T 84.*	Complications of internal orthopaedic prosthetic devices, implants and grafts	

Primary operations. From 2008 to 2014, 454 primary wrist/carpus/DRUJ arthroplasties were reported to one or both of the registers. 70.3% were reported to the NAR while 80.6% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. (There were 29 operations in the category NDB 99 during the period).

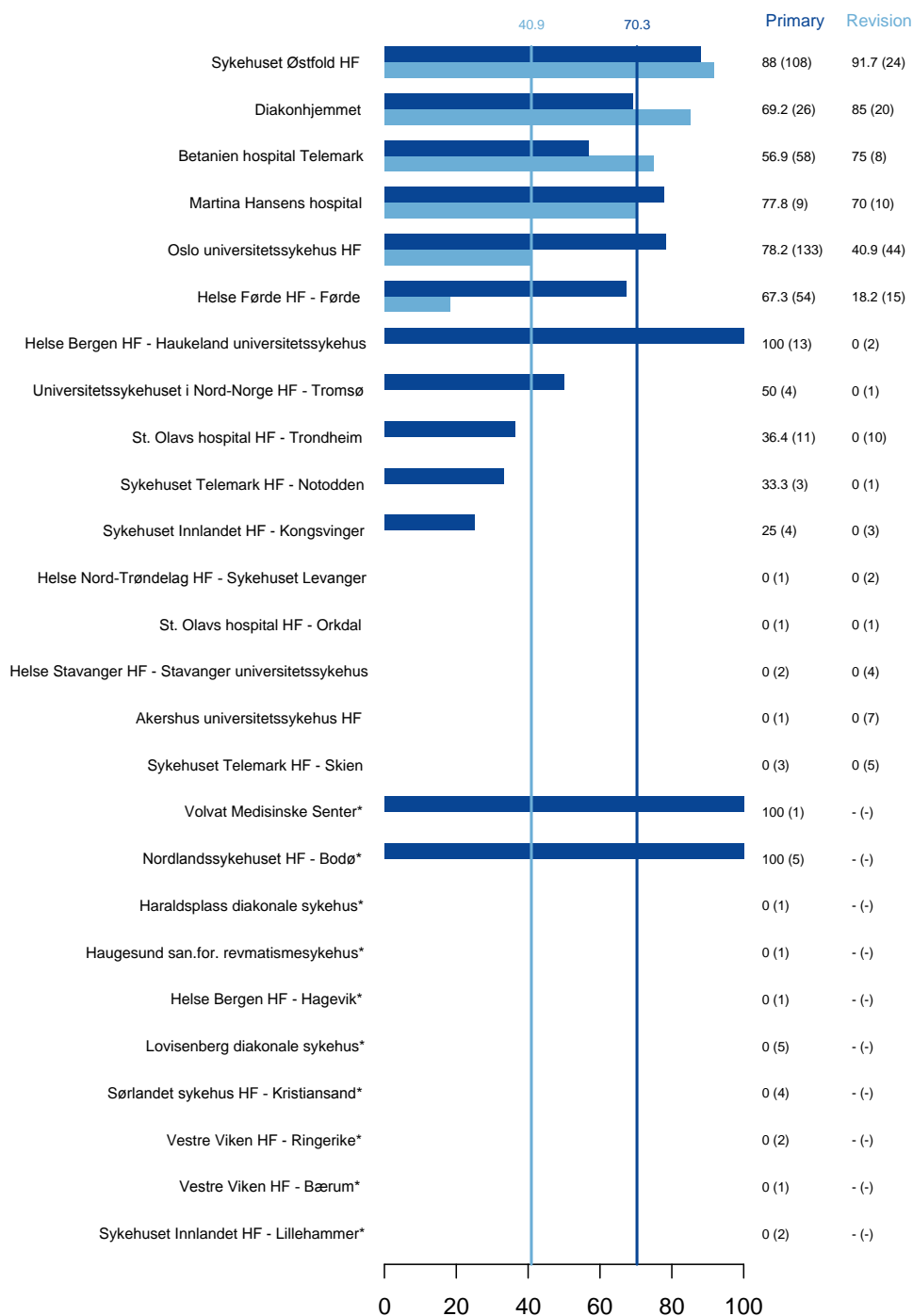
Procedure codes to be used for primary operations: NDB 0* - NDB 1* - NDB 2* - NDB 3* - NDB 4* - NDB 5*

Revision operations. From 2008 to 2014, 176 revisions were reported to one or both of the registers. 40.9% of these were reported to the NAR, while 80.1% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 0% and 91.7%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are missing in

cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations: NDC 0* - NDC 1* - NDC 2* - NDC 3* - NDC 4* - NDB 5*

Completeness of reporting for primary and revision operations, hand prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

Completeness of reporting analysis for shoulder arthroplasty, 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals perform few shoulder arthroplasties and the completeness of reporting rate must be seen in this light.

NCSP codes for combining data from NPR hospital stays and shoulder arthroplasties

Type	Code	Description	
Primary operation	NBB 0y	Primary partial prosthetic replacement of humero-scapular joint not using cement	
	NBB 1y	Primary partial prosthetic replacement of humero-scapular joint using cement	
	NBB 20	Primary total prosthetic replacement of humero-scapular joint not using cement	
	NBB 30	Primary total prosthetic replacement of humero-scapular joint using hybrid technique	
	NBB 40	Primary total prosthetic replacement of humero-scapular joint using cement	
With and without	NBB 99	Other primary prosthetic replacement of joint of shoulder	
Revision level 1	NBC 0y	Secondary implantation of partial prosthesis in humero-scapular joint not using cement Excludes: Of component of total prosthesis	
	NBC 1y	Secondary implantation of partial prosthesis in humero-scapular joint using cement Excludes: Of component of total prosthesis	
	NBC 2y	Secondary implantation of total prosthesis in humero-scapular joint not using cement Includes: Of component of total prosthesis	
	NBC 3y	Secondary implantation of total prosthesis in humero-scapular joint using hybrid technique Includes: Of component of total prosthesis	
	NBC 4y	Secondary implantation of total prosthesis in humero-scapular joint using cement	
	NBC 99	Other secondary prosthetic replacement in joint of shoulder	
	NBU 0y	Removal of partial prosthesis from humero-scapular joint	
	NBU 1y	Removal of total prosthesis from humero-scapular joint	
	Revision level 2	NBC 59	Secondary implantation of interposition prosthesis in humero-scapular joint
		NBS 19	Incision and debridement of infection of joint of shoulder
NBS 49		Incision and debridement of infection of joint of shoulder with introduction of therapeutic agent	
NBW 69		Reoperation for deep infection in surgery of shoulder or upper arm For infection at the site of target structures	
NBH 2y		Reduction of dislocation of prosthesis of humero-scapular joint	
T 81.*		Complications of procedures, not elsewhere classified	
T 84.*		Complications of internal orthopaedic prosthetic devices, implants and grafts	

Primary operations. From 2008 to 2014, 3562 primary shoulder arthroplasties were reported to one or both of the registers. 90.4% were reported to the NAR, while 96.9% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the NAR, either the form was not sent, or other interventions than shoulder arthroplasties were incorrectly coded with NBB 0*/NBB 1*/NBB 20/NBB 30/NBB 40. (There were only 10 operations in the category NBB 99 during the period).

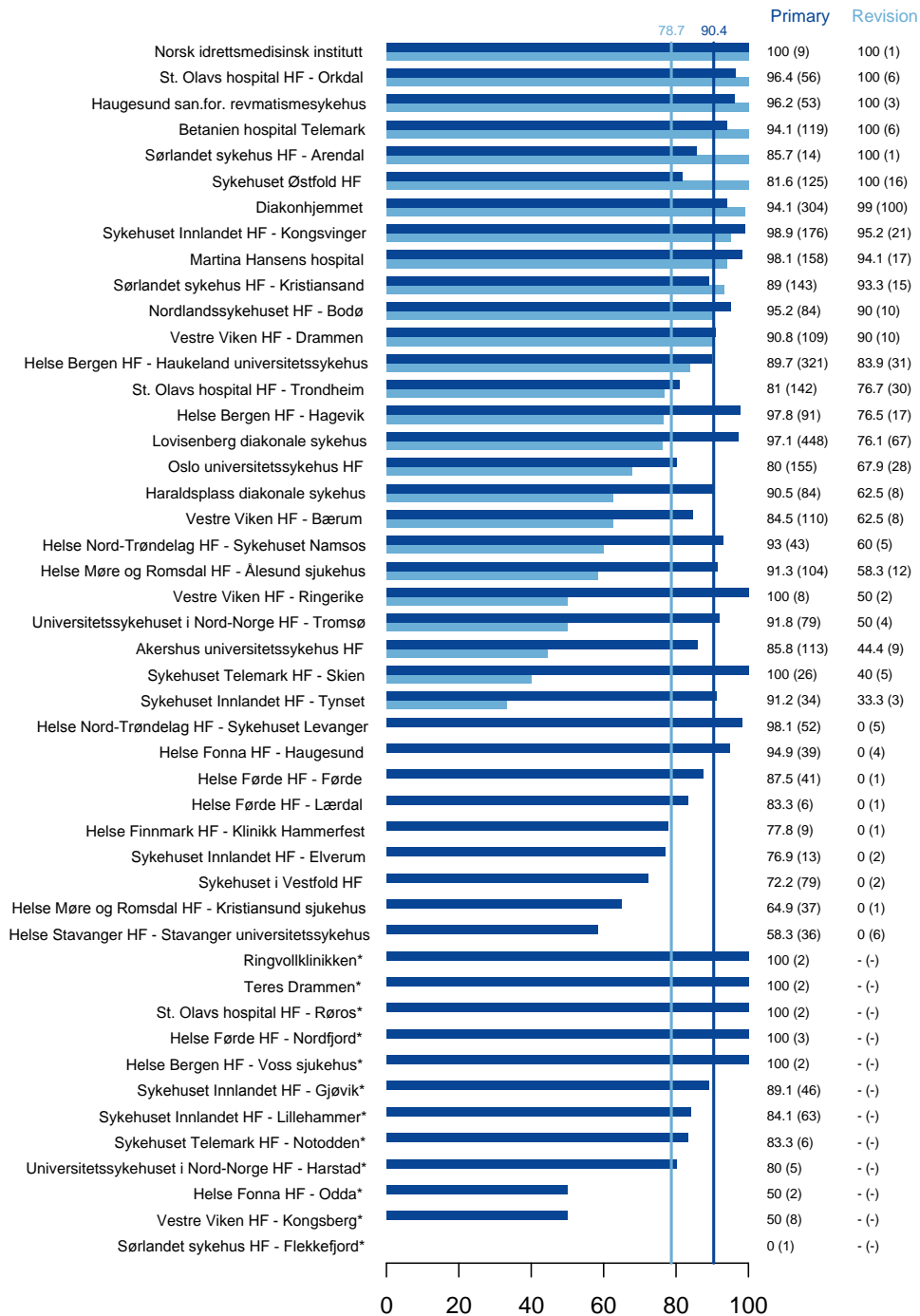
Procedure codes to be used for primary operations: NBB 0* - NBB 1* - NBB 20 - NBB 30 - NBB 40

Revision operations. From 2008 to 2014, 460 revisions were reported to one or both of the registers. 78.7% of these were reported to the NAR, while 90.0% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 16.7% and 100%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are

missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations: NBC 0* - NBC 1* - NBC 2* - NBC 3* - NBC 4* - NBC 99 - NBU 0* - NBU 1*

Completeness of reporting for primary and revision operations, shoulder prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

Completeness of reporting analysis for toe joint replacements, 2008-2014

A completeness of reporting analysis has been conducted by combining the data in the Register with data from the Norwegian Patient Register (NPR). The report and analysis were prepared by the NPR in collaboration with the Norwegian Arthroplasty Register (NAR). There are separate statistics on primary operations and revisions. Some hospitals perform few toe joint replacements and the completeness of reporting rate must be seen in this light.

NCSP codes for combining data from NPR hospital stays and toe joint replacements

Type	Code	Description
Primary operation	NHB 6y	Primary prosthetic replacement of first metatarsophalangeal joint
	NHB 7y	Primary prosthetic replacement of other metatarsophalangeal joint
	NHB 8y	Primary prosthetic replacement of other joint of foot
	NHB 99	Other primary prosthetic replacement of joint of ankle or foot
Revision level 1	NHC 6y	Secondary prosthetic replacement of first metatarsophalangeal joint
	NHC 7y	Secondary prosthetic replacement of other metatarsophalangeal joint
	NHC 8y	Secondary prosthetic replacement in other joint of foot
	NHC 99	Other secondary prosthetic replacement in joint of ankle or foot
	NHU 2y	Removal of prosthesis from other joint of foot
Revision level 2	NHS 19	Incision and debridement of infection of joint of ankle or foot
	NHS 49	Incision and debridement of infection of joint of ankle or foot with introduction of therapeutic agent
	NHW 69	Reoperation for deep infection in surgery of ankle or foot For infection at the site of target structures
	NHH 2y	Reduction of dislocation of joint prosthesis of ankle or foot
	T 81.*	Complications of procedures, not elsewhere classified
	T 84.*	Complications of internal orthopaedic prosthetic devices, implants and grafts

Primary operations. From 2008 to 2014, 251 primary toe joint replacements were reported to one or both of the registers. 79.3% were reported to the NAR, while 94.8% were reported to the NPR. Completeness of reporting by hospital shows a rate for the NAR ranging from 0% to 100% between the different hospitals. For hospitals with a low completeness of reporting rate for the NAR, either the form was not sent, or other interventions than toe joint replacements were incorrectly coded with NHB 6y/NHB 7y/NHB 8y.

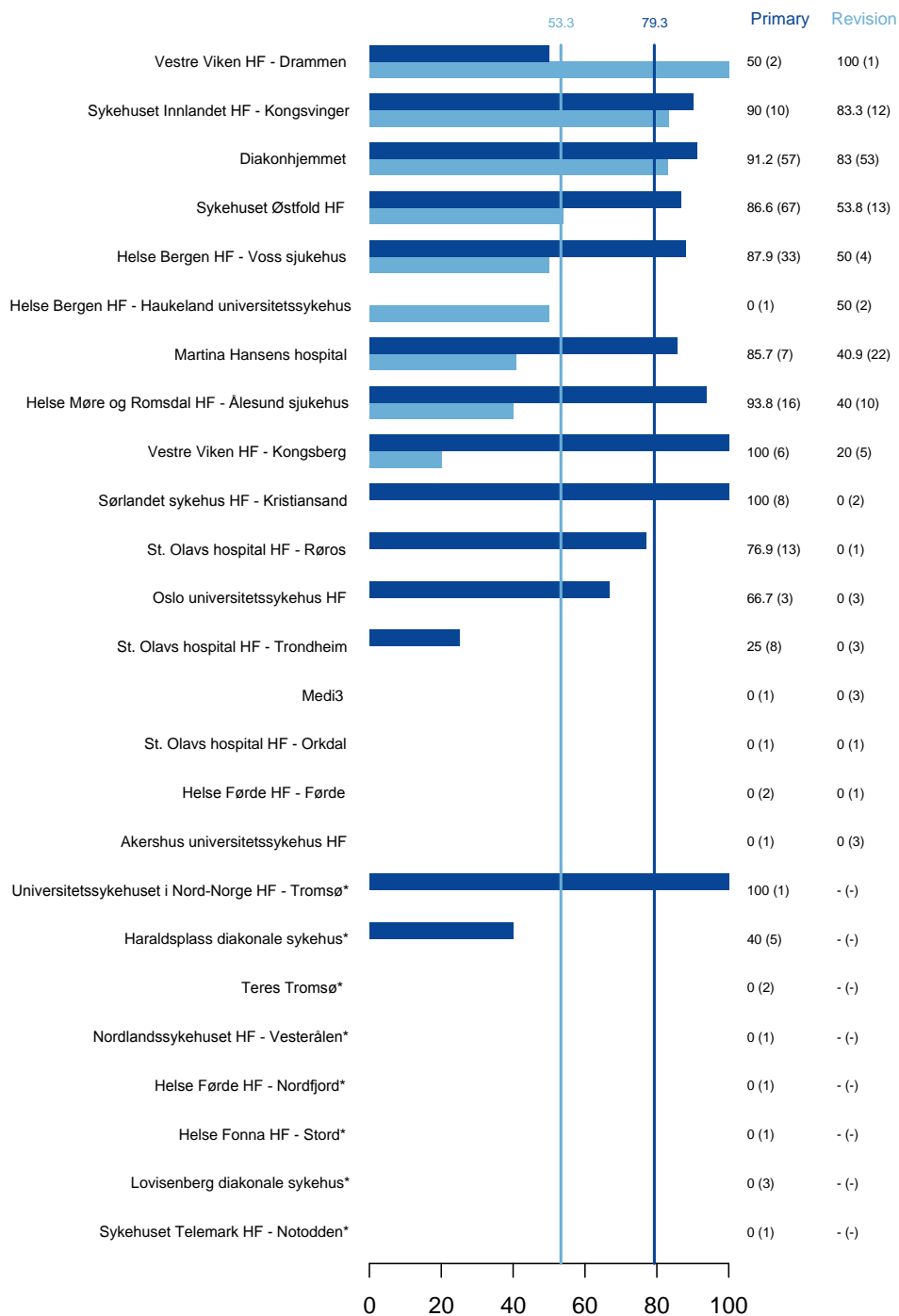
Procedure codes to be used for primary operations: NHB 6y - NHB 7y - NHB 8y

Revision operations. From 2008 to 2014, 152 revisions were reported to one or both of the registers. 53.3% of these were reported to the NAR, while 92.1% were reported to the NPR (revision level 1). The completeness of reporting by hospital shows that the completeness of reporting rate for the NAR varied between 0% and 100%. A low completeness of reporting rate may mean that the form was not sent in. It appears that a number of revision forms are missing in cases where the prosthesis was removed without a new one being inserted in the same operation; in such cases, a form should be submitted both when the prosthesis is removed and when any new insertion is performed.

Procedure codes to be used for revision operations:

NHC 6y - NHC 7y - NHC 8y - NHU 2y

Completeness of reporting for primary and revision operations, toe prosthesis 2008-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for primary operations. Light blue bars and second number to the right of the bars gives completeness of reporting for revision operations (level 1). The numbers in brackets gives the number of operations registered at both NAR and NPR. Vertical lines shows the national averages.

* Have no registered revisions in NAR or NPR.

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NORWEGIAN HIP FRACTURE REGISTER ANNUAL REPORT 2017

The Norwegian Hip Fracture Register (NHFR) now contains data from almost 100 000 primary operations and over 10 000 revisions. Last year, 8422 primary operations and 944 reoperations were reported to the Register. The number of reoperations has increased in the last two years; today, about 10% of operations in the NHFR are now reoperations. An increase in the number of revisions is worrying and needs to be investigated further. One explanation may be better reporting of revisions to the Register, meaning that the actual number of annual revisions has not necessarily changed.

Quality of hip fracture surgery in Norway

Survival curves for hip fractures show a gradual improvement in treatment of displaced femoral neck fractures in that the risk of revision has decreased. The reason is probably that treatment for these fractures has changed from screw fixation to arthroplasty surgery. In most studies, arthroplasty surgery has shown a significantly lower revision risk than screw fixation. As shown later in this annual report, an increasing proportion of intertrochanteric and subtrochanteric fractures have been treated with intramedullary nails in recent years. This is in line with the results of a previous study from the Register (Matre, 2013), which found a lower risk of revision when an intramedullary nail was used compared with a sliding hip screw for these fractures. It is therefore surprising to find no improvement in results, nor any reduced revision risk for such fractures.

Completeness

Completeness analyses of reporting to the NHFR compared to the Norwegian Patient Register (NPR) for 2013-2014 indicate good completeness for both osteosyntheses (86.0%) and hemiarthroplasty (93.4%), but, surprisingly, somewhat lower completeness for total hip arthroplasty (83.9%). The completeness rate for all types of revisions is lower (69.5%). Calculation of completeness for reoperations has been a challenging process, since coding of reoperations reported to the NPR is in many cases unclear or incorrect. The NPR also lacks specification of right or left side, which leads to uncertainty in the analysis. It is important to report reoperations and we urge everyone to ensure that these are also reported to the Register. Completeness analyses are presented at the end of this year's report from the NHFR.

Results by hospital

The Centre for Clinical Documentation and Evaluation (SKDE) at the National Service Centre for Medical Quality Registers requires annual reporting from the NHFR. We are required by SKDE to publish data for each hospital. This year's report includes an extract from the

hospital results. The complete annual reports from the Hip Fracture Register to SKDE with all hospital results can be read at <https://www.kvalitetsregistre.no/registers/nasjonalt-hoftebruddregister>. In 2016, SKDE evaluated the NHFR as being at Stage 3 of 4. This is excellent. In order to achieve the highest level, Stage 4, which only the Norwegian Stroke Register has achieved, the NHFR must publish online updated data for all participating units. We are therefore planning an online presentation of hospital results. This will reveal whether individual hospitals follow current professional knowledge in the treatment of hip fractures (using so-called “process indicators”). Some performance indicators will also be published. The process indicators and performance indicators will together enable an assessment of the treatment of hip fractures at each hospital; here, the process indicators will show the potential for improvement where the results are poor. We plan to publish interactive results at www.kvalitetsregistre.no during autumn 2017.

We are now in the process of selecting indicators that may be useful in assessing treatment at the various hospitals. Process indicators must reflect treatment that is widely accepted as best practice. It is therefore very important that the indicators have a broad scientific basis in orthopaedics.

Patient-reported outcomes

Patient-reported outcomes (PROMs) have been recorded in the NHFR since 2005. But in this year's report, these data is presented in more detail. The fact that we have patient-reported data makes the NHFR unique. The Norwegian Cruciate Ligament Register also records PROMs and the Norwegian Arthroplasty Register is in the process of establishing electronic PROM registration. PROM registration is useful in providing important additional information on treatment. In the Hip Fracture Register, we have so far used EQ-5D-3L (three possible responses to each question). We are considering changing to EQ-5D-5L (five options for each question), which can better differentiate between small differences in the functional level of patients.

Summary of scientific activity in 2016

The year 2016 was a successful scientific year. Four articles were published:

Marit Bakken et al. published an article in collaboration with the Norwegian Prescription Database and the Norwegian Hip Fracture Register, showing an association between the use of antipsychotics and a doubled risk of a hip fracture.

Jan-Erik Gjertsen et al., in a study of PROM data, showed that hip fractures have a dramatic impact on patients' functioning and that reduced functioning is also present one year post-operatively and in patients with no loss of functioning pre-operatively.


Sunniva Leer-Salvesen et al. studied the use of thrombosis prophylaxis in hemiarthroplasty for hip fractures. The results showed increased mortality if thrombosis prophylaxis was started after surgery, compared to starting it before surgery.

Torbjørn Kristensen et al. compared surgical approaches in hemiarthroplasty. The posterior approach was associated with less pain, better patient satisfaction and better quality of life than the lateral approach. Revision operations were similar for the two approaches.

The Norwegian Hip Fracture Register cooperates with a number of hospitals on studies of national and local results. We are very pleased that the huge amount of data in the Register is being used in research and we encourage all researchers who wish to use data from the Register to contact us.

Thank you all for good reporting and we look forward to continued fruitful cooperation!

Bergen 14.06.17



Lars B Engesæter
Professor, Chief Physician
Head of the Hip Fracture Register



Jan-Erik Gjertsen
Chief Physician, Associate Professor



Irina Kvinnesland
IT Consultant

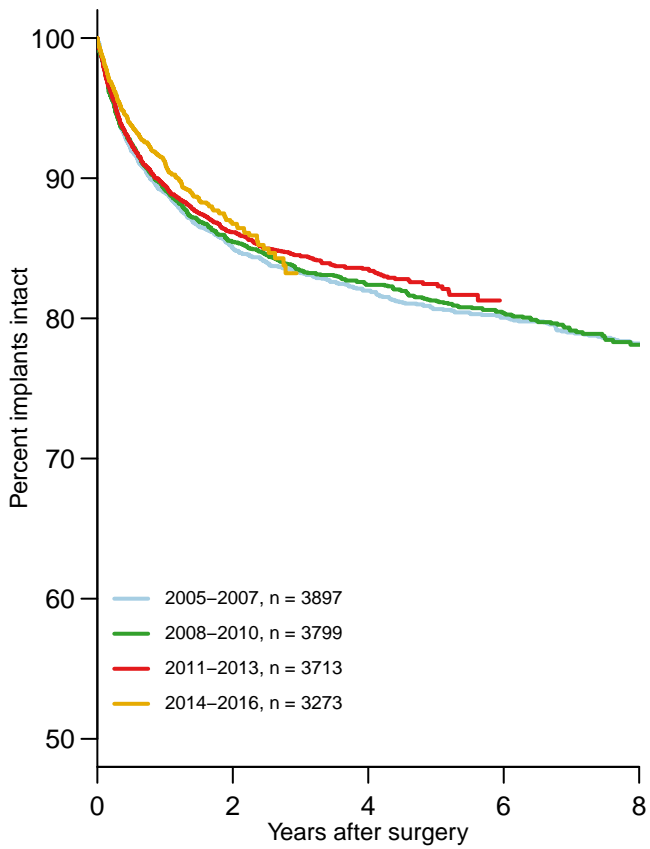


Lise B Kvamsdal
Advisor

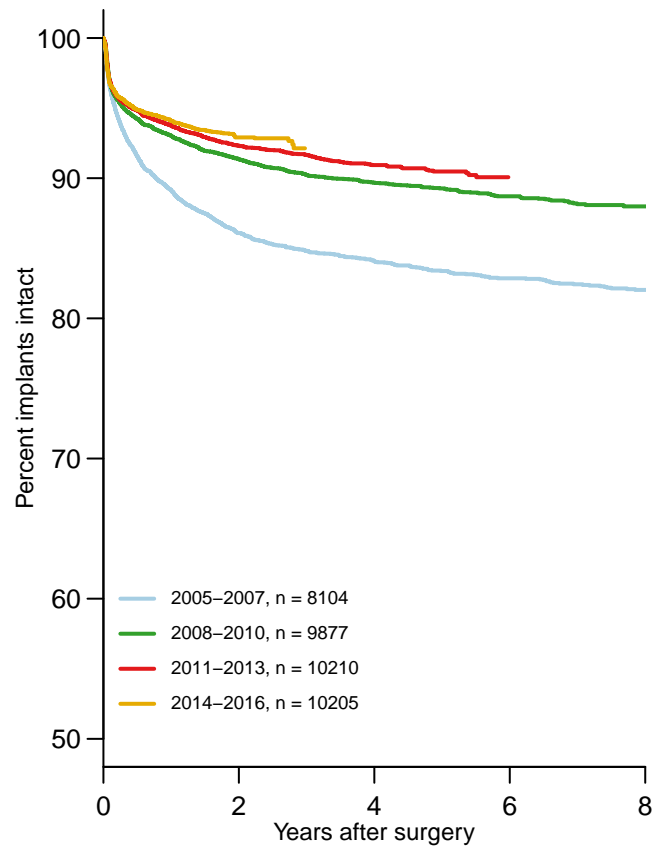


Eva Dybvik
Biostatistician

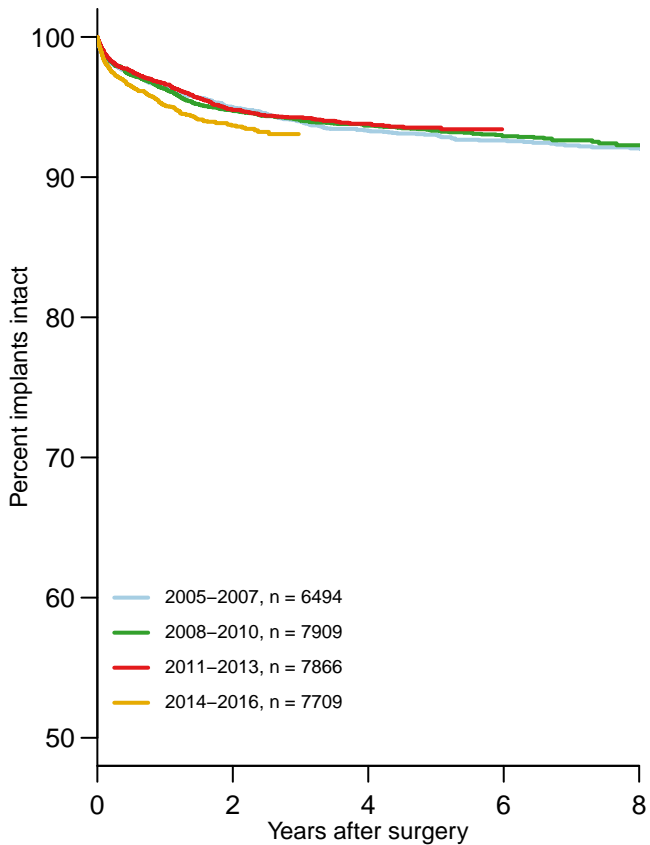
Survival of hip fracture implants 2005–2016



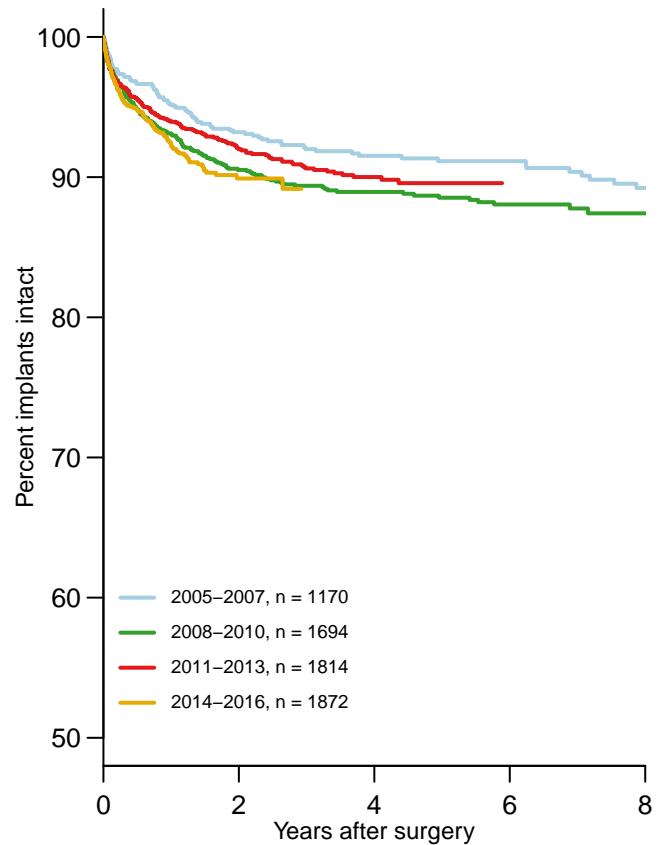
a) Intracapsular fracture, undisplaced



b) Intracapsular fracture, displaced



c) Trochanteric fractures
176



d) Sub-/intertrochanteric fractures

HIP FRACTURES

Numbers of operations

Table 1: Annual numbers of operations

Year	Primary operation	Reoperation	Total
2016	8422 (89,9%)	944 (10,1%)	9366
2015	8406 (90,3%)	905 (9,7%)	9311
2014	8177 (91,4%)	770 (8,6%)	8947
2013	8309 (90,4%)	885 (9,6%)	9194
2012	8435 (90,5%)	885 (9,5%)	9320
2011	8599 (90,4%)	910 (9,6%)	9509
2010	8363 (90,8%)	852 (9,3%)	9215
2009	8258 (89,6%)	962 (10,4%)	9220
2008	8362 (90,0%)	930 (10,0%)	9292
2007	7870 (89,4%)	930 (10,6%)	8800
2006	7517 (89,4%)	890 (10,6%)	8407
2005	5879 (89,9%)	661 (10,1%)	6540
Total	96597 (90,2%) *	10524 (9,8%) **	107121

49% of primary operations were on the right side. 70% of primary operations were performed on women. Mean age at primary surgery was 80 years: 82 years for women and 77 years for men.

* 2529 (3%) were primary operations with total hip prostheses from the Norwegian Arthroplasty Register.

** 3460 (33%) were reoperations with total hip prostheses from the Norwegian Arthroplasty Register.

Figure 1: Annual numbers of operations

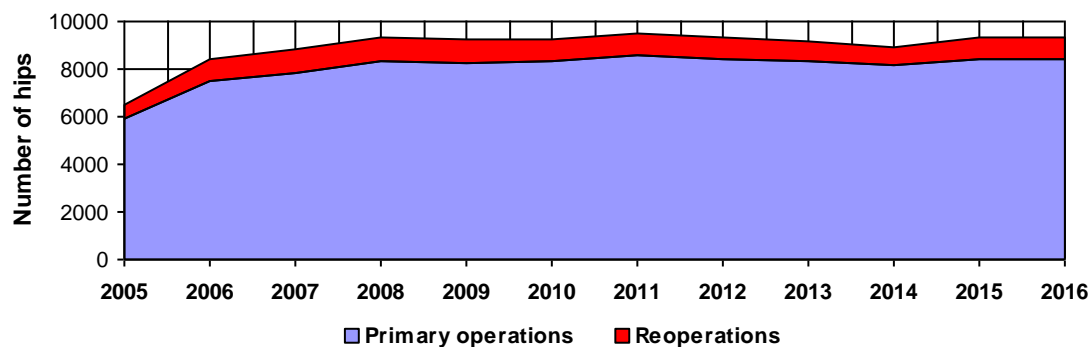
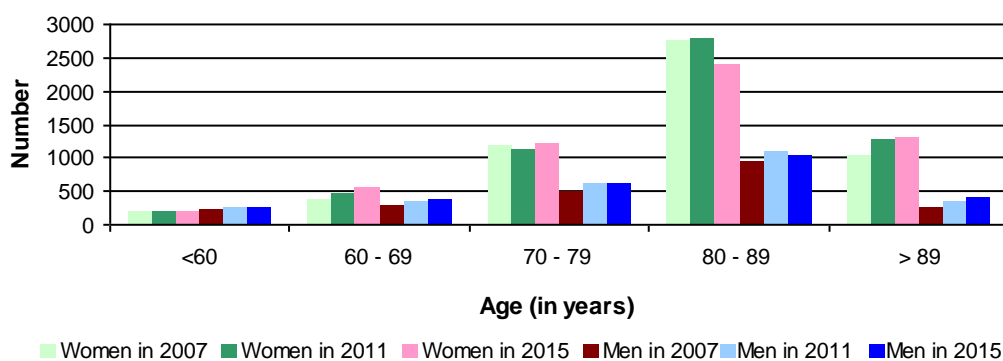


Figure 2: Age by primary operation (in 2007, 2011 and 2015)



Time from fracture to operation in hours - primary operations

Table 2: Time from fracture to operation in hours*

	0 - 6	>6 - 12	>12 - 24	>24 - 48	>48	Missing	Total
2016	299 (3,7%)	1098 (13,6%)	2854 (35,3%)	2415 (29,9%)	1223 (15,1%)	188 (2,3%)	8077
2015	309 (3,8%)	1082 (13,4%)	3054 (37,8%)	2330 (28,8%)	1104 (13,7%)	203 (2,5%)	8082
2014	326 (4,1%)	1156 (14,7%)	2995 (38,0%)	2188 (27,7%)	1045 (13,2%)	178 (2,3%)	7888
2013	314 (3,9%)	1129 (14,1%)	2932 (36,6%)	2261 (28,2%)	1198 (15,0%)	177 (2,2%)	8012
2012	316 (3,8%)	1167 (14,2%)	2936 (35,7%)	2309 (28,1%)	1326 (16,1%)	171 (2,1%)	8225
2011	313 (3,7%)	1206 (14,3%)	2843 (33,8%)	2419 (28,8%)	1421 (16,9%)	205 (2,4%)	8407
2010	355 (4,3%)	1218 (14,9%)	2882 (35,1%)	2216 (27,0%)	1340 (16,3%)	189 (2,3%)	8200
2009	354 (4,4%)	1290 (15,9%)	2857 (35,3%)	2128 (26,3%)	1306 (16,1%)	165 (2,0%)	8100
2008	385 (4,7%)	1320 (16,1%)	2835 (34,5%)	2201 (26,8%)	1292 (15,7%)	178 (2,2%)	8211
2007	452 (5,9%)	1434 (18,6%)	2610 (33,8%)	1872 (24,3%)	1188 (15,4%)	155 (2,0%)	7711
2006	465 (6,3%)	1488 (20,2%)	2647 (35,9%)	1683 (22,8%)	983 (13,3%)	115 (1,6%)	7381
2005	445 (7,7%)	1294 (22,4%)	1974 (34,2%)	1147 (19,9%)	809 (14,0%)	105 (1,8%)	5774
Total	4333 (4,6%)	14882 (15,8%)	33419 (35,5%)	25169 (26,8%)	14235 (15,1%)	2029 (2,2%)	94068

* Total hip prostheses are not counted

Figure 3: Time from fracture to operation - grouped in hours (n=94068)

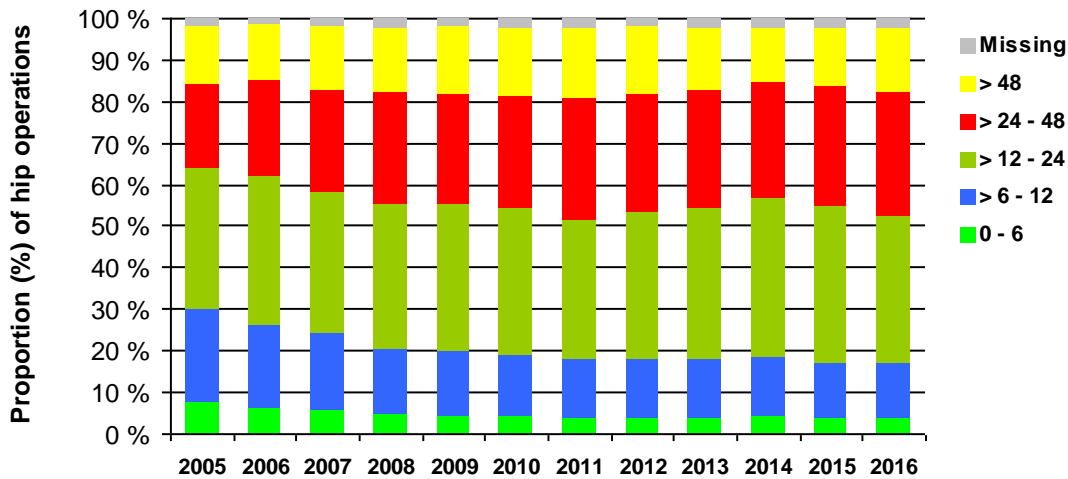
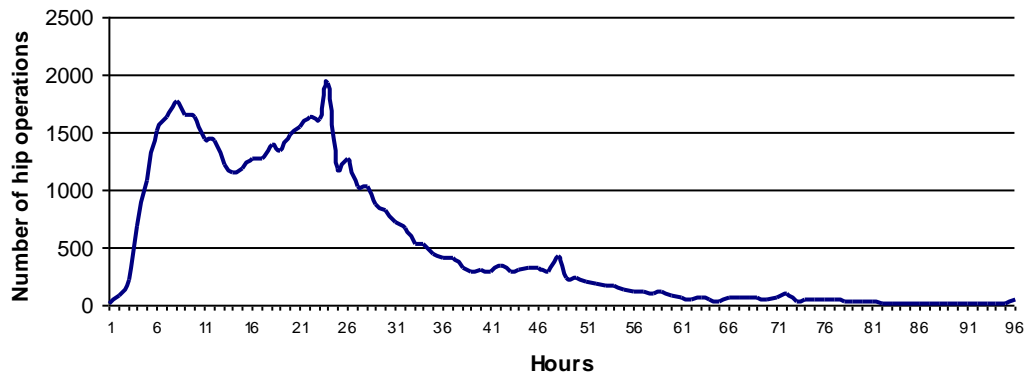


Figure 4: Time from fracture to operation - continuous (n=47151)



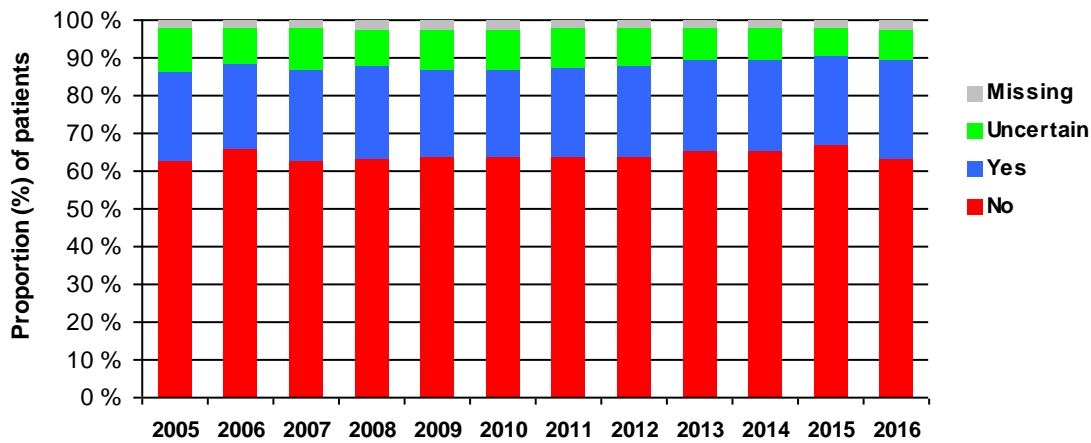
Mean time from fracture to operation was 23 hours (median 21 hours).

Cognitive impairment

Table 3: Cognitive impairment - primary operations*

	No	Yes	Uncertain	Missing	Total
2016	5109 (63,3%)	2118 (26,2%)	631 (7,8%)	219 (2,7%)	8077
2015	5382 (66,6%)	1919 (23,7%)	601 (7,4%)	180 (2,2%)	8082
2014	5133 (65,1%)	1933 (24,5%)	642 (8,1%)	180 (2,3%)	7888
2013	5236 (65,4%)	1938 (24,2%)	675 (8,4%)	163 (2,0%)	8012
2012	5221 (63,5%)	2007 (24,4%)	821 (10,0%)	176 (2,1%)	8225
2011	5347 (63,6%)	1990 (23,7%)	901 (10,7%)	169 (2,0%)	8407
2010	5220 (63,7%)	1917 (23,4%)	834 (10,2%)	229 (2,8%)	8200
2009	5157 (63,7%)	1890 (23,3%)	832 (10,3%)	221 (2,7%)	8100
2008	5186 (63,2%)	2026 (24,7%)	794 (9,7%)	205 (2,5%)	8211
2007	4834 (62,7%)	1873 (24,3%)	836 (10,8%)	168 (2,2%)	7711
2006	4845 (65,6%)	1675 (22,7%)	720 (9,8%)	141 (1,9%)	7381
2005	3610 (62,5%)	1384 (24,0%)	649 (11,2%)	131 (2,3%)	5774
Total	60280 (64,1%)	22670 (24,1%)	8936 (9,5%)	2182 (2,3%)	94068

Figure 5: Cognitive impairment - primary operations*



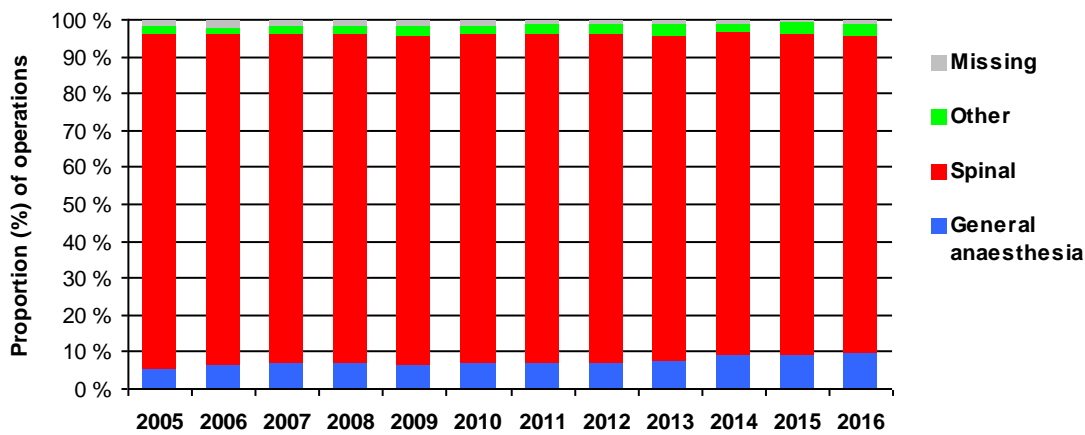
* Total hip prostheses are not counted

Type of anaesthesia

Table 4: Type of anaesthesia - primary operations*

	General anaesthesia		Spinal		Other		Missing		Total
2016	800	(9,9%)	6910	(85,6%)	282	(3,5%)	84	(1,0%)	8076
2015	758	(9,4%)	7037	(87,1%)	225	(2,8%)	62	(0,8%)	8082
2014	732	(9,3%)	6887	(87,3%)	203	(2,6%)	66	(0,8%)	7888
2013	588	(7,3%)	7095	(88,6%)	256	(3,2%)	73	(0,9%)	8012
2012	560	(6,8%)	7364	(89,5%)	219	(2,7%)	82	(1,0%)	8225
2011	586	(7,0%)	7506	(89,3%)	219	(2,6%)	96	(1,1%)	8407
2010	565	(6,9%)	7321	(89,3%)	194	(2,4%)	120	(1,5%)	8200
2009	520	(6,4%)	7246	(89,5%)	188	(2,3%)	146	(1,8%)	8100
2008	591	(7,2%)	7297	(88,9%)	182	(2,2%)	141	(1,7%)	8211
2007	550	(7,1%)	6852	(88,9%)	187	(2,4%)	122	(1,6%)	7711
2006	472	(6,4%)	6632	(89,9%)	137	(1,9%)	140	(1,9%)	7381
2005	323	(5,6%)	5222	(90,4%)	123	(2,1%)	106	(1,8%)	5774
Total	7045	(7,5%)	83369	(88,6%)	2415	(2,6%)	1238	(1,3%)	94067

Figure 6: Type of anaesthesia in primary operations*



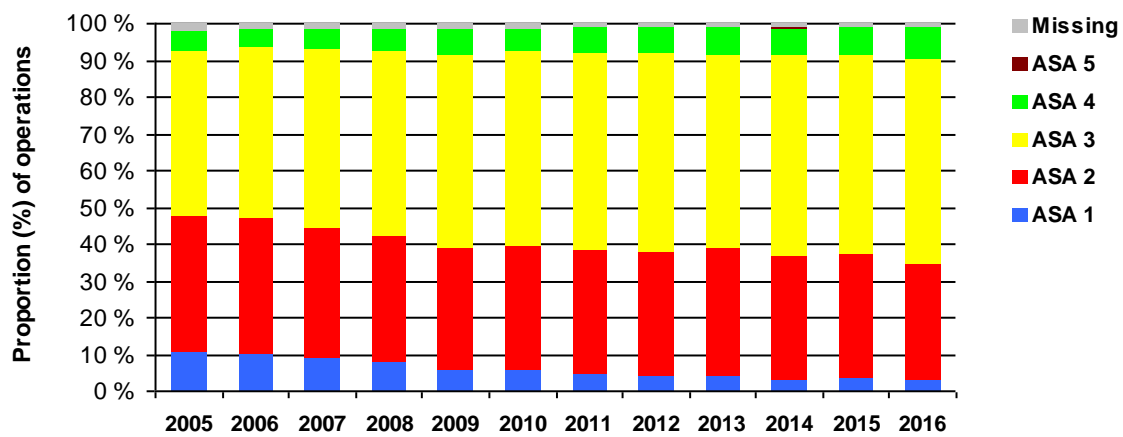
* Total hip prostheses are not counted

ASA classification (ASA = American Society of Anesthesiologists)

Table 5: ASA classification - primary operations

	ASA 1	ASA 2	ASA 3	ASA 4	ASA 5	Missing	Total
2016	264 (3,1%)	2670 (31,7%)	4679 (55,6%)	704 (8,4%)	10 (0,1%)	94 (1,1%)	8421
2015	302 (3,6%)	2847 (33,9%)	4525 (53,8%)	624 (7,4%)	12 (0,1%)	96 (1,1%)	8406
2014	255 (3,1%)	2730 (33,4%)	4470 (54,7%)	608 (7,4%)	14 (0,2%)	100 (1,2%)	8177
2013	378 (4,5%)	2839 (34,2%)	4383 (52,8%)	609 (7,3%)	17 (0,2%)	83 (1,0%)	8309
2012	356 (4,2%)	2833 (33,6%)	4547 (53,9%)	594 (7,0%)	8 (0,1%)	97 (1,1%)	8435
2011	436 (5,1%)	2877 (33,5%)	4612 (53,6%)	558 (6,5%)	6 (0,1%)	110 (1,3%)	8599
2010	493 (5,9%)	2806 (33,6%)	4410 (52,7%)	498 (6,0%)	16 (0,2%)	140 (1,7%)	8363
2009	509 (6,2%)	2720 (32,9%)	4309 (52,2%)	564 (6,8%)	10 (0,1%)	146 (1,8%)	8258
2008	677 (8,1%)	2858 (34,2%)	4172 (49,9%)	527 (6,3%)	9 (0,1%)	119 (1,4%)	8362
2007	716 (9,1%)	2767 (35,2%)	3820 (48,5%)	451 (5,7%)	7 (0,1%)	109 (1,4%)	7870
2006	772 (10,3%)	2746 (36,5%)	3496 (46,5%)	372 (4,9%)	13 (0,2%)	118 (1,6%)	7517
2005	639 (10,9%)	2166 (36,8%)	2620 (44,6%)	316 (5,4%)	13 (0,2%)	125 (2,1%)	5879
Total	5797 (6,0%)	32859 (34,0%)	50043 (51,8%)	6425 (6,7%)	135 (0,1%)	1337 (1,4%)	96597

Figure 7: ASA classification - primary operations



ASA 1: Healthy patients who smoke less than 5 cigarettes a day.

ASA 2: Patients with an asymptomatic condition who are kept under medical control (f.ex. hypertension), or with diet (f. ex. diabetes mellitus type 2), and otherwise healthy patients who smoke five cigarettes or more daily.

ASA 3: Patients having a condition that can cause symptoms. However, patients are kept under medical control (f. ex. moderate angina pectoris and mild asthma).

ASA 4: Patients with a condition that is out of control (f. ex. heart failure and asthma).

ASA 5: A moribund patient who is not expected to survive the operation.

Primary operations

Table 6: Type of fracture (reason for primary operation)

	Type 1	Type 2	Type 3	Type 4	Type 5	Type 6	Type 7	Type 8	Type 9	Annet	Missing	Total
2016	1069 12,7%	3516 41,7%	230 2,7%	1233 14,6%	1309 15,5%	460 5,5%	341 4,0%	4 0,0%	160 1,9%	92 1,1%	8 0,1%	8422
2015	1153 13,7%	3349 39,8%	243 2,9%	1335 15,9%	1254 14,9%	442 5,3%	322 3,8%	2 0,0%	228 2,7%	77 0,9%	1 0,0%	8406
2014	1050 12,8%	3331 40,7%	287 3,5%	1332 16,3%	1243 15,2%	420 5,1%	287 3,5%	2 0,0%	161 2,0%	63 0,8%	1 0,0%	8177
2013	1171 14,1%	3296 39,7%	260 3,1%	1302 15,7%	1277 15,4%	447 5,4%	293 3,5%	4 0,0%	167 2,0%	91 1,1%	1 0,0%	8309
2012	1226 14,5%	3471 41,1%	262 3,1%	1277 15,1%	1271 15,1%	467 5,5%	207 2,5%	3 0,0%	173 2,1%	75 0,9%	3 0,0%	8435
2011	1316 15,3%	3443 40,0%	276 3,2%	1346 15,7%	1393 16,2%	398 4,6%	188 2,2%	4 0,0%	162 1,9%	73 0,8%	0 0,0%	8599
2010	1249 14,9%	3287 39,3%	321 3,8%	1313 15,7%	1364 16,3%	431 5,2%	161 1,9%	2 0,0%	167 2,0%	66 0,8%	2 0,0%	8363
2009	1234 14,9%	3368 40,8%	329 4,0%	1306 15,8%	1211 14,7%	425 5,1%	151 1,8%	7 0,1%	149 1,8%	70 0,8%	8 0,1%	8258
2008	1316 15,7%	3222 38,5%	351 4,2%	1475 17,6%	1240 14,8%	439 5,2%	149 1,8%	2 0,0%	83 1,0%	82 1,0%	3 0,0%	8362
2007	1416 18,0%	2993 38,0%	391 5,0%	1353 17,2%	1052 13,4%	438 5,6%	158 2,0%	1 0,0%	0 0,0%	66 0,8%	2 0,0%	7870
2006	1408 18,7%	2820 37,5%	343 4,6%	1311 17,4%	1010 13,4%	414 5,5%	131 1,7%	5 0,1%	0 0,0%	71 0,9%	4 0,1%	7517
2005	1073 18,3%	2291 39,0%	276 4,7%	1011 17,2%	757 12,9%	318 5,4%	102 1,7%	3 0,1%	0 0,0%	35 0,6%	13 0,2%	5879
Total	14681 15,2%	38387 39,7%	3569 3,7%	15594 16,1%	14381 14,9%	5099 5,3%	2490 2,6%	39 0,0%	1450 1,5%	861 0,9%	46 0,0%	96597

Type 1: Intracapsular fracture, undisplaced

Type 2: Intracapsular fracture, displaced

Type 3: Basocervical fracture

Type 4: Trochanteric fracture (2 fragments)

Type 5: Trochanteric fracture (multifragment)

Type 6: Subtrochanteric fracture

Type 7: Intracapsular fracture unspecified (from the Norwegian Arthroplasty Register)

Type 8: Trochanteric fracture unspecified (from the Norwegian Arthroplasty Register)

Type 9: Intertrochanteric fracture (The registration started in 2008)

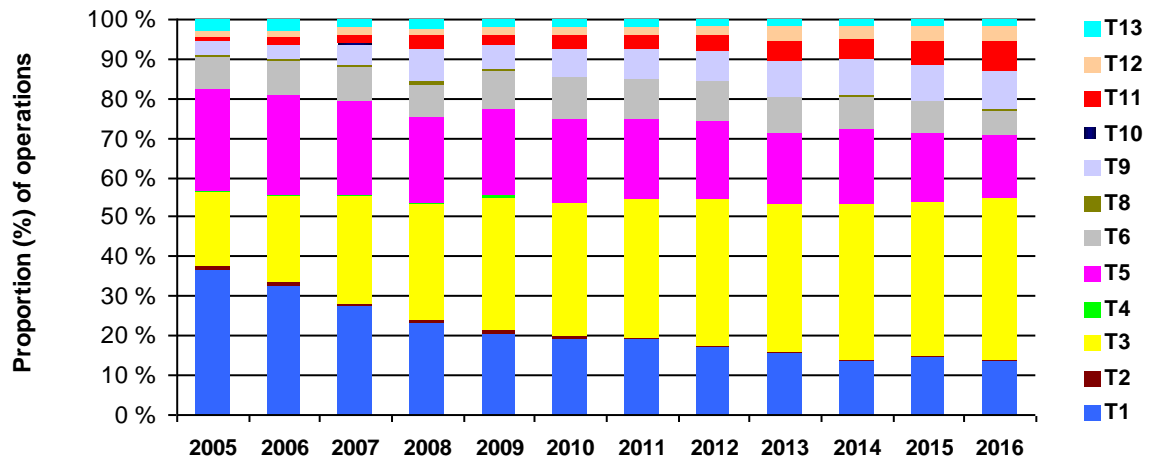
Table 7: Type of primary operations - all fractures

	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	Total
2016	1144	39	3424	2	1366	514	0	19	815	11	608	345	135	0	8422
	13,6%	0,5%	40,7%	0,0%	16,2%	6,1%	0,0%	0,2%	9,7%	0,1%	7,2%	4,1%	1,6%	0,0%	
2015	1240	36	3232	2	1498	664	0	14	757	8	509	324	121	1	8406
	14,8%	0,4%	38,4%	0,0%	17,8%	7,9%	0,0%	0,2%	9,0%	0,1%	6,1%	3,9%	1,4%	0,0%	
2014	1127	31	3188	1	1551	689	0	17	732	7	417	289	128	0	8177
	13,8%	0,4%	39,0%	0,0%	19,0%	8,4%	0,0%	0,2%	9,0%	0,1%	5,1%	3,5%	1,6%	0,0%	
2013	1289	32	3100	3	1496	749	0	20	747	4	430	297	142	0	8309
	15,5%	0,4%	37,3%	0,0%	18,0%	9,0%	0,0%	0,2%	9,0%	0,0%	5,2%	3,6%	1,7%	0,0%	
2012	1455	27	3137	5	1632	848	1	19	635	8	332	210	126	0	8435
	17,2%	0,3%	37,2%	0,1%	19,3%	10,1%	0,0%	0,2%	7,5%	0,1%	3,9%	2,5%	1,5%	0,0%	
2011	1649	50	3003	19	1697	870	0	12	658	14	281	192	154	0	8599
	19,2%	0,6%	34,9%	0,2%	19,7%	10,1%	0,0%	0,1%	7,7%	0,2%	3,3%	2,2%	1,8%	0,0%	
2010	1616	83	2781	29	1733	899	0	17	571	4	280	163	187	0	8363
	19,3%	1,0%	33,3%	0,3%	20,7%	10,7%	0,0%	0,2%	6,8%	0,0%	3,3%	1,9%	2,2%	0,0%	
2009	1688	81	2755	82	1765	788	0	50	489	8	228	158	166	0	8258
	20,4%	1,0%	33,4%	1,0%	21,4%	9,5%	0,0%	0,6%	5,9%	0,1%	2,8%	1,9%	2,0%	0,0%	
2008	1943	64	2439	70	1784	690	2	64	686	10	266	151	193	0	8362
	23,2%	0,8%	29,2%	0,8%	21,3%	8,3%	0,0%	0,8%	8,2%	0,1%	3,2%	1,8%	2,3%	0,0%	
2007	2181	50	2115	48	1868	644	0	36	430	6	157	159	175	1	7870
	27,7%	0,6%	26,9%	0,6%	23,7%	8,2%	0,0%	0,5%	5,5%	0,1%	2,0%	2,0%	2,2%	0,0%	
2006	2466	60	1643	34	1891	628	1	43	272	4	127	136	211	1	7517
	32,8%	0,8%	21,9%	0,5%	25,2%	8,4%	0,0%	0,6%	3,6%	0,1%	1,7%	1,8%	2,8%	0,0%	
2005	2154	52	1112	24	1492	469	1	28	211	3	55	105	171	2	5879
	36,6%	0,9%	18,9%	0,4%	25,4%	8,0%	0,0%	0,5%	3,6%	0,1%	0,9%	1,8%	2,9%	0,0%	
Total	19952	605	31929	319	19773	8452	5	339	7003	87	3690	2529	1909	5	96597
	20,7%	0,6%	33,1%	0,3%	20,5%	8,7%	0,0%	0,4%	7,2%	0,1%	3,8%	2,6%	2,0%	0,0%	

- T1: Two screws or pins
- T2: Three screws or pins
- T3: Bipolar hemiprosthesis
- T4: Unipolar hemiprosthesis
- T5: Hip compression screw and plate
- T6: Hip compression screw with lateral support plate
- T7: Angle plate
- T8: Short intramedullary nail without distal locking
- T9: Short intramedullary nail with distal locking
- T10: Long intramedullary nail without distal locking
- T11: Long intramedullary nail with distal locking
- T12: Total hip prosthesis
- T13: Other *
- T14: Missing

* Proportion (%) of operations with combination: Hip compression screw and additional anti-rotational screw is 1,4%

Figure 8: Type of primary operations - all fractures



- T1: Two screws or pins
- T2: Three screws or pins
- T3: Bipolar hemiprosthesis
- T4: Unipolar hemiprosthesis
- T5: Hip compression screw and plate
- T6: Hip compression screw with lateral support plate
- T7: Angle plate
- T8: Short intramedullary nail without distal locking
- T9: Short intramedullary nail with distal locking
- T10: Long intramedullary nail without distal locking
- T11: Long intramedullary nail with distal locking
- T12: Total hip prosthesis
- T13: Other *
- T14: Missing

* Proportion (%) of operations with combination: Hip compression screw and additional anti-rotational screw is 1,4 %

Table 8: Type of primary operation per type of primary fracture

Type of primary fracture	T1	T2	T3	T4	T5	T6	T7	T8	T9	T10	T11	T12	T13	T14	Total
Intracapsular fracture, undisplaced	13212 89,5%	201 1,4%	822 5,6%	4 0,0%	321 2,2%	0 0,0%	1 0,0%	7 0,0%	22 0,1%	0 0,0%	4 0,0%	0 0,0%	87 0,6%	0 0,0%	14760
Intracapsular fracture, displaced	6579 17,1%	400 1,0%	30429 79,0%	300 0,8%	333 0,9%	2 0,0%	0 0,0%	4 0,0%	36 0,1%	0 0,0%	10 0,0%	0 0,0%	293 0,8%	1 0,0%	38535
Basocervical fracture	129 3,1%	2 0,0%	307 7,3%	12 0,3%	2002 47,6%	77 1,8%	1 0,0%	29 0,7%	324 7,7%	1 0,0%	19 0,5%	0 0,0%	666 15,8%	0 0,0%	4207
Trochanteric fracture (2 fragments)	10 0,1%	0 0,0%	38 0,2%	0 0,0%	11043 69,5%	907 5,7%	2 0,0%	235 1,5%	2807 17,7%	6 0,0%	219 1,4%	0 0,0%	325 2,0%	2 0,0%	15879
Trochanteric fracture (multifragment)	3 0,0%	1 0,0%	94 0,6%	0 0,0%	4900 33,8%	5132 35,4%	1 0,0%	56 0,4%	3085 21,3%	25 0,2%	762 5,3%	0 0,0%	322 2,2%	0 0,0%	14512
Subtrochanteric fracture	3 0,1%	1 0,0%	35 0,7%	0 0,0%	892 17,4%	1441 28,2%	0 0,0%	4 0,1%	435 8,5%	45 0,9%	2158 42,2%	0 0,0%	84 1,6%	1 0,0%	5117
Intracapsular fracture, unspecified *	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	2490 100,0%	0 0,0%	0 0,0%	2490
Trochanteric fracture unspecified *	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	39 100,0%	0 0,0%	0 0,0%	39
Intertrochanteric fracture **	0 0,0%	0 0,0%	10 0,7%	0 0,0%	146 10,0%	704 48,4%	0 0,0%	3 0,2%	230 15,8%	5 0,3%	321 22,1%	0 0,0%	31 2,1%	0 0,0%	1455
Other	11 1,2%	0 0,0%	169 18,8%	2 0,2%	129 14,3%	187 20,8%	0 0,0%	1 0,1%	62 6,9%	5 0,6%	197 21,9%	0 0,0%	98 10,9%	0 0,0%	901
Missing	5 10,2%	0 0,0%	25 51,0%	1 2,0%	7 14,3%	2 4,1%	0 0,0%	0 0,0%	2 4,1%	0 0,0%	0 0,0%	0 0,0%	3 6,1%	1 2,0%	49
Total	19952 20,4%	605 0,6%	31929 32,6%	319 0,3%	19773 20,2%	8452 8,6%	5 0,0%	339 0,3%	7003 7,2%	87 0,1%	3690 3,8%	2529 2,6%	1909 1,9%	5 0,0%	97944

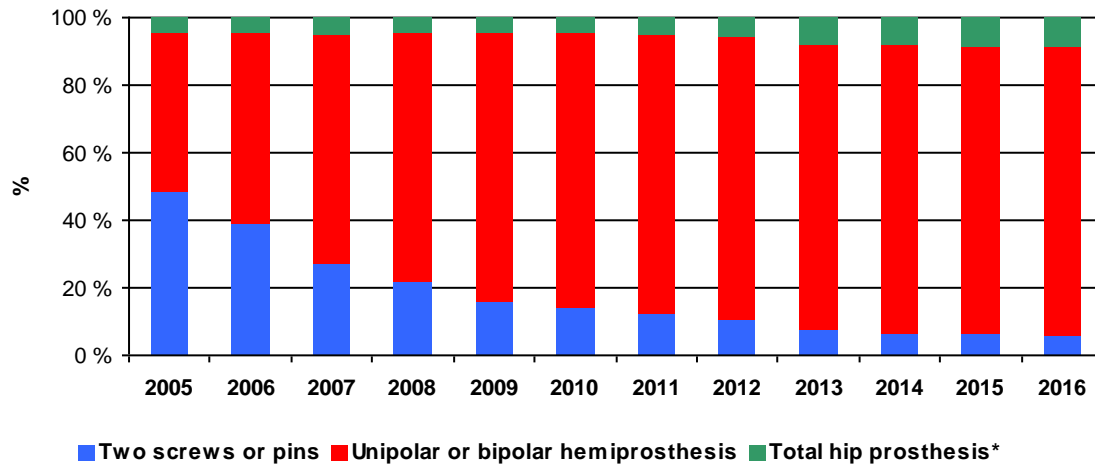
- T1:** Two screws or pins
T2: Three screws or pins
T3: Bipolar hemiprosthesis
T4: Unipolar hemiprosthesis
T5: Hip compression screw and plate
T6: Hip compression screw with lateral support plate
T7: Angle plate
T8: Short intramedullary nail without distal locking
T9: Short intramedullary nail with distal locking
T10: Long intramedullary nail without distal locking
T11: Long intramedullary nail with distal locking
T12: Total hip prosthesis
T13: Other ***
T14: Missing

* Total hip prostheses reported to the Norwegian Arthroplasty Register

** The registration started in 2008

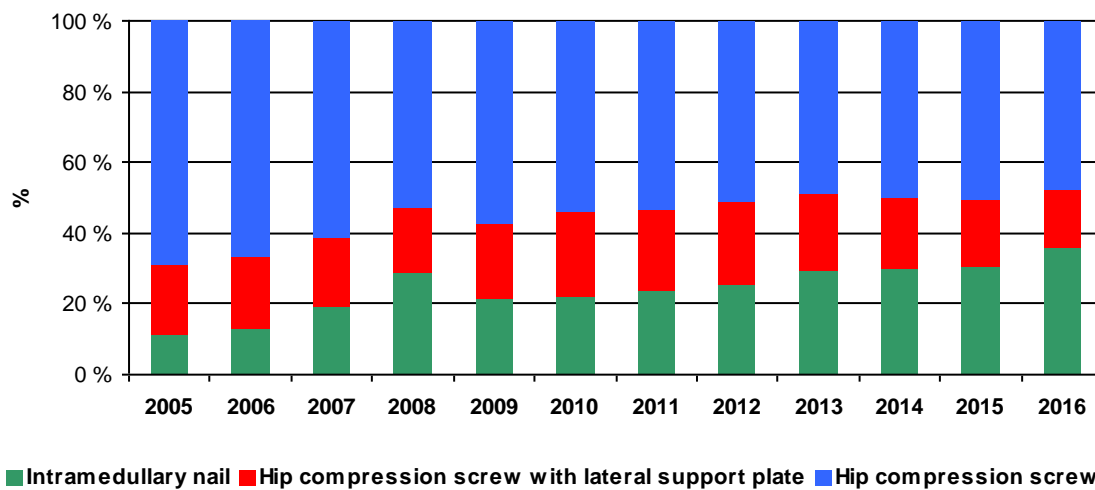
*** Proportion (%) of operations with combination: Hip compression screw and additional anti-rotational screw is 1,4%

Figure 9a: Time trend for treatment of displaced femoral neck fractures



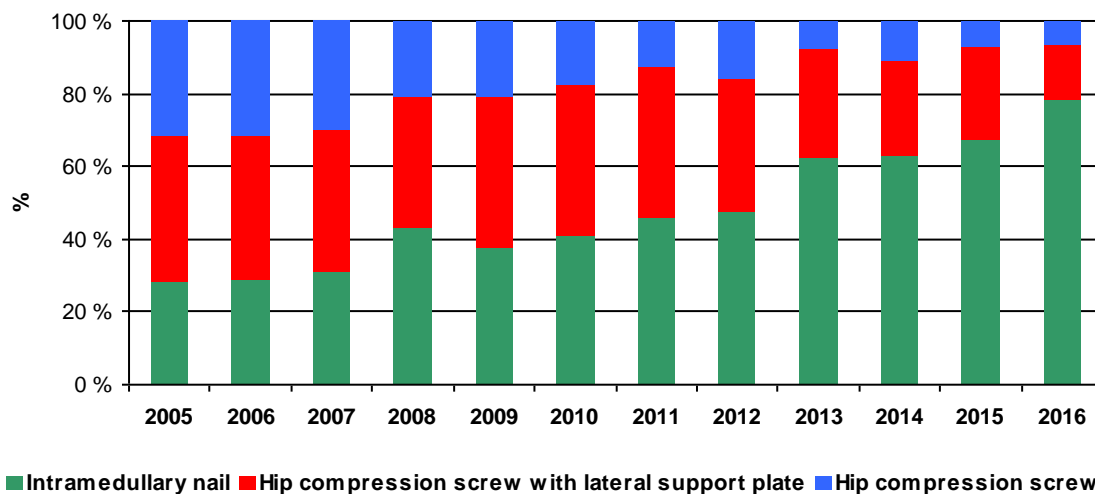
* Total hip prostheses for femoral neck fracture were reported to the Norwegian Arthroplasty Register without information about displacement of fracture

Figure 9b: Time trend for treatment of trochanteric* fractures



* Trochanteric fracture (AO OTA type A1 and A2)

Figure 9c: Time trend for treatment of inter-* and subtrochanteric fractures



* Intertrochanteric fracture (AO OTA type A3)

Reoperations

Table 9: Reasons for reoperation - all fractures (more than one reason is possible)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	R14	Total
2016	141	48	16	76	8	9	192	17	32	34	73	13	42	412	1113
	12,7%	4,3%	1,4%	6,8%	0,7%	0,8%	17,3%	1,5%	2,9%	3,1%	6,6%	1,2%	3,8%	37,0%	
2015	160	71	34	65	8	10	175	18	35	33	83	11	47	359	1109
	14,4%	6,4%	3,1%	5,9%	0,7%	0,9%	15,8%	1,6%	3,2%	3,0%	7,5%	1,0%	4,2%	32,4%	
2014	111	58	31	50	7	4	148	14	20	20	66	17	23	353	922
	12,0%	6,3%	3,4%	5,4%	0,8%	0,4%	16,1%	1,5%	2,2%	2,2%	7,2%	1,8%	2,5%	38,3%	
2013	141	57	33	74	5	10	158	15	28	22	76	7	47	376	1049
	13,4%	5,4%	3,1%	7,1%	0,5%	1,0%	15,1%	1,4%	2,7%	2,1%	7,2%	0,7%	4,5%	35,8%	
2012	153	65	37	75	18	9	183	15	34	22	63	4	43	342	1063
	14,4%	6,1%	3,5%	7,1%	1,7%	0,8%	17,2%	1,4%	3,2%	2,1%	5,9%	0,4%	4,0%	32,2%	
2011	157	75	59	82	12	5	147	12	41	23	67	8	33	341	1062
	14,8%	7,1%	5,6%	7,7%	1,1%	0,5%	13,8%	1,1%	3,9%	2,2%	6,3%	0,8%	3,1%	32,1%	
2010	176	79	48	79	11	11	129	14	44	26	58	10	37	288	1010
	17,4%	7,8%	4,8%	7,8%	1,1%	1,1%	12,8%	1,4%	4,4%	2,6%	5,7%	1,0%	3,7%	28,5%	
2009	216	96	59	95	8	18	150	7	38	36	49	9	57	296	1134
	19,0%	8,5%	5,2%	8,4%	0,7%	1,6%	13,2%	0,6%	3,4%	3,2%	4,3%	0,8%	5,0%	26,1%	
2008	245	104	63	101	10	10	104	20	39	42	57	10	33	259	1097
	22,3%	9,5%	5,7%	9,2%	0,9%	0,9%	9,5%	1,8%	3,6%	3,8%	5,2%	0,9%	3,0%	23,6%	
2007	287	132	85	111	10	10	84	13	32	39	48	9	31	251	1142
	25,1%	11,6%	7,4%	9,7%	0,9%	0,9%	7,4%	1,1%	2,8%	3,4%	4,2%	0,8%	2,7%	22,0%	
2006	318	125	64	101	7	8	77	20	21	30	33	7	21	204	1036
	30,7%	12,1%	6,2%	9,7%	0,7%	0,8%	7,4%	1,9%	2,0%	2,9%	3,2%	0,7%	2,0%	19,7%	
2005	281	107	71	85	9	12	50	16	25	27	33	2	23	76	817
	34,4%	13,1%	8,7%	10,4%	1,1%	1,5%	6,1%	2,0%	3,1%	3,3%	4,0%	0,2%	2,8%	9,3%	
Total	2386	1017	600	994	113	116	1597	181	389	354	706	107	437	3557	12554
	19,0%	8,1%	4,8%	7,9%	0,9%	0,9%	12,7%	1,4%	3,1%	2,8%	5,6%	0,9%	3,5%	28,3%	

R1: Osteosynthesis failure

R2: Nonunion

R3: Avascular necrosis (segmental collapse)

R4: Local pain due to osteosynthesis material

R5: Malunion

R6: Infection - superficial

R7: Infection - deep

R8: Haematoma

R9: Dislocation of hemiprosthesis

R10: Cutout of osteosynthesis material through caput

R11: New fracture around implant

R12: Loosening of hemiprosthesis

R13: Other

R14: Reported reoperations to the Norwegian Arthroplasty Register except "Deep infection" which is included in R7: Infection – deep.

Table 10: Reasons for reoperation per type of primary fracture (more than one reason is possible) **

Type of primary fracture	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	R11	R12	R13	Total
Intracapsular fracture, undisplaced	569 33,5%	232 13,6%	184 10,8%	242 14,2%	24 1,4%	6 0,4%	106 6,2%	13 0,8%	20 1,2%	51 3,0%	157 9,2%	5 0,3%	91 5,4%	1700
Intracapsular fracture, displaced	634 20,4%	249 8,0%	155 5,0%	260 8,4%	22 0,7%	65 2,1%	906 29,2%	102 3,3%	312 10,0%	51 1,6%	197 6,3%	66 2,1%	89 2,9%	3108
Basocervical fracture	115 30,5%	55 14,6%	28 7,4%	55 14,6%	8 2,1%	1 0,3%	38 10,1%	4 1,1%	10 2,7%	30 8,0%	11 2,9%	2 0,5%	20 5,3%	377
Trochanteric fracture (2 fragments)	135 26,5%	45 8,8%	18 3,5%	58 11,4%	13 2,5%	8 1,6%	76 14,9%	16 3,1%	4 0,8%	48 9,4%	44 8,6%	0 0,0%	45 8,8%	510
Trochanteric fracture (multifragment)	274 27,3%	116 11,6%	27 2,7%	90 9,0%	16 1,6%	12 1,2%	222 22,2%	25 2,5%	9 0,9%	81 8,1%	64 6,4%	3 0,3%	63 6,3%	1002
Subtrochanteric fracture	135 29,2%	70 15,2%	3 0,6%	46 10,0%	3 0,6%	6 1,3%	95 20,6%	8 1,7%	4 0,9%	16 3,5%	30 6,5%	3 0,6%	43 9,3%	462
Intertrochanteric fracture*	47 35,3%	12 9,0%	3 2,3%	16 12,0%	1 0,8%	0 0,0%	23 17,3%	5 3,8%	2 1,5%	9 6,8%	8 6,0%	0 0,0%	7 5,3%	133
Other	18 20,2%	9 10,1%	2 2,2%	3 3,4%	2 2,2%	3 3,4%	18 20,2%	2 2,2%	3 3,4%	7 7,9%	8 9,0%	2 2,2%	12 13,5%	89
Missing	1 50,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	1 50,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	0 0,0%	2
Total	1928 26,1%	788 10,7%	420 5,7%	770 10,4%	89 1,2%	101 1,4%	1485 20,1%	175 2,4%	364 4,9%	293 4,0%	519 7,0%	81 1,1%	370 5,0%	7383

- R1: Osteosynthesis failure
- R2: Nonunion
- R3: Avascular necrosis (segmental collapse)
- R4: Local pain due to osteosynthesis material
- R5: Malunion
- R6: Infection - superficial
- R7: Infection - deep
- R8: Haematoma
- R9: Dislocation of hemiprosthesis
- R10: Cutout of osteosynthesis material through caput
- R11: New fracture around implant
- R12: Loosening of hemiprosthesis
- R13: Other

* The registration started in 2008

** Total hip prostheses are not counted

Table 11: Type of reoperation (more than one reason is possible)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Total
2016	81 7,4%	36 3,3%	147 13,4%	0 0,0%	106 9,7%	149 13,6%	14 1,3%	7 0,6%	158 14,5%	395 36,1%	1093
2015	68 6,5%	36 3,4%	181 17,3%	0 0,0%	115 11,0%	130 12,4%	19 1,8%	4 0,4%	148 14,1%	346 33,0%	1047
2014	46 5,3%	26 3,0%	157 18,1%	0 0,0%	84 9,7%	112 12,9%	7 0,8%	4 0,5%	99 11,4%	333 38,4%	868
2013	70 7,0%	32 3,2%	159 15,9%	0 0,0%	119 11,9%	116 11,6%	14 1,4%	7 0,7%	117 11,7%	363 36,4%	997
2012	73 7,3%	42 4,2%	188 18,9%	0 0,0%	91 9,2%	137 13,8%	14 1,4%	9 0,9%	109 11,0%	331 33,3%	994
2011	71 7,0%	34 3,4%	214 21,1%	0 0,0%	98 9,7%	105 10,4%	19 1,9%	13 1,3%	113 11,2%	345 34,1%	1012
2010	86 9,0%	40 4,2%	220 23,1%	2 0,2%	91 9,5%	105 11,0%	15 1,6%	11 1,2%	103 10,8%	281 29,5%	954
2009	120 11,4%	40 3,8%	254 24,2%	0 0,0%	97 9,2%	129 12,3%	10 1,0%	11 1,0%	94 9,0%	294 28,0%	1049
2008	111 11,0%	40 4,0%	317 31,4%	1 0,1%	86 8,5%	83 8,2%	10 1,0%	15 1,5%	91 9,0%	255 25,3%	1009
2007	118 12,0%	31 3,2%	371 37,8%	1 0,1%	78 7,9%	67 6,8%	5 0,5%	11 1,1%	64 6,5%	236 24,0%	982
2006	97 10,5%	37 4,0%	371 40,0%	6 0,6%	82 8,8%	63 6,8%	8 0,9%	5 0,5%	56 6,0%	203 21,9%	928
2005	82 12,0%	25 3,6%	322 47,0%	35 5,1%	46 6,7%	39 5,7%	9 1,3%	7 1,0%	42 6,1%	78 11,4%	685
Total	1023 8,8%	419 3,6%	2901 25,0%	45 0,4%	1093 9,4%	1235 10,6%	144 1,2%	104 0,9%	1194 10,3%	3460 29,8%	11618

- R1:** Removal of implant (when only procedure)
R2: Girdlestone (= Removal of implant/hemiprosthesis and caput)
R3: Bipolar hemiprosthesis
R4: Unipolar haemiprosthesis
R5: Re-osteosynthesis
R6: Drainage of haematoma or infection
R7: Closed reduction of dislocated hemiprosthesis
R8: Open reduction of dislocated hemiprosthesis
R9: Other
R10: Total hip prosthesis

Table 12: Reoperation with primary screw osteosynthesis (reasons are not mutually exclusive)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Total
2016	33 12,1%	2 0,7%	49 17,9%	0 0,0%	27 9,9%	3 1,1%	0 0,0%	0 0,0%	4 1,5%	155 56,8%	273
2015	25 9,8%	3 1,2%	65 25,6%	0 0,0%	22 8,7%	3 1,2%	0 0,0%	1 0,4%	7 2,8%	128 50,4%	254
2014	16 6,4%	0 0,0%	70 27,9%	0 0,0%	25 10,0%	3 1,2%	0 0,0%	0 0,0%	3 1,2%	134 53,4%	251
2013	34 11,9%	2 0,7%	72 25,2%	0 0,0%	35 12,2%	1 0,3%	0 0,0%	1 0,3%	2 0,7%	139 48,6%	286
2012	31 10,2%	10 3,3%	98 32,2%	0 0,0%	27 8,9%	4 1,3%	0 0,0%	0 0,0%	3 1,0%	131 43,1%	304
2011	37 11,2%	9 2,7%	113 34,2%	0 0,0%	23 7,0%	2 0,6%	0 0,0%	0 0,0%	7 2,1%	139 42,1%	330
2010	43 13,2%	11 3,4%	113 34,8%	1 0,3%	26 8,0%	2 0,6%	0 0,0%	0 0,0%	4 1,2%	125 38,5%	325
2009	65 18,0%	8 2,2%	125 34,5%	0 0,0%	15 4,1%	7 1,9%	0 0,0%	0 0,0%	5 1,4%	137 37,8%	362
2008	53 13,7%	12 3,1%	161 41,5%	0 0,0%	21 5,4%	3 0,8%	0 0,0%	0 0,0%	3 0,8%	135 34,8%	388
2007	64 14,8%	8 1,8%	198 45,7%	1 0,2%	15 3,5%	1 0,2%	0 0,0%	0 0,0%	5 1,2%	141 32,6%	433
2006	34 8,8%	5 1,3%	193 49,9%	5 1,3%	21 5,4%	2 0,5%	0 0,0%	0 0,0%	2 0,5%	125 32,3%	387
2005	4 1,9%	6 2,9%	124 59,6%	12 5,8%	6 2,9%	4 1,9%	0 0,0%	0 0,0%	4 1,9%	48 23,1%	208
Total	439 11,5%	76 2,0%	1381 36,3%	19 0,5%	263 6,9%	35 0,9%	0 0,0%	2 0,1%	49 1,3%	1537 40,4%	3801

- R1:** Removal of implant (when only procedure)
R2: Girdlestone (= Removal of implant/hemiprosthesis and caput)
R3: Bipolar hemiprosthesis
R4: Unipolar hemiprosthesis
R5: Re-osteosynthesis
R6: Drainage of haematoma or infection
R7: Closed reduction of dislocated hemiprosthesis
R8: Open reduction of dislocated hemiprosthesis
R9: Other
R10: Total hip prosthesis

Table 13: Reoperation with primary uni/bipolar hemiprosthesis (reasons are not mutually exclusive)

	R1	R2	R3	R4	R5	R6	R7	R8	R9	R10	Total
2016	0 0,0%	12 4,4%	20 7,4%	0 0,0%	6 2,2%	80 29,5%	9 3,3%	6 2,2%	96 35,4%	42 15,5%	271
2015	0 0,0%	5 2,2%	18 8,0%	0 0,0%	1 0,4%	65 28,8%	16 7,1%	1 0,4%	74 32,7%	46 20,4%	226
2014	0 0,0%	9 4,8%	19 10,2%	0 0,0%	3 1,6%	48 25,8%	5 2,7%	4 2,2%	61 32,8%	37 19,9%	186
2013	0 0,0%	11 4,9%	15 6,7%	0 0,0%	2 0,9%	68 30,5%	9 4,0%	4 1,8%	77 34,5%	37 16,6%	223
2012	0 0,0%	11 5,7%	23 11,9%	0 0,0%	0 0,0%	55 28,4%	10 5,2%	8 4,1%	56 28,9%	31 16,0%	194
2011	0 0,0%	10 4,7%	14 6,6%	0 0,0%	1 0,5%	60 28,4%	16 7,6%	8 3,8%	70 33,2%	32 15,2%	211
2010	0 0,0%	8 4,2%	17 8,9%	0 0,0%	3 1,6%	58 30,5%	10 5,3%	9 4,7%	68 35,8%	17 8,9%	190
2009	0 0,0%	9 6,1%	10 6,8%	0 0,0%	0 0,0%	44 29,7%	7 4,7%	9 6,1%	49 33,1%	20 13,5%	148
2008	0 0,0%	10 6,8%	7 4,8%	0 0,0%	2 1,4%	46 31,3%	5 3,4%	12 8,2%	45 30,6%	20 13,6%	147
2007	0 0,0%	5 5,0%	9 9,0%	0 0,0%	0 0,0%	27 27,0%	3 3,0%	10 10,0%	35 35,0%	11 11,0%	100
2006	0 0,0%	6 7,3%	2 2,4%	0 0,0%	0 0,0%	28 34,1%	4 4,9%	3 3,7%	29 35,4%	10 12,2%	82
2005	0 0,0%	1 2,9%	1 2,9%	0 0,0%	0 0,0%	12 34,3%	3 8,6%	3 8,6%	13 37,1%	2 5,7%	35
Total	0 0,0%	97 4,8%	155 7,7%	0 0,0%	18 0,9%	591 29,4%	97 4,8%	77 3,8%	673 33,4%	305 15,2%	2013

- R1:** Removal of implant (when only procedure)
R2: Girdlestone (= Removal of implant/hemiprosthesis and caput)
R3: Bipolar hemiprosthesis
R4: Unipolar hemiprosthesis
R5: Re-osteosynthesis
R6: Drainage of haematoma or infection
R7: Closed reduction of dislocated hemiprosthesis
R8: Open reduction of dislocated hemiprosthesis
R9: Other
R10: Total hip prosthesis

Table 14: Specification of R9 - Others

	Total	2005 -06	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cable Ready plate + cerclage	5	1	1					1		2		
Cement spacer	19			1		1	2	1	3	3	4	4
Cerclage	17	1		2	1		2	1	3	2	3	2
Dall Miles plate + cerclage	19				1	3	3	1		4	4	3
Drainage of haematoma	26	10	3	5	1	3	2	1				1
Exchange of caput/bipolar head	528	27	27	35	42	56	58	42	67	43	55	76
Exchange of caput/bipolar head + osteosynthesis with plate/cerclage	5					2			1	1	1	
Suture of muscle/fascie	9			1	1	3		1			1	2
Unspecified plate + cerclage	16	2		1			1	3	2	2	5	
Other (n<5)	29	1	4		3		2	5	1	4	1	8
Total	673	42	35	45	49	68	70	56	77	61	74	96

Implants

Table 15: Cemented hemiprostheses - primary operations

Femur	Caput	Bipolar head	Total	2007	2005	2008	2009	2010	2011	2012	2013	2014	2015	2016
Charnley		Hastings bipolar head	2768	1319	369	368	290	143	120	98	61			
Charnley Modular	Elite	Hastings bipolar head	1278	167	221	227	208	142	160	152	1			
Charnley Modular	Elite	Landos bipolar cup (DePuy)	24	15	5	4								
Charnley Modular	Elite	Self-centering bipolar (DePuy)	746		3	28	31	23	36	55	241	258	71	
Charnley Modular	Unknown caput	Hastings bipolar head	12	5	2	1		2	1	1				
Corail	Articul/Eze CoCr	Self-centering bipolar (DePuy)	388				1	1	9	40	51	75	118	93
Corail	Articul/Eze CoCr	Vario-Cup (Link)	168					1	6	8	8	35	47	63
Corail	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	12							5	2	2	1	2
Corail	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	10	6	1	2	1							
Corail	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	77		1	14	31	22	9					
CPS-PLUS	Metal Ball Head	Bipolar Ball Head	23	1		1	19	2						
C-Stem	Articul/Eze CoCr	Self-centering bipolar (DePuy)	93										5	88
C-Stem	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	110										12	98
Elite	Elite	Hastings bipolar head	23	6	6	5	1	4			1			
ETS			301	102	71	79	23	16	3	2	2	2	2	1
Exeter/V40	Exeter/V40	Self-centering bipolar (DePuy)	870				1	7	42	31	94	250	228	217
Exeter/V40	Exeter/V40	UHR	11344	1069	700	752	852	1139	1241	1262	1318	1454	1557	
Exeter/V40	Exeter/V40	Unknown bipolar head	33	5		2	4	8	3	2	2	1	6	
MS-30	Femoral head (VerSys co.cr)	Self-centering bipolar (DePuy)	57										11	46
MS-30	Protasul/Metasul	UHR	22	21				1						
SP II (Link)	Articul/Eze CoCr	Self-centering bipolar (DePuy)	31							1		18	9	3
SP II (Link)	CoCrMo (Link)	Self-centering bipolar (DePuy)	224								7	49	70	98
SP II (Link)	CoCrMo (Link)	UHR	741								62	204	218	257
SP II (Link)	CoCrMo (Link)	Vario-Cup (Link)	1937	165	182	292	279	251	233	263	71	90	111	
Spectron	Cobalt Chrom (S&N)	Biarticular cup (Permedica)	33	5	17	7	2	2						
Spectron	Cobalt Chrom (S&N)	HIP Bipolar Cup	119			8	12	19	9	16	21	19	15	
Spectron	Cobalt Chrom (S&N)	Landos bipolar cup (DePuy)	112	99	12	1								
Spectron	Cobalt Chrom (S&N)	Self-centering bipolar (DePuy)	30		7	14	9							
Spectron	Cobalt Chrom (S&N)	Tandem	1090	370	204	182	70	104	95	65				
Spectron	Cobalt Chrom (S&N)	Universal bipolar	17	17										
Spectron	Cobalt Chrom (S&N)	Unknown bipolar head	11	4	3	1	3							
Spectron	Cobalt Chrom (S&N)	Vario-Cup (Link)	81	4	16	48	13							
Spectron	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	16	16										
Titan	Alumina Biolox (DePuy)	Landos bipolar cup (DePuy)	11	11										
Titan	Articul/Eze CoCr	Landos bipolar cup (DePuy)	15	15										
Titan	Articul/Eze CoCr	Self-centering bipolar (DePuy)	15					12	2	1				
Titan	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	672	484	168	19	1							
Titan	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	227		55	135	36	1						
Titan	Unknown caput	Landos bipolar cup (DePuy)	15	13	2									
Other	(n < 10)		275	84	26	25	24	24	10	23	19	16	24	
Unknown			36	13	6	8	2	1			1	3	2	
Total			24067	4016	2077	2225	1932	1932	2006	2164	2370	2562	2752	

Table 16: Uncemented hemiprostheses - primary operations

Femur	Caput	Bipolar head	Total	2007	2005	2008	2009	2010	2011	2012	2013	2014	2015
Accolade II	Exeter/V40	Vario-Cup (Link)	25								2	8	11
Corail	Alumina BioloX (DePuy)	Self-centering bipolar (DePuy)	11			1	1	6	3				
Corail	Alumina BioloX (DePuy)	Vario-Cup (Link)	10				1	9					
Corail	Articul/Eze BioloX Forte (DePuy)	Self-centering bipolar (DePuy)	14				3	1	3	7			
Corail	Articul/Eze CoCr	Bipolar Ball Head	64						17	39	8		
Corail	Articul/Eze CoCr	Landos bipolar cup (DePuy)	118	78	34			5	1				
Corail	Articul/Eze CoCr	Self-centering bipolar (DePuy)	3195			23	87	202	348	620	532	471	429
Corail	Articul/Eze CoCr	UHR	375					17	49	44	40	82	75
Corail	Articul/Eze CoCr	Vario-Cup (Link)	159					21	37	32	47	17	4
Corail	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	405						21	143	146	80	9
Corail	Cobalt Chrom (S&N)	Self-centering bipolar (DePuy)	37				14	23					
Corail	Cobalt Chrom (S&N)	Vario-Cup (Link)	13					13					
Corail	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	779	587	164	21	7						
Corail	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	1144	1	61	323	383	344	31	1			
Corail	Cobalt chrome (DePuy)	Tandem	11	4	1		4	2					
Corail	Cobalt chrome (DePuy)	UHR	20	8	1	3	3	5					
Corail	Metal Ball Head	Bipolar Ball Head	25				1	5	19				
Corail	Modular Cathcart (Fracture head hip ball)		14				3	8	3				
Corail	Unknown caput	Landos bipolar cup (DePuy)	10	8	2								
Corail	Unknown caput	Unknown bipolar head	15	3			5	4	1	1	1		
Filler	Biotechni fem. head	Biarticular cup (Permedica)	24	22	1	1							
Filler	Cobalt Chrom (S&N)	Biarticular cup (Permedica)	19	8	6	4				1			
Filler	Hipball Premium	Biarticular cup (Permedica)	197	69	71	50	7						
Filler	Hipball Premium	HIP Bipolar Cup	599				33	95	129	126	99	37	44
Filler	Hipball Premium	UHR	41								10	22	6
Furlong	Furlong	UHR	78										21
HACTIV	HACTIV head	Moonstone	22	22									
HACTIV	HACTIV head	Tandem	19	9	4	2			1	2	1		
HACTIV	HACTIV head	UHR	63									41	22
Polarstem	Cobalt Chrom (S&N)	Tandem	213					18	64	74	39	16	2
Polarstem	Cobalt Chrom (S&N)	UHR	68									25	34
SL-PLUS	HACTIV head	Bipolar Ball Head	16	16									
SL-PLUS	Metal Ball Head	Bipolar Ball Head	155	80	36	32	7						
Other	(n < 10)		230	43	26	26	41	13	18	13	20	16	
Unknown			6	2	1	2						1	
Total			8194	960	432	612	879	879	1138	939	820	673	

Table 17: Cemented hemiprostheses - reoperations

Femur	Caput	Bipolar head	Total	2007	2008	2009	2010	2011	2012	2013	2014	2015
Charnley		Hastings bipolar head	490	299	65	50	40	22	8	3	3	
Charnley Modular	Elite	Hastings bipolar head	82	19	13	17	12	11	2	8		
Charnley Modular	Elite	Landos bipolar cup (DePuy)	7	2	5							
Charnley Modular	Elite	Self-centering bipolar (DePuy)	35		2		1	3	7	1	12	8
Corail	Articul/Eze CoCr	Self-centering bipolar (DePuy)	34					4	8	1	5	7
Corail	Articul/Eze CoCr	Vario-Cup (Link)	6					1			3	1
Corail	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	11			2	5	4				
CPS-PLUS	Metal Ball Head	Bipolar Ball Head	8	1	3		4					
CPS-PLUS Rev. stem	Metal Ball Head	Bipolar Ball Head	7	5	1	1						
C-Stem	Articul/Eze CoCr	Self-centering bipolar (DePuy)	5									
C-Stem	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	5									
Elite	Elite	Hastings bipolar head	5	2			1		2			
ETS			23	15	4	3				1		
Exeter/V40	Exeter/V40	Self-centering bipolar (DePuy)	50				1	3	8	7	14	11
Exeter/V40	Exeter/V40	UHR	777	268	74	57	42	55	64	52	47	73
Exeter/V40	Exeter/V40	Unknown bipolar head	6	1	1		1			1	2	
Fjord	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	7	6	1							
MS-30	Protasul/Metasul	UHR	5	5								
Restoration Modular (femur)	Exeter/V40	Self-centering bipolar (DePuy)	11			2	3	3	1	1		1
Restoration Modular (femur)	Exeter/V40	UHR	11							4	2	2
SP II (Link)	CoCrMo (Link)	Self-centering bipolar (DePuy)	10									3
SP II (Link)	CoCrMo (Link)	UHR	40							2	12	15
SP II (Link)	CoCrMo (Link)	Vario-Cup (Link)	150	35	14	11	18	24	19	12	7	4
Spectron	Cobalt Chrom (S&N)	HIP Bipolar Cup	5				1	3				1
Spectron	Cobalt Chrom (S&N)	Landos bipolar cup (DePuy)	11	6	5							
Spectron	Cobalt Chrom (S&N)	Tandem	128	62	22	18	3	5	11	6	1	
Spectron	Cobalt Chrom (S&N)	Universal bipolar	9	9								
Titan	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	135	114	17	4						
Titan	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	19	1	5	9	3	1				
Other	(n < 5)		98	37	14	9	7	2	3	3	6	6
Unknown			5	3	1			1				
Total			2195	890	247	183	142	142	133	102	114	132

Table 18: Uncemented hemiprostheses - reoperations

Femur	Caput	Bipolar head	Total	2005 -07	2008	2009	2010	2011	2012	2013	2014	2015
Arcos	Modular Head (Biomet)	Self-centering bipolar (DePuy)	11								2	5
Corail	Articul/Eze CoCr	Landos bipolar cup (DePuy)	23	12	11							
Corail	Articul/Eze CoCr	Self-centering bipolar (DePuy)	108		2	4	19	10	15	19	12	14
Corail	Articul/Eze CoCr	UHR	14				3	4			2	2
Corail	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	31					4	13	10	2	2
Corail	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	92	75	13	2	2					
Corail	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	75		4	28	25	17	1			
Corail	Cobalt chrome (DePuy)	UHR	6		1	2	1	1	1			
Filler	Biotechni fem. head	Biarticular cup (Permedica)	21	20	1							
Filler	Cobalt chrome (DePuy)	Biarticular cup (Permedica)	6	4	2							
Filler	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	5	5								
Filler	Hipball Premium	Biarticular cup (Permedica)	57	32	18	7						
Filler	Hipball Premium	HIP Bipolar Cup	80			4	8	21	7	13	12	8
HACTIV	HACTIV head	Moonstone	7	7								
KAR	Articul/Eze CoCr	Self-centering bipolar (DePuy)	7						3	3	1	
KAR	Articul/Eze Ultamet (M-Spec)	Self-centering bipolar (DePuy)	7						4	3		
KAR	Cobalt chrome (DePuy)	Landos bipolar cup (DePuy)	20	12	6	1		1				
KAR	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	14			6	5	2	1			
REEF	Cobalt chrome (DePuy)	Self-centering bipolar (DePuy)	6		1	3	2					
Restoration-HA	C-Taper Head	Landos bipolar cup (DePuy)	7	6	1							
SL-PLUS	Metal Ball Head	Bipolar Ball Head	12	8	1	2	1					
TTHR	Articul/Eze CoCr	UHR	6								4	1
TTHR	CoCrMo (Link)	UHR	7								1	4
TTHR	TETE Inox	Self-centering bipolar (DePuy)	5				4	1				
Other	(n < 5)		122	32	10	13	9	12	10	9	7	14
Unknown			3	3								
Total			752	216	71	72	79	79	55	57	43	50

Table 19: Screws - primary operations

Product	Total	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
Asnis III	1362	315	75	49	126	177	156	105	121	120	118
Hansson pin system (LIH)	2062	971	253	235	212	112	69	60	41	60	49
Olmed	10428	4038	1230	1123	790	675	660	563	448	482	419
Richards CHP	6715	1647	454	365	572	733	597	593	547	614	593
Other (n<10)	3					2			1		
Total	20570	6971	2012	1772	1700	1699	1482	1321	1158	1276	1179

Table 20: Hip compression screws - primary operations

Product	Total	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
DHS	4260	2649	1009	337	108	58	28	8	13	25	25
LCP DHS	5800		34	705	476	485	458	468	662	1356	1156
Omega	111	98	3	1	2	3	2	2			
Richards CHS	18033	4244	1426	1510	2046	2021	1992	1765	1564	773	692
Swemac CHS System	13									8	5
Other (n<10)	7	1	2					1	1		2
Total	28224	6992	2474	2553	2632	2567	2480	2244	2240	2162	1880

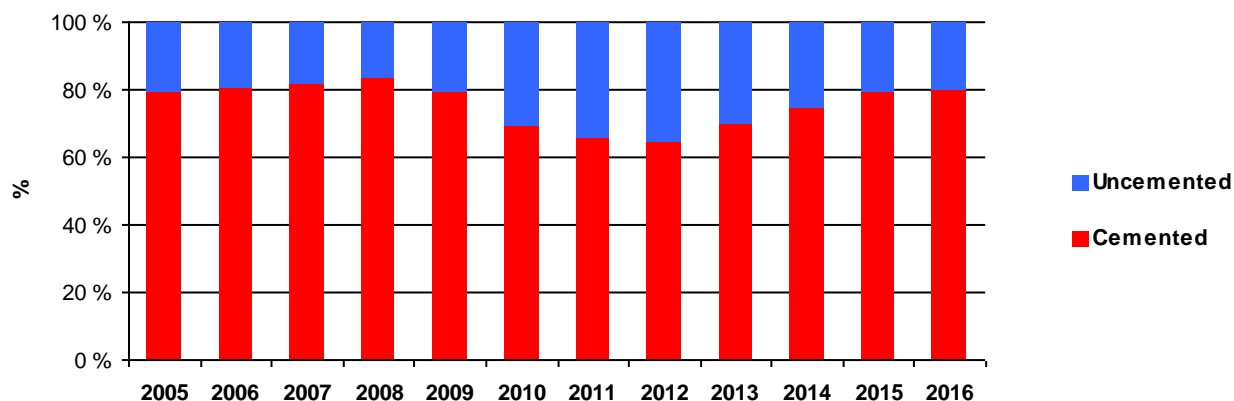
Table 21: Intramedullary nails - primary operations

Product	Total	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
ACE	49	30	12	7							
Gamma 3	5880	523	502	505	656	672	657	765	709	467	424
IMHS	27	22	3	1	1						
IMHS CP	10	10									
LFN	69	6	3	10	12	8	8	8	7	4	3
PFN	26	24	2								
PFNA	941	72	39	41	30	40	91	136	117	174	201
T2	13	4		2	1	3	1		2		
T2 recon	234	1		1	19	38	29	61	33	24	28
T-Gamma	508	448	34	22	3						1
Trigen Intertan	2989	149	406	150	133	190	186	198	282	560	735
Trigen TAN/FAN	374	79	25	35	17	14	22	34	22	62	64
Other (n<10)	11	5		2			1		2	1	
Total	11131	1373	1026	776	872	965	995	1202	1174	1292	1456

Fixation of hemiprostheses

Table 22: Primary operations

	Uncemented	Cement with antibiotics	Cement without antibiotics	Missing	Total
2016	682 (19,9%)	2750 (80,1%)	0 (0,0%)	2 (0,1%)	3434
2015	667 (20,6%)	2561 (79,2%)	1 (0,0%)	6 (0,2%)	3235
2014	811 (25,4%)	2360 (74,0%)	3 (0,1%)	16 (0,5%)	3190
2013	921 (29,7%)	2154 (69,4%)	0 (0,0%)	28 (0,9%)	3103
2012	1064 (33,8%)	1959 (62,3%)	11 (0,3%)	110 (3,5%)	3144
2011	987 (32,6%)	1925 (63,7%)	6 (0,2%)	105 (3,5%)	3023
2010	837 (29,8%)	1896 (67,4%)	7 (0,2%)	71 (2,5%)	2811
2009	568 (20,0%)	2174 (76,6%)	8 (0,3%)	87 (3,1%)	2837
2008	399 (15,9%)	2010 (80,1%)	8 (0,3%)	92 (3,7%)	2509
2007	387 (17,9%)	1726 (79,8%)	1 (0,0%)	49 (2,3%)	2163
2006	323 (19,3%)	1331 (79,4%)	3 (0,2%)	20 (1,2%)	1677
2005	233 (20,5%)	882 (77,6%)	4 (0,4%)	17 (1,5%)	1136
Total	7879 (24,4%)	23728 (73,5%)	52 (0,2%)	603 (1,9%)	32262

Figure 10: Time trend for fixation of primary hemiprostheses**Table 23: Type of cement - primary operations**

Product	Manufacturer	Total	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
Cemex w/gentamycin	Alere	252	45	4		1			11	10	71	110
Cemex System Genta FAST	Alere	639	22	58	101	102	83	74	84	86	29	
	Alere	16										16
Copal G+ V	Heraeus	4								1	1	2
Optipac Refobacin Bonecement R	Biomet	6214		42	223	518	718	790	725	911	1248	1039
Optipac Refobacin Revision	Biomet	128					2	1	58	67		
Palacos w/gentamicin	Heraeus/Sc	353	353									
Palacos R + G	Heraeus	10867	2107	1285	1375	993	714	690	869	880	957	997
	Heraeus	90									1	89
Refobacin Bone Cement R	Biomet	4304	1028	550	396	246	357	368	394	380	219	366
Refobacin Revision	Biomet	2									1	1
Refobacin-Palacos	Biomet	314	314									
Simplex w/Tobramycin	Stryker	2		1	1							
Simplex unknown	Stryker	75	5	15	42	13						
SmartMix Cemvac + SmartSet GHV Genta	Ortomedic	107	33	29	4						3	38
Missing information		361	32	26	32	23	51	36	13	25	31	92
Total		23728	3939	2010	2174	1896	1925	1959	2154	2360	2561	2750

Table 24: Hydroxyapatite (HA) - uncemented prostheses

	With HA	Without HA	Missing	Total
2016	675 (99,0%)	5 (0,7%)	2 (0,3%)	682
2015	664 (99,6%)	3 (0,4%)	0 (0,0%)	667
2014	805 (99,3%)	5 (0,6%)	1 (0,1%)	811
2013	920 (99,9%)	1 (0,1%)	0 (0,0%)	921
2012	1062 (99,8%)	2 (0,2%)	0 (0,0%)	1064
2011	986 (99,9%)	1 (0,1%)	0 (0,0%)	987
2010	824 (98,4%)	13 (1,6%)	0 (0,0%)	837
2009	524 (92,3%)	44 (7,7%)	0 (0,0%)	568
2008	362 (90,7%)	37 (9,3%)	0 (0,0%)	399
2007	351 (90,7%)	36 (9,3%)	0 (0,0%)	387
2006	284 (87,9%)	39 (12,1%)	0 (0,0%)	323
2005	192 (82,4%)	41 (17,6%)	0 (0,0%)	233
Total	7649 (97,1%)	227 (2,9%)	3 (0,0%)	7879

Pathological fractures

Table 25: Pathological fracture (osteoporotic fracture not included) - primary operations *

	No	Yes	Missing	Total
2016	6987 (86,5%)	117 (1,4%)	973 (12,0%)	8077
2015	7076 (87,6%)	117 (1,4%)	889 (11,0%)	8082
2014	6917 (87,7%)	80 (1,0%)	891 (11,3%)	7888
2013	6987 (87,2%)	133 (1,7%)	892 (11,1%)	8012
2012	7191 (87,4%)	106 (1,3%)	928 (11,3%)	8225
2011	7485 (89,0%)	135 (1,6%)	787 (9,4%)	8407
2010	7611 (92,8%)	93 (1,1%)	496 (6,0%)	8200
2009	7307 (90,2%)	107 (1,3%)	686 (8,5%)	8100
2008	7388 (90,0%)	102 (1,2%)	721 (8,8%)	8211
2007	6958 (90,2%)	93 (1,2%)	660 (8,6%)	7711
2006	6653 (90,1%)	91 (1,2%)	637 (8,6%)	7381
2005	5135 (88,9%)	65 (1,1%)	574 (9,9%)	5774
Total	83695 (89,0%)	1239 (1,3%)	9134 (9,7%)	94068

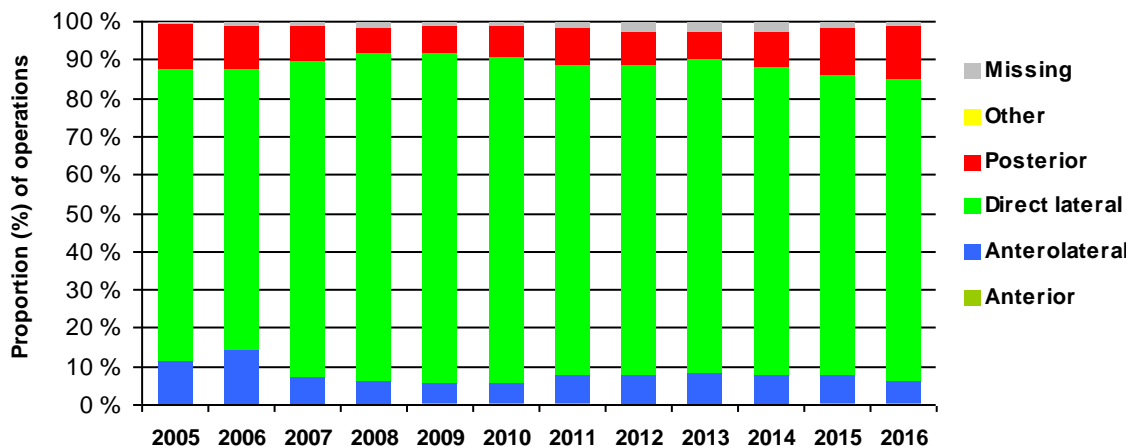
* Patients operated with total hip prostheses were excluded

Surgical approach used in hemiarthroplasty

Table 26: Surgical approach used in hemiarthroplasty

	Anterior	Anterolateral	Direct lateral	Posterior	Other	Missing	Total
2016	11 (0,3%)	209 (6,1%)	2692 (78,4%)	485 (14,1%)	0 (0,0%)	36 (1,0%)	3433
2015	14 (0,4%)	232 (7,2%)	2544 (78,6%)	387 (12,0%)	1 (0,0%)	57 (1,8%)	3235
2014	3 (0,1%)	252 (7,9%)	2560 (80,3%)	291 (9,1%)	1 (0,0%)	83 (2,6%)	3190
2013	8 (0,3%)	255 (8,2%)	2538 (81,8%)	224 (7,2%)	0 (0,0%)	78 (2,5%)	3103
2012	6 (0,2%)	238 (7,6%)	2535 (80,6%)	278 (8,8%)	1 (0,0%)	86 (2,7%)	3144
2011	11 (0,4%)	228 (7,5%)	2443 (80,8%)	290 (9,6%)	0 (0,0%)	51 (1,7%)	3023
2010	14 (0,5%)	142 (5,1%)	2391 (85,1%)	230 (8,2%)	0 (0,0%)	34 (1,2%)	2811
2009	14 (0,5%)	147 (5,2%)	2441 (86,0%)	200 (7,0%)	0 (0,0%)	35 (1,2%)	2837
2008	1 (0,0%)	155 (6,2%)	2143 (85,4%)	176 (7,0%)	0 (0,0%)	34 (1,4%)	2509
2007	0 (0,0%)	162 (7,5%)	1777 (82,2%)	201 (9,3%)	0 (0,0%)	23 (1,1%)	2163
2006	1 (0,1%)	244 (14,5%)	1224 (73,0%)	189 (11,3%)	0 (0,0%)	19 (1,1%)	1677
2005	0 (0,0%)	131 (11,5%)	864 (76,1%)	136 (12,0%)	0 (0,0%)	5 (0,4%)	1136
Total	83 (0,3%)	2395 (7,4%)	26152 (81,1%)	3087 (9,6%)	3 (0,0%)	541 (1,7%)	32261

Figure 11: Surgical approach used in hemiarthroplasty



Definition of operative approach:

- **Anterior** (between sartorius and tensor)
- **Anterolateral** (between gluteus medius and tensor)
- **Direct lateral** (transgluteal)
- **Posterior** (behind the gluteus medius)

Intraoperative complications

Table 27: Intraoperative complications - primary operations

	Yes	No	Missing	Total
2016	332 (3,9%)	7831 (93,0%)	259 (3,1%)	8422
2015	305 (3,6%)	7807 (92,9%)	294 (3,5%)	8406
2014	308 (3,8%)	7582 (92,7%)	287 (3,5%)	8177
2013	306 (3,7%)	7746 (93,2%)	257 (3,1%)	8309
2012	340 (4,0%)	7770 (92,1%)	325 (3,9%)	8435
2011	353 (4,1%)	7959 (92,6%)	287 (3,3%)	8599
2010	322 (3,9%)	7762 (92,8%)	279 (3,3%)	8363
2009	302 (3,7%)	7684 (93,1%)	272 (3,3%)	8258
2008	365 (4,4%)	7726 (92,4%)	271 (3,2%)	8362
2007	273 (3,5%)	7359 (93,5%)	238 (3,0%)	7870
2006	244 (3,3%)	7020 (93,4%)	253 (3,4%)	7517
2005	188 (3,2%)	5557 (94,5%)	134 (2,3%)	5879
Total	3638 (3,8%)	89803 (93,0%)	3156 (3,3%)	96597

Antibiotic prophylaxis

Table 28: Screw - primary fixation

	Yes	No	Missing	Total
2016	1113 (94,1%)	63 (5,3%)	7 (0,6%)	1183
2015	1165 (91,3%)	102 (8,0%)	9 (0,7%)	1276
2014	988 (85,3%)	162 (14,0%)	8 (0,7%)	1158
2013	1008 (76,3%)	307 (23,2%)	6 (0,5%)	1321
2012	1016 (68,6%)	455 (30,7%)	11 (0,7%)	1482
2011	1000 (58,9%)	682 (40,1%)	17 (1,0%)	1699
2010	952 (56,0%)	721 (42,4%)	26 (1,5%)	1699
2009	885 (50,0%)	859 (48,6%)	25 (1,4%)	1769
2008	930 (46,3%)	1050 (52,3%)	27 (1,3%)	2007
2007	905 (40,6%)	1300 (58,3%)	26 (1,2%)	2231
2006	812 (32,1%)	1663 (65,8%)	51 (2,0%)	2526
2005	533 (24,2%)	1626 (73,7%)	47 (2,1%)	2206
Total	11307 (55,0%)	8990 (43,7%)	260 (1,3%)	20557

Table 29: Hemiprosthesis - primary operations

	Yes	No	Missing	Total
2016	3408 (99,5%)	3 (0,1%)	15 (0,4%)	3426
2015	3227 (99,8%)	2 (0,1%)	5 (0,2%)	3234
2014	3183 (99,8%)	0 (0,0%)	6 (0,2%)	3189
2013	3090 (99,6%)	4 (0,1%)	9 (0,3%)	3103
2012	3134 (99,7%)	6 (0,2%)	2 (0,1%)	3142
2011	3009 (99,6%)	4 (0,1%)	9 (0,3%)	3022
2010	2803 (99,8%)	4 (0,1%)	3 (0,1%)	2810
2009	2826 (99,6%)	8 (0,3%)	3 (0,1%)	2837
2008	2487 (99,1%)	13 (0,5%)	9 (0,4%)	2509
2007	2150 (99,4%)	7 (0,3%)	6 (0,3%)	2163
2006	1665 (99,3%)	9 (0,5%)	3 (0,2%)	1677
2005	1129 (99,4%)	2 (0,2%)	5 (0,4%)	1136
Total	32111 (99,6%)	62 (0,2%)	75 (0,2%)	32248

Table 30: Hip compression screw and plate (including angle plate) - primary operations

	Yes	No	Missing	Total
2016	1871 (99,5%)	1 (0,1%)	8 (0,4%)	1880
2015	2154 (99,6%)	3 (0,1%)	5 (0,2%)	2162
2014	2227 (99,4%)	7 (0,3%)	6 (0,3%)	2240
2013	2239 (99,7%)	4 (0,2%)	2 (0,1%)	2245
2012	2462 (99,2%)	14 (0,6%)	5 (0,2%)	2481
2011	2527 (98,4%)	28 (1,1%)	12 (0,5%)	2567
2010	2583 (98,1%)	37 (1,4%)	12 (0,5%)	2632
2009	2490 (97,5%)	53 (2,1%)	10 (0,4%)	2553
2008	2377 (96,0%)	83 (3,4%)	16 (0,6%)	2476
2007	2361 (94,0%)	138 (5,5%)	13 (0,5%)	2512
2006	2343 (93,0%)	161 (6,4%)	16 (0,6%)	2520
2005	1823 (92,9%)	121 (6,2%)	18 (0,9%)	1962
Total	27457 (97,3%)	650 (2,3%)	123 (0,4%)	28230

Table 31: Intramedullary nail - primary operations

	Yes	No	Missing	Total
2016	1446 (99,5%)	1 (0,1%)	6 (0,4%)	1453
2015	1278 (99,2%)	6 (0,5%)	4 (0,3%)	1288
2014	1157 (98,6%)	5 (0,4%)	11 (0,9%)	1173
2013	1181 (98,3%)	15 (1,2%)	5 (0,4%)	1201
2012	935 (94,1%)	53 (5,3%)	6 (0,6%)	994
2011	864 (89,5%)	96 (9,9%)	5 (0,5%)	965
2010	796 (91,3%)	68 (7,8%)	8 (0,9%)	872
2009	712 (91,9%)	58 (7,5%)	5 (0,6%)	775
2008	914 (89,1%)	105 (10,2%)	7 (0,7%)	1026
2007	573 (91,1%)	54 (8,6%)	2 (0,3%)	629
2006	397 (89,0%)	48 (10,8%)	1 (0,2%)	446
2005	236 (79,5%)	56 (18,9%)	5 (1,7%)	297
Total	10489 (94,3%)	565 (5,1%)	65 (0,6%)	11119

Table 32: Reoperations

	Yes	No	Missing	Total
2016	827 (87,6%)	106 (11,2%)	11 (1,2%)	944
2015	831 (91,8%)	63 (7,0%)	11 (1,2%)	905
2014	726 (94,3%)	42 (5,5%)	2 (0,3%)	770
2013	809 (91,4%)	66 (7,5%)	10 (1,1%)	885
2012	803 (90,7%)	76 (8,6%)	6 (0,7%)	885
2011	804 (88,4%)	92 (10,1%)	14 (1,5%)	910
2010	730 (85,7%)	111 (13,0%)	11 (1,3%)	852
2009	793 (82,4%)	151 (15,7%)	18 (1,9%)	962
2008	783 (84,2%)	131 (14,1%)	16 (1,7%)	930
2007	797 (85,7%)	125 (13,4%)	8 (0,9%)	930
2006	753 (84,6%)	120 (13,5%)	17 (1,9%)	890
2005	545 (82,5%)	108 (16,3%)	8 (1,2%)	661
Total	9201 (87,4%)	1191 (11,3%)	132 (1,3%)	10524

Table 33: Type of antibiotics - primary operations (n=86720)

Antibiotics (generic name)	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
Ampicillin (Pentrexyl, Pondocillin, Doktacilin)	0,38%	0,28%	0,16%	0,25%	0,21%	0,16%	0,19%	0,22%	0,10%	0,09%
Benzylpenicillin (Penicillin G)	0,15%	0,13%	0,17%	0,05%	0,23%	0,28%	0,30%	0,28%	0,35%	0,33%
Cefalotin (Keflin)	73,40%	75,37%	76,46%	77,41%	73,46%	73,27%	74,73%	77,76%	78,01%	82,84%
Cefotaksim (Claforan)	0,23%	0,14%	0,22%	0,20%	0,33%	0,31%	0,30%	0,26%	0,19%	0,28%
Cefuroksim (Zinacef, Cefuroxim, Lifurox)	5,02%	4,55%	3,80%	3,61%	3,67%	4,31%	2,14%	0,97%	0,33%	0,28%
Ciprofloksasin (Ciproxin)	0,09%	0,05%	0,15%	0,14%	0,19%	0,19%	0,18%	0,07%	0,10%	0,03%
Dikloksacillin (Diclocil, Dicillin)	4,92%	4,92%	3,66%	1,59%	2,01%	2,25%	1,56%	0,20%	0,19%	0,15%
Gentamicin (Garamycin, Gensumycin)	0,20%	0,15%	0,06%	0,08%	0,13%	0,12%	0,04%	0,12%	0,13%	0,10%
Klindamycin (Dalacin, Clindamycin)	1,71%	2,23%	2,28%	2,49%	3,08%	3,23%	3,60%	3,78%	3,91%	4,23%
Kloksacillin (Ekvacillin)	0,61%	1,14%	2,13%	4,31%	5,69%	4,73%	5,67%	5,96%	5,45%	0,85%
Mecillinam (Selexid)	0,04%	0,03%	0,04%	0,02%	0,14%	0,09%	0,12%	0,12%	0,12%	0,07%
Metronidasol (Flagyl, Metronidazol, Elyzol)	0,04%	0,06%	0,06%	0,07%	0,10%	0,13%	0,09%	0,03%	0,06%	0,05%
Piperacillin\Tazobactam (Tazocin)	0,01%	0,03%	0,01%	0,04%	0,06%	0,06%	0,09%	0,08%	0,06%	0,18%
Other	0,43%	0,14%	0,17%	0,18%	0,27%	0,32%	0,23%	0,31%	0,18%	0,27%
Missing information	0,43%	0,34%	0,28%	0,31%	0,25%	0,21%	0,45%	0,43%	0,36%	0,29%

Pharmacological antithrombotic prophylaxis

Table 34: Primary operation

	Yes	No	Missing	Total
2016	8207 (97,5%)	182 (1,9%)	32 (0,6%)	8422
2015	8204 (97,6%)	168 (1,8%)	34 (0,6%)	8406
2014	7962 (97,4%)	191 (1,9%)	24 (0,7%)	8177
2013	8162 (98,2%)	139 (1,3%)	8 (0,4%)	8309
2012	8308 (98,5%)	125 (1,1%)	2 (0,4%)	8435
2011	8488 (98,7%)	92 (1,0%)	19 (0,3%)	8599
2010	8238 (98,5%)	94 (1,1%)	31 (0,4%)	8363
2009	8150 (98,7%)	78 (0,9%)	30 (0,4%)	8258
2008	8218 (98,3%)	112 (1,3%)	32 (0,4%)	8362
2007	7707 (97,9%)	135 (1,7%)	28 (0,4%)	7870
2006	7274 (96,8%)	197 (2,6%)	46 (0,6%)	7517
2005	5736 (97,6%)	117 (2,0%)	26 (0,4%)	5879
Total	94654 (98,0%)	1630 (1,7%)	312 (0,3%)	96597

Table 35: Number of drugs in antithrombotic prophylaxis

	One drug	Two drugs	Total
2016	8031 (97,9%)	176 (2,1%)	8207
2015	7957 (97,0%)	247 (3,0%)	8204
2014	7745 (97,3%)	217 (2,7%)	7962
2013	7902 (96,8%)	260 (3,2%)	8162
2012	8134 (97,9%)	174 (2,1%)	8308
2011	8402 (99,0%)	86 (1,0%)	8488
2010	8204 (99,6%)	34 (0,4%)	8238
2009	8132 (99,8%)	18 (0,2%)	8150
2008	8202 (99,8%)	16 (0,2%)	8218
2007	7692 (99,8%)	15 (0,2%)	7707
2006	7259 (99,8%)	15 (0,2%)	7274
2005	5715 (99,6%)	21 (0,4%)	5736
Total	93375 (98,6%)	1279 (1,4%)	94654

Table 36: Antithrombotic prophylaxis if one drug - primary operation (n=93378)

	2005-07	2008	2009	2010	2011	2012	2013	2014	2015	2016
Dalteparin (Fragmin)	51,80%	63,72%	51,94%	61,32%	62,97%	62,93%	53,35%	51,03%	59,82%	64,90%
Enoksaparin (Klexane)	47,92%	35,98%	47,70%	38,37%	36,62%	36,33%	45,68%	48,04%	39,11%	34,13%
Other	0,06%	0,13%	0,18%	0,18%	0,09%	0,05%	0,26%	0,37%	0,46%	0,40%
Missing information	0,19%	0,18%	0,17%	0,12%	0,31%	0,70%	0,68%	0,56%	0,62%	0,60%

Table 37: Time of first dose in antithrombotic prophylaxis - primary operation

	Preoperatively	Postoperatively	Missing	Total
2016	2581 (31,5%)	4707 (57,4%)	920 (11,2%)	8208
2015	2633 (32,1%)	4693 (57,2%)	878 (10,7%)	8204
2014	2618 (32,9%)	4475 (56,2%)	869 (10,9%)	7962
2013	2819 (34,6%)	4351 (53,3%)	992 (12,1%)	8162
2012	3108 (37,4%)	4132 (49,8%)	1068 (12,9%)	8308
2011	3322 (39,2%)	4060 (47,8%)	1106 (9,8%)	8488
2010	3309 (40,2%)	3585 (43,5%)	1344 (10,5%)	8238
2009	3760 (46,2%)	3046 (37,4%)	1344 (12,1%)	8150
2008	3509 (42,7%)	2973 (36,2%)	1736 (16,3%)	8218
2007	2925 (38,0%)	2968 (38,5%)	1814 (17,6%)	7707
2006	2931 (40,4%)	2058 (28,3%)	2285 (19,6%)	7274
2005	2188 (38,7%)	44 (0,8%)	3504 (26,7%)	5736
Total	35703 (37,7%)	41092 (43,4%)	17860 (18,9%)	94655

DURATION OF SURGERY

Figure 13: Duration of surgery for the different types of operations

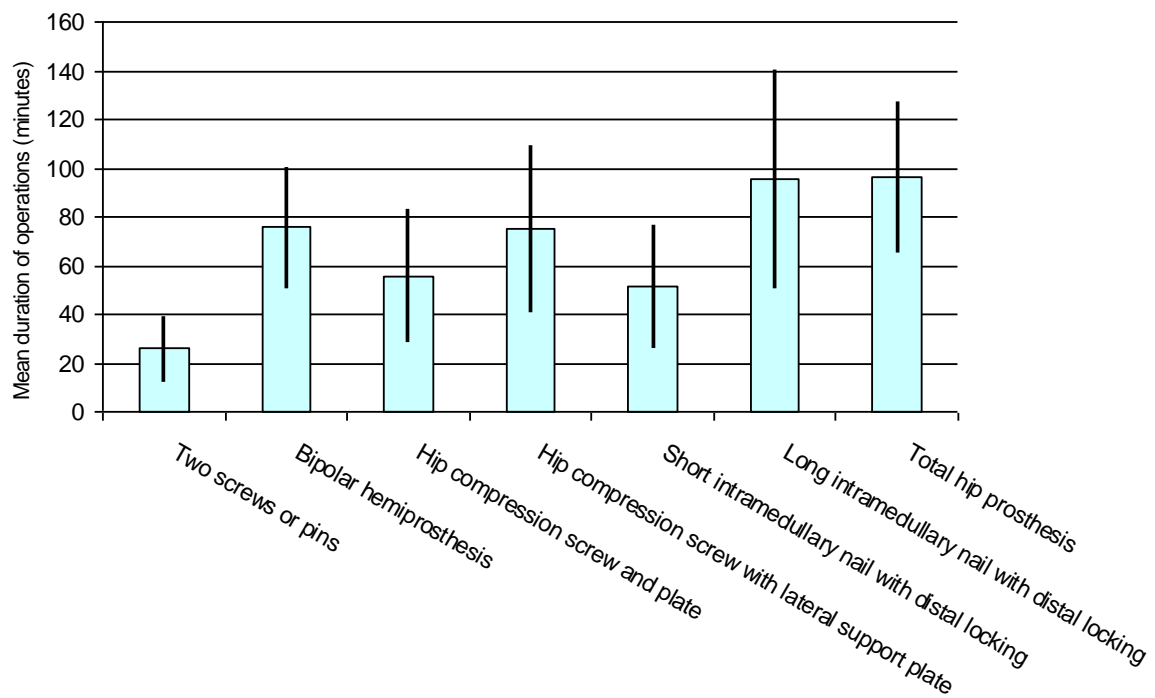


Table 38: Duration of surgery for the different types of operations

Type of operations	Total	Mean duration of operations (minutes)	Standard deviation
Two screws or pins	19015	26	13
Bipolar hemiprosthesis	30735	76	25
Hip compression screw and plate	18880	56	27
Hip compression screw with lateral support plate	8107	75	34
Short intramedullary nail with distal locking	6665	52	25
Long intramedullary nail with distal locking	3512	96	45
Total hip prosthesis	2460	97	31

PROM (Patient Reported Outcome Measures)

Table 39: Number of issued and answered patient questionnaires

	4 months *			12 months *			36 months *			Total		
	Issued	Answered	(%)	Issued	Answered	(%)	Issued	Answered	(%)	Issued	Answered	(%)
2016	7016	3958	(56,4%)	6077	3251	(53,5%)	4206	2321	(55,2%)	17299	9530	(55,1%)
2015	6919	3980	(57,5%)	5844	3257	(55,7%)	4385	2392	(54,5%)	17148	9629	(56,2%)
2014	6818	3825	(56,1%)	6003	3272	(54,5%)	4332	2350	(54,2%)	17153	9447	(55,1%)
2013	6904	3955	(57,3%)	6096	3515	(57,7%)	4443	2439	(54,9%)	17443	9909	(56,8%)
2012	7575	4202	(55,5%)	6784	3816	(56,3%)	1789	1050	(58,7%)	16148	9068	(56,2%)
2011	6459	3555	(55,0%)	5553	3118	(56,1%)	1411	816	(57,8%)	13423	7489	(55,8%)
2010	4985	2826	(56,7%)	2264	1308	(57,8%)	3752	2134	(56,9%)	11001	6268	(57,0%)
2009	2554	1484	(58,1%)	2360	1363	(57,8%)	4095	2207	(53,9%)	9009	5054	(56,1%)
2008	2273	1305	(57,4%)	1904	1086	(57,0%)	3180	1817	(57,1%)	7357	4208	(57,2%)
2007	3503	1967	(56,2%)	5069	2837	(56,0%)				8572	4804	(56,0%)
2006	6160	3607	(58,6%)	4848	2787	(57,5%)				11008	6394	(58,1%)
2005	2817	1641	(58,3%)							2817	1641	(58,3%)
Total	63983	36305	(56,7%)	52802	29610	(56,1%)	31593	17526	(55,5%)	148378	83441	(56,2%)

* The register sends questionnaires to patients 4, 12 and 36 months post-operatively

Figures 13-20 present patient-reported data collected on questionnaires 4, 12, and 36 months postoperative.

Figure 13: Mean EQ-5D-3L index score for different fracture types. An index score of 1 represents the best possible health state and 0 represents a health state similar to death.

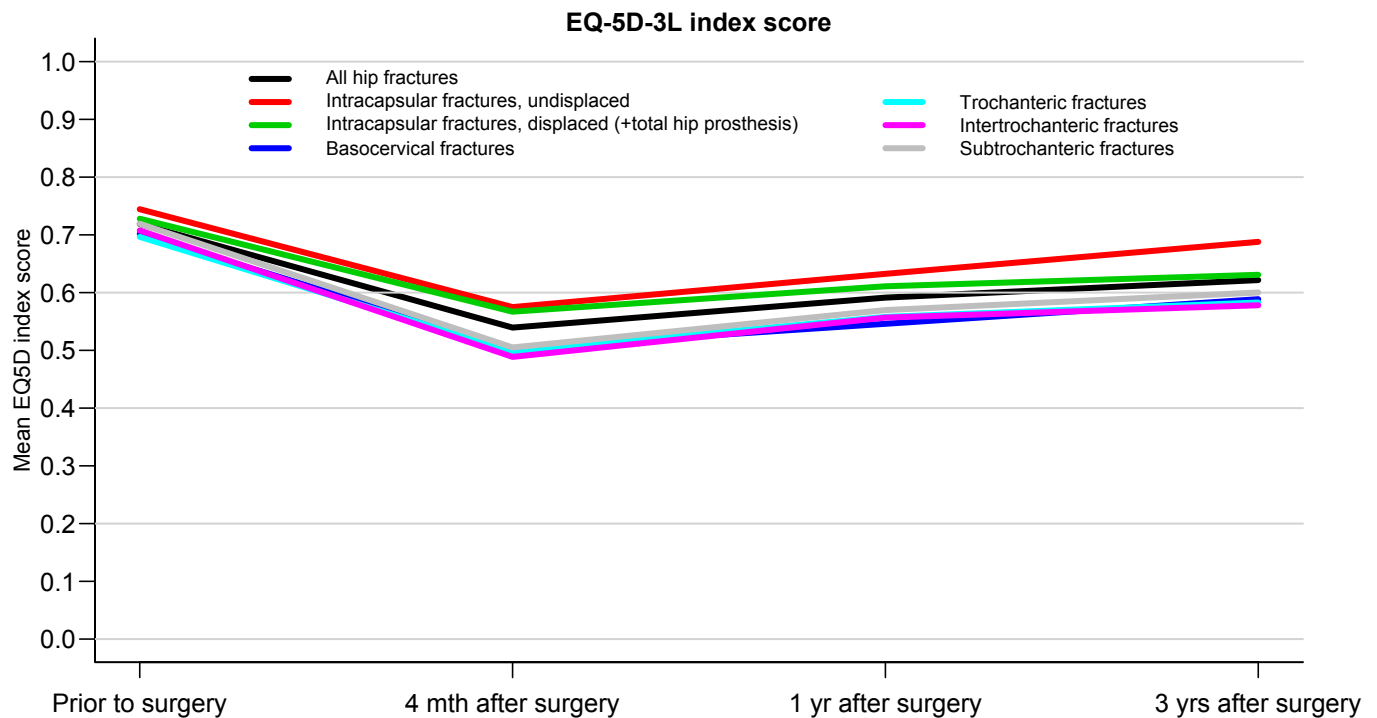


Figure 14: Mean EQ-5D-3L index score for different operation methods. An index score of 1 represents the best possible health state and 0 represents a health state similar to death.

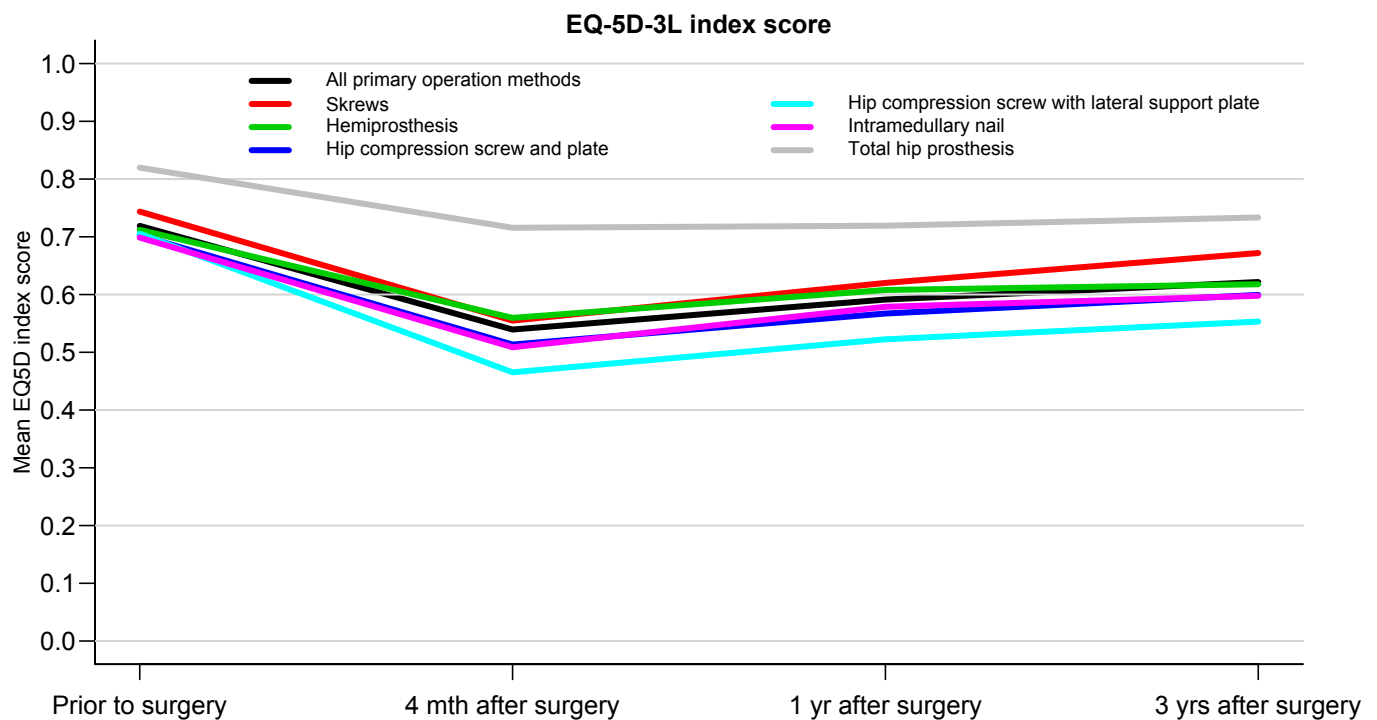


Figure 15: Walking ability derived from the first dimension of EQ-5D-3L for different fracture types. The figure shows the proportion of patients reporting «I have some problems in walking about» or «I am confined to bed» at different follow-ups.

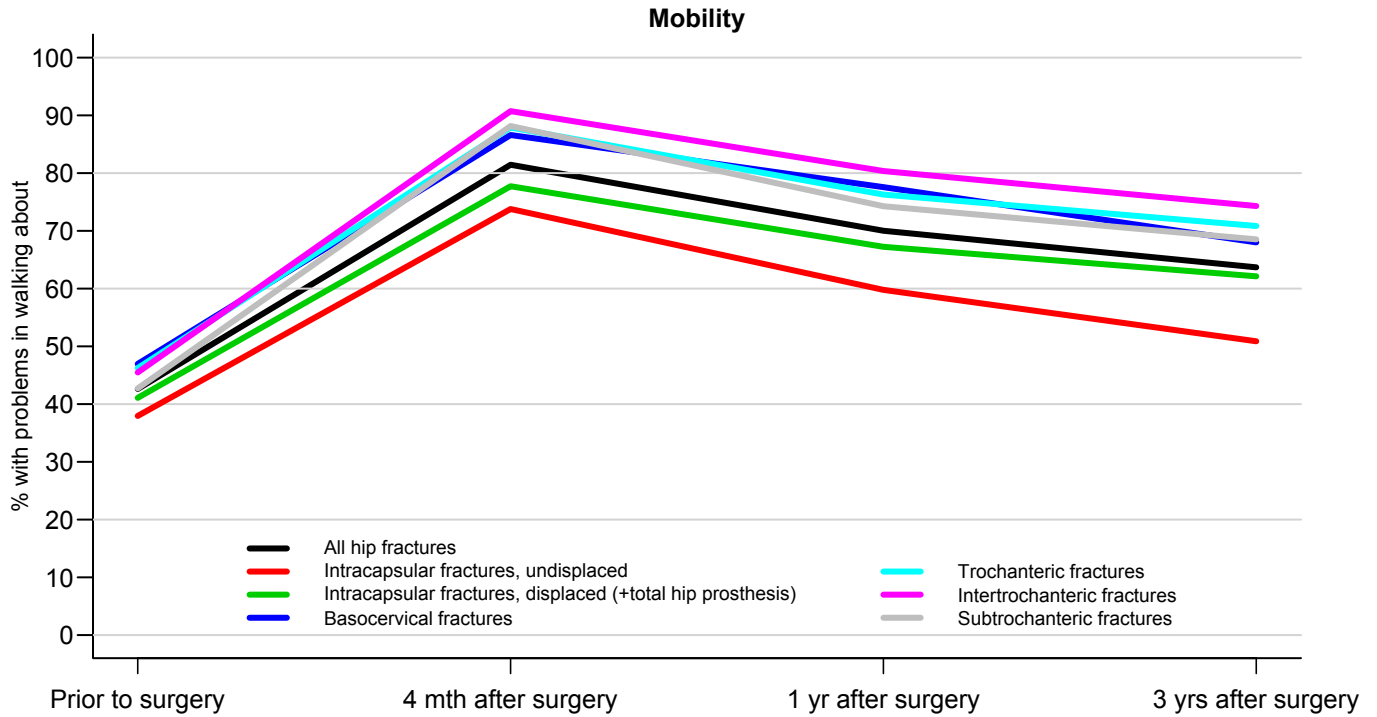


Figure 16: Walking ability derived from the first dimension of EQ-5D-3L for different operation methods. The figure shows the proportion of patients reporting «I have some problems in walking about» or «I am confined to bed» at different follow-ups.

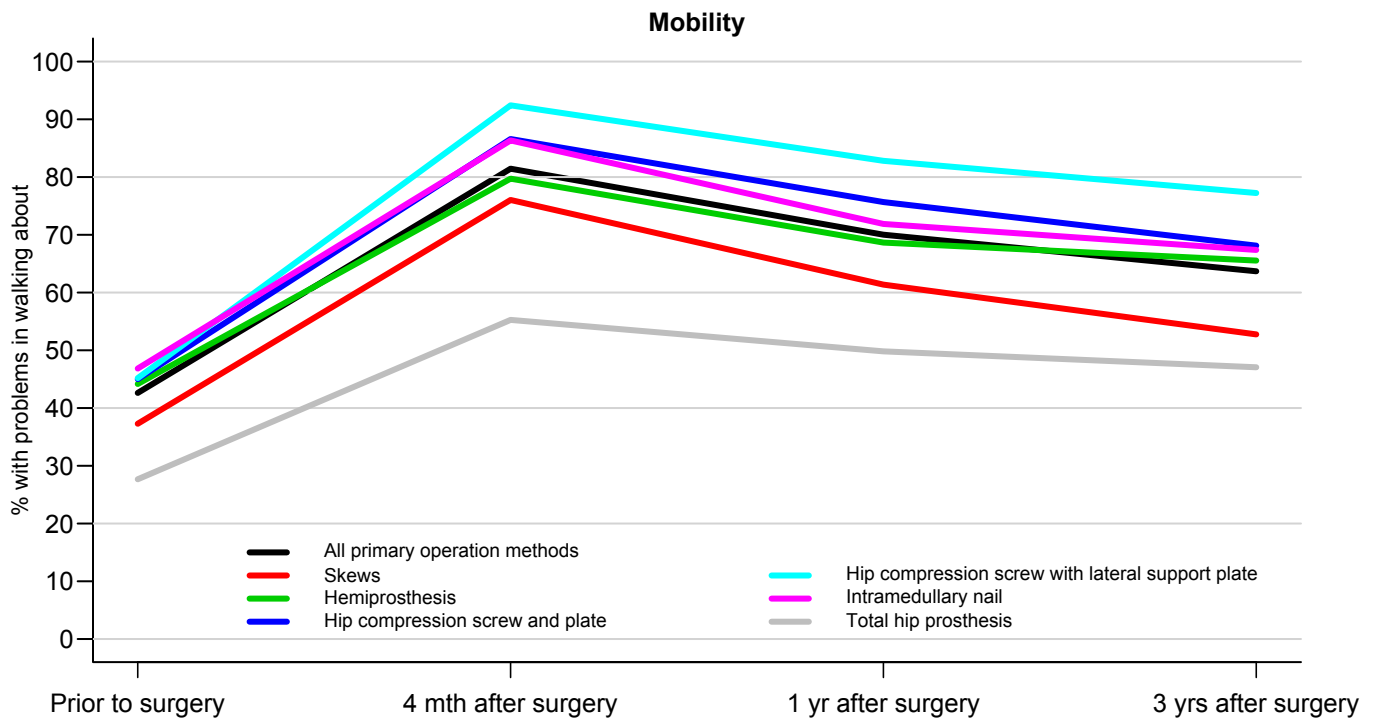


Figure 17: Pain derived from the fourth dimension of EQ-5D-3L for different fracture types.
 The figure shows the proportion of patients reporting «I have moderate pain or discomfort» or «I have extreme pain or discomfort» at different follow-ups.

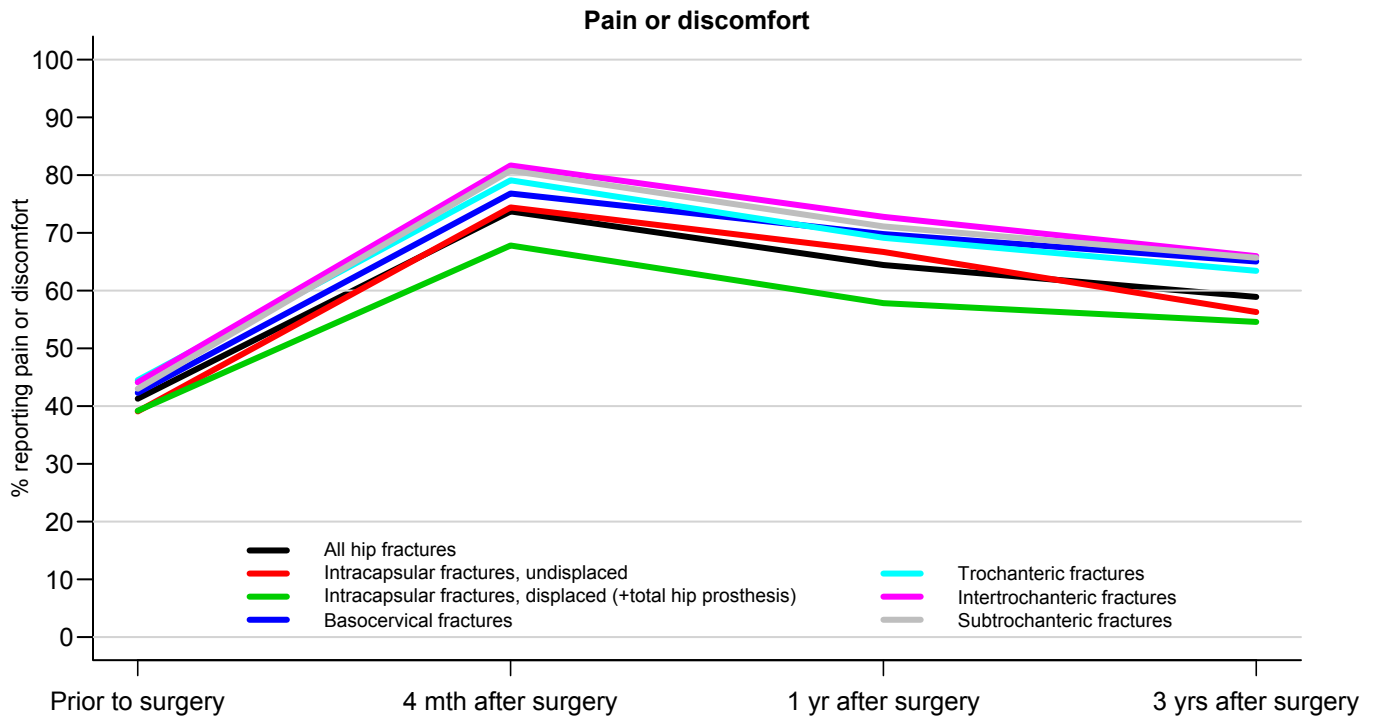


Figure 18: Pain derived from the fourth dimension of EQ-5D-3L for different operation methods.
 The figure shows the proportion of patients reporting «I have moderate pain or discomfort» or «I have extreme pain or discomfort» at different follow-ups.

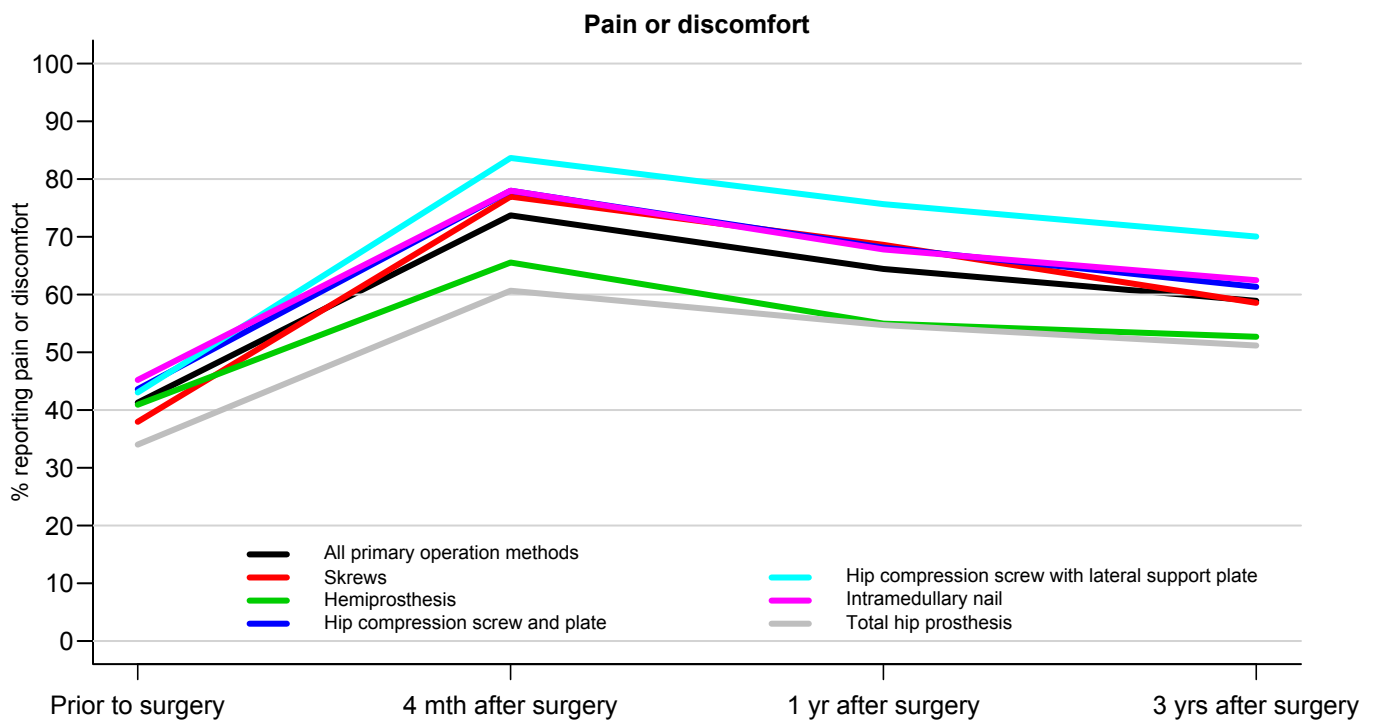


Figure 19: Satisfaction with the result of the operation for different fracture types at different follow-ups. The figure shows the proportion of patients reporting to be satisfied or very satisfied (0-40 points on a visual analogue scale where the value 0 indication very satisfied and 100 indicating very dissatisfied).

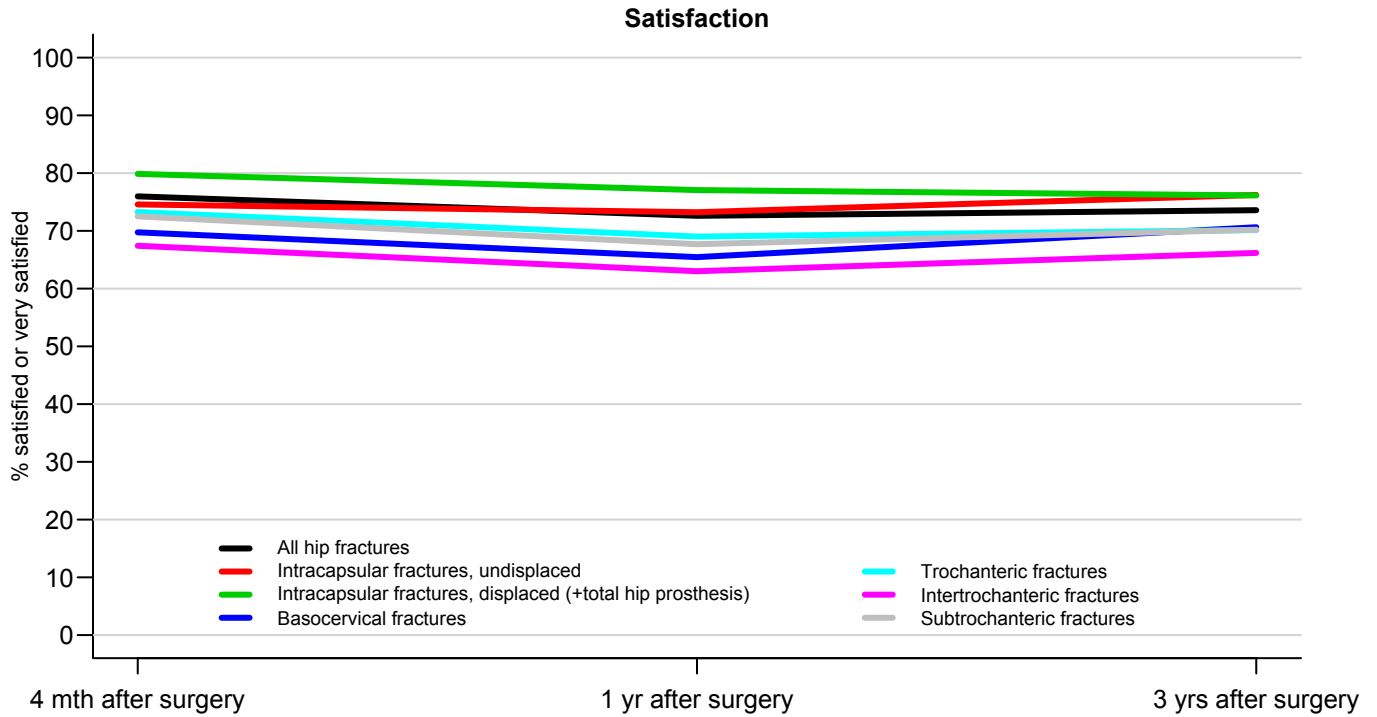
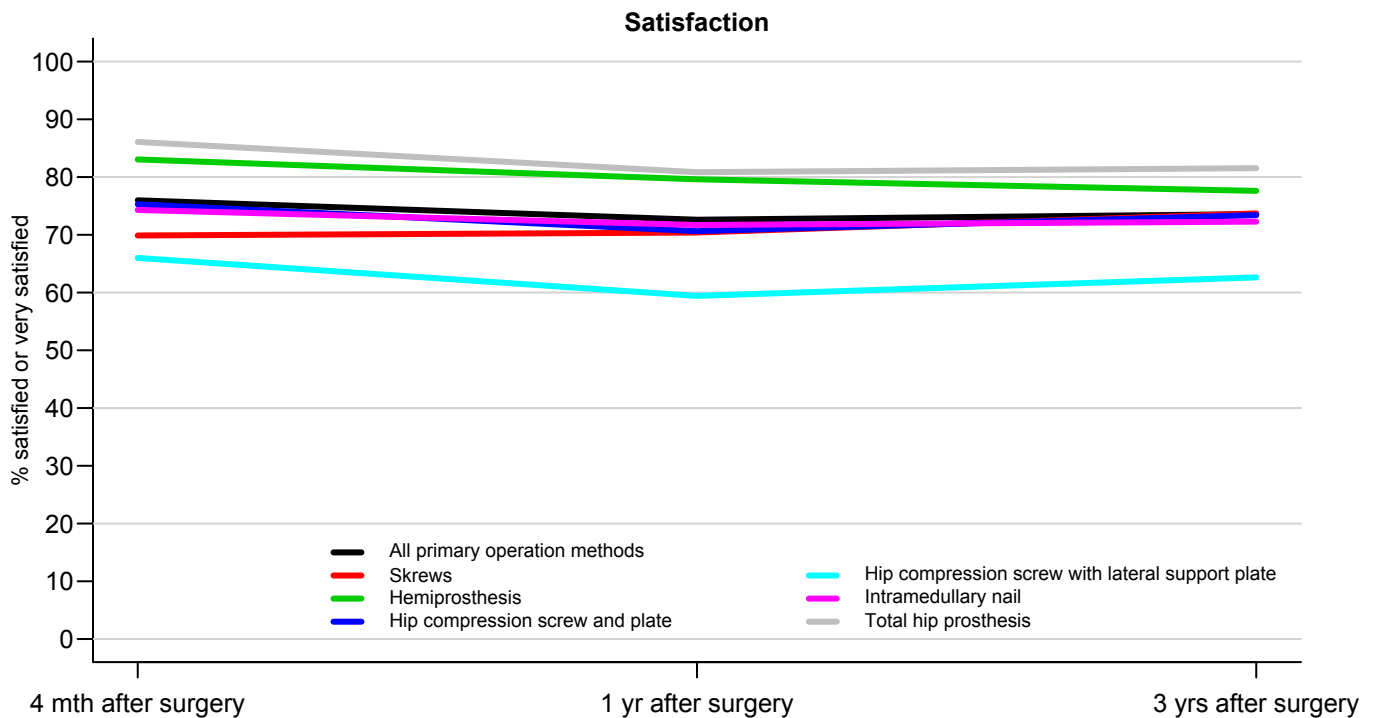


Figure 20: Satisfaction with the result of the operation for different operation methods at different follow-ups. The figure shows the proportion of patients reporting to be satisfied or very satisfied (0-40 points on a visual analogue scale where the value 0 indication very satisfied and 100 indicating very dissatisfied).



Hospital data

The Norwegian Hip Fracture register is required to publish hospital data. These data are presented in the annual report to SKDE which is available on www.kvalitetsregistre.no. Figures 21 to 25 present updated results for the different hospitals for operations performed in the period 2014-2016.

Figure 21: Number of primary operations in 2016

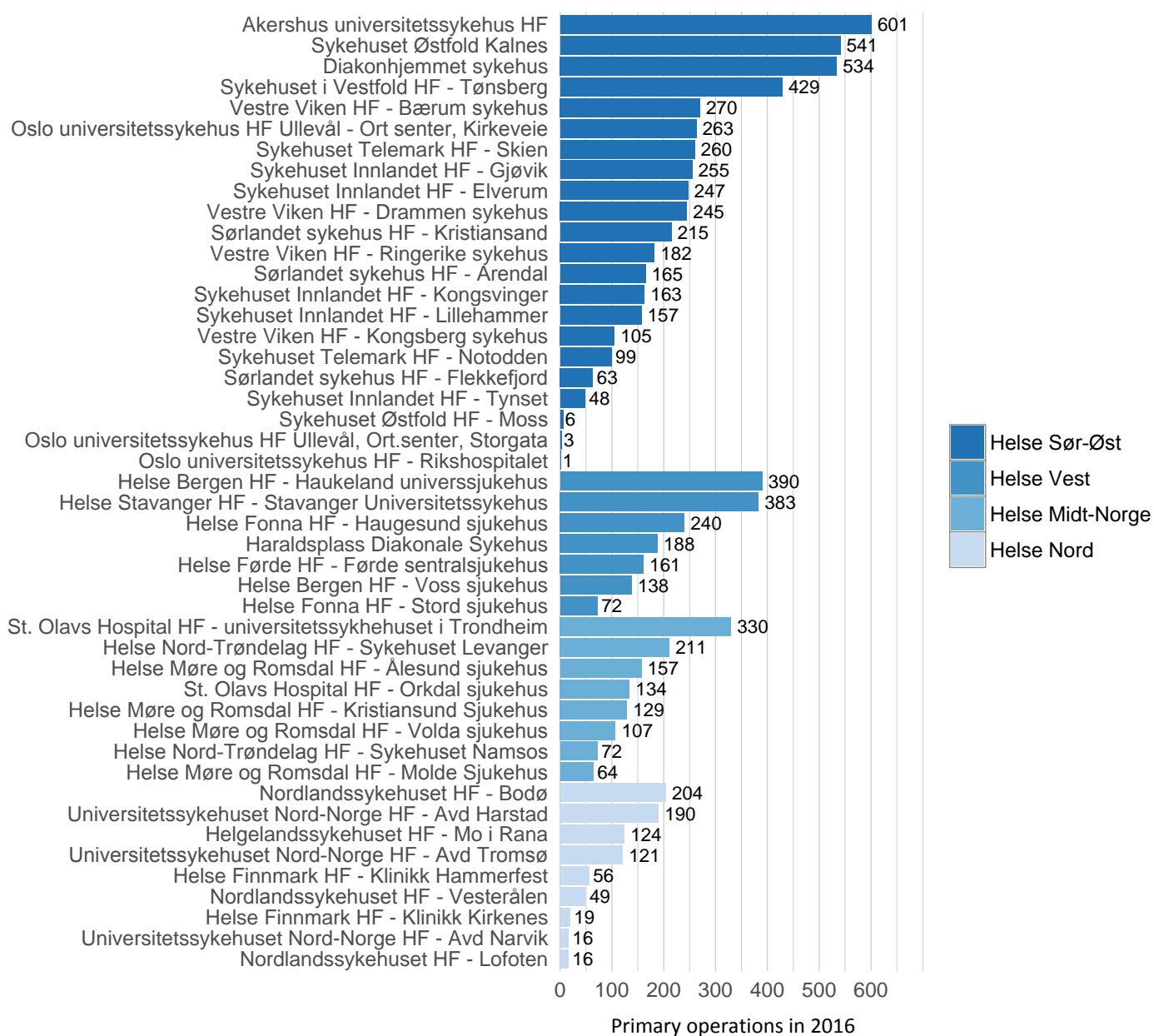


Figure 22: Treatment of displaced femoral neck fracture in patients over 70 years of age. The figure shows the proportion of patients treated with screw osteosynthesis/hemiprosthesis/total hip prosthesis at each hospital in the period 2014-2016. Hospitals with n<10 have been excluded.

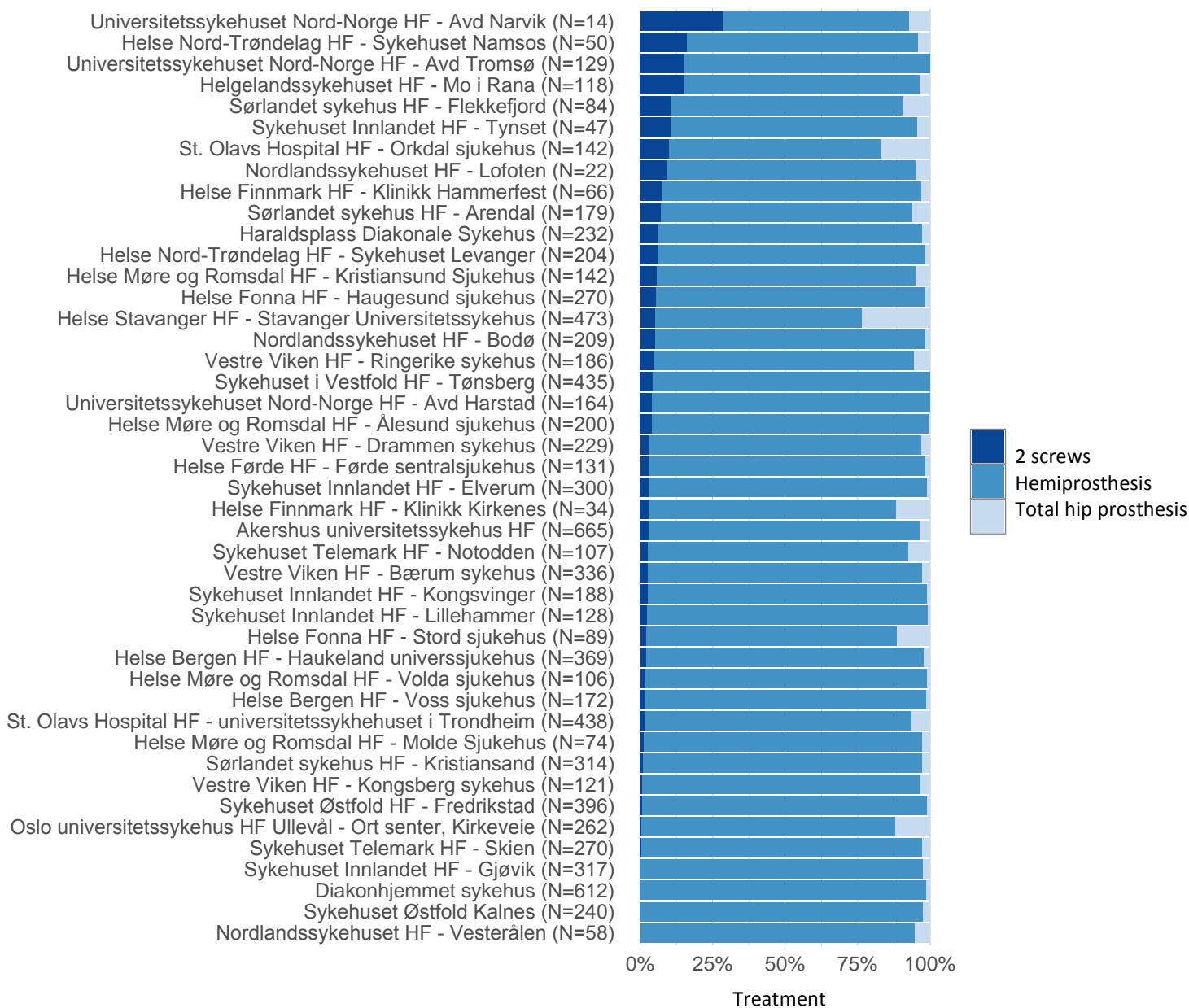


Figure 23: Reoperations after all types of hip fractures 2014-2016. The figure shows the proportion of patients not reoperated at each hospital. Hospitals with n<10 have been excluded.

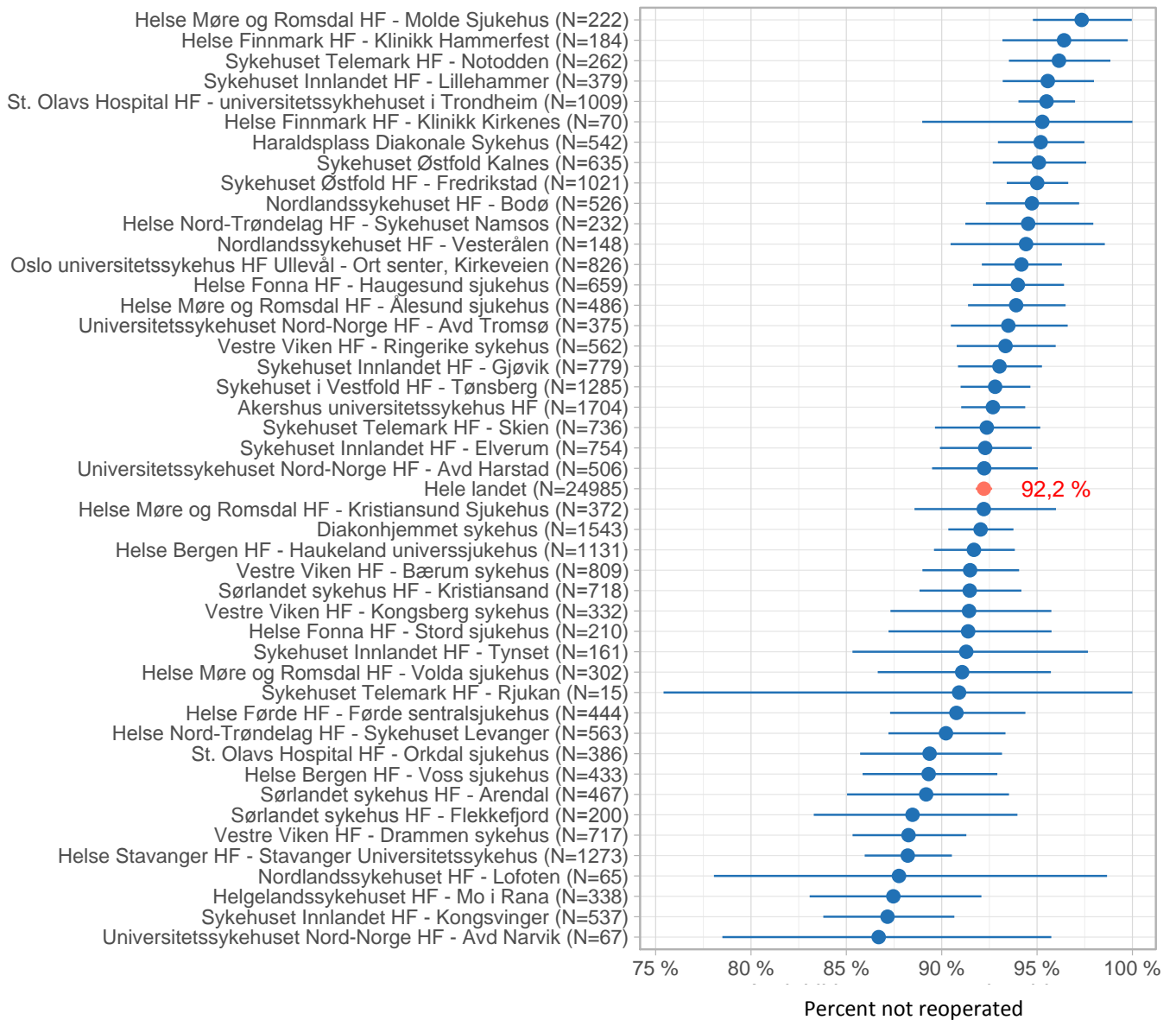


Figure 24: Reoperations after displaced femoral neck fractures in patients over 70 years of age, regardless of type of primary operation. The figure shows the proportion of patients not reoperated at each hospital. Hospitals with n<10 have been excluded.

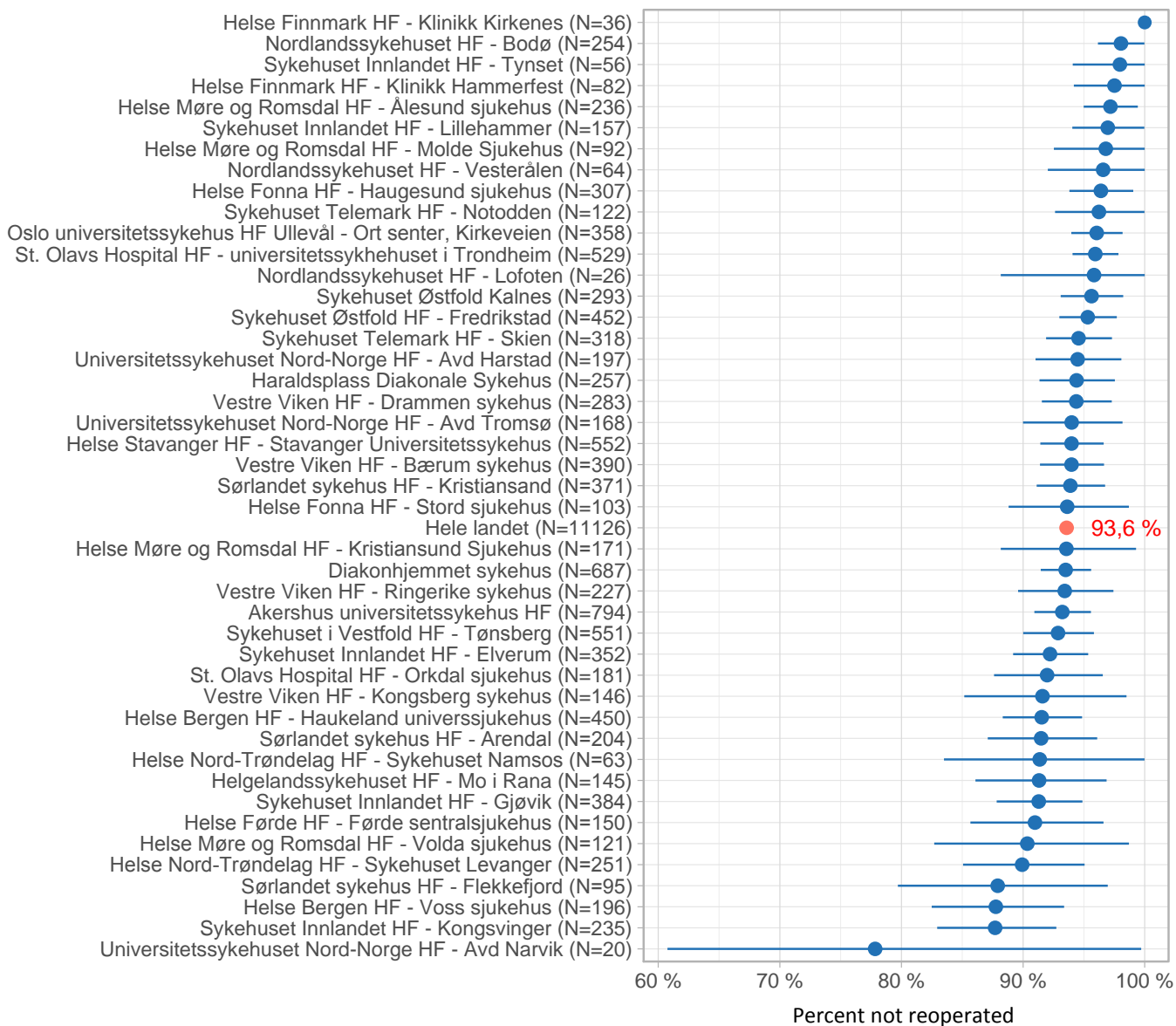
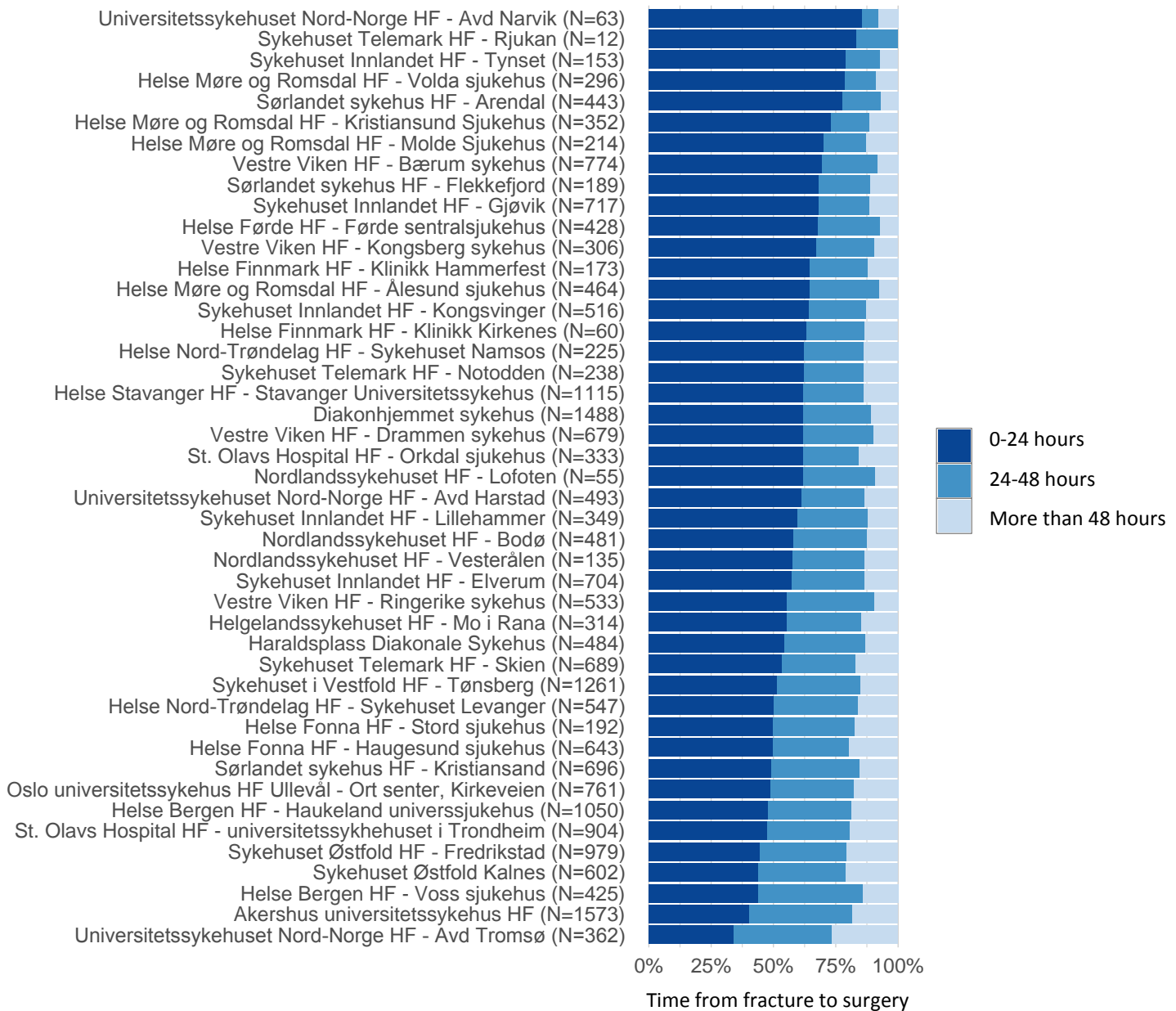


Figure 25: Waiting time from fracture to surgery. The figure shows waiting time, sorted by proportion of fractures treated within 24 hours after the fracture at the different hospitals in the period 2014-2016. Hospitals with n<10 have been excluded.



Completeness analysis for the Norwegian Hip Fracture Register, 2013-2014

A completeness analysis has been conducted for the Norwegian Hip Fracture Register (NHFR) for primary operations (osteosynthesis, partial and total arthroplasty) and revisions (following primary osteosynthesis, partial and total arthroplasty for hip fractures) performed in the period 2013-14. A report and analysis have been prepared by the Norwegian Patient Register (NPR) in cooperation with the NHFR. A report on the implementation and results will be published at www.helsedirektoratet.no.

Formulae for completeness rates:

$$\text{Completeness rate NHFR} = \frac{\text{Only NHFR} + \text{Inclusion in both registers}}{\text{Only NPR} + \text{Only NHFR} + \text{Inclusion in both registers}}$$

$$\text{Completeness rate NPR} = \frac{\text{Only NPR} + \text{Inclusion in both registers}}{\text{Only NHFR} + \text{Only NPR} + \text{Inclusion in both registers}}$$

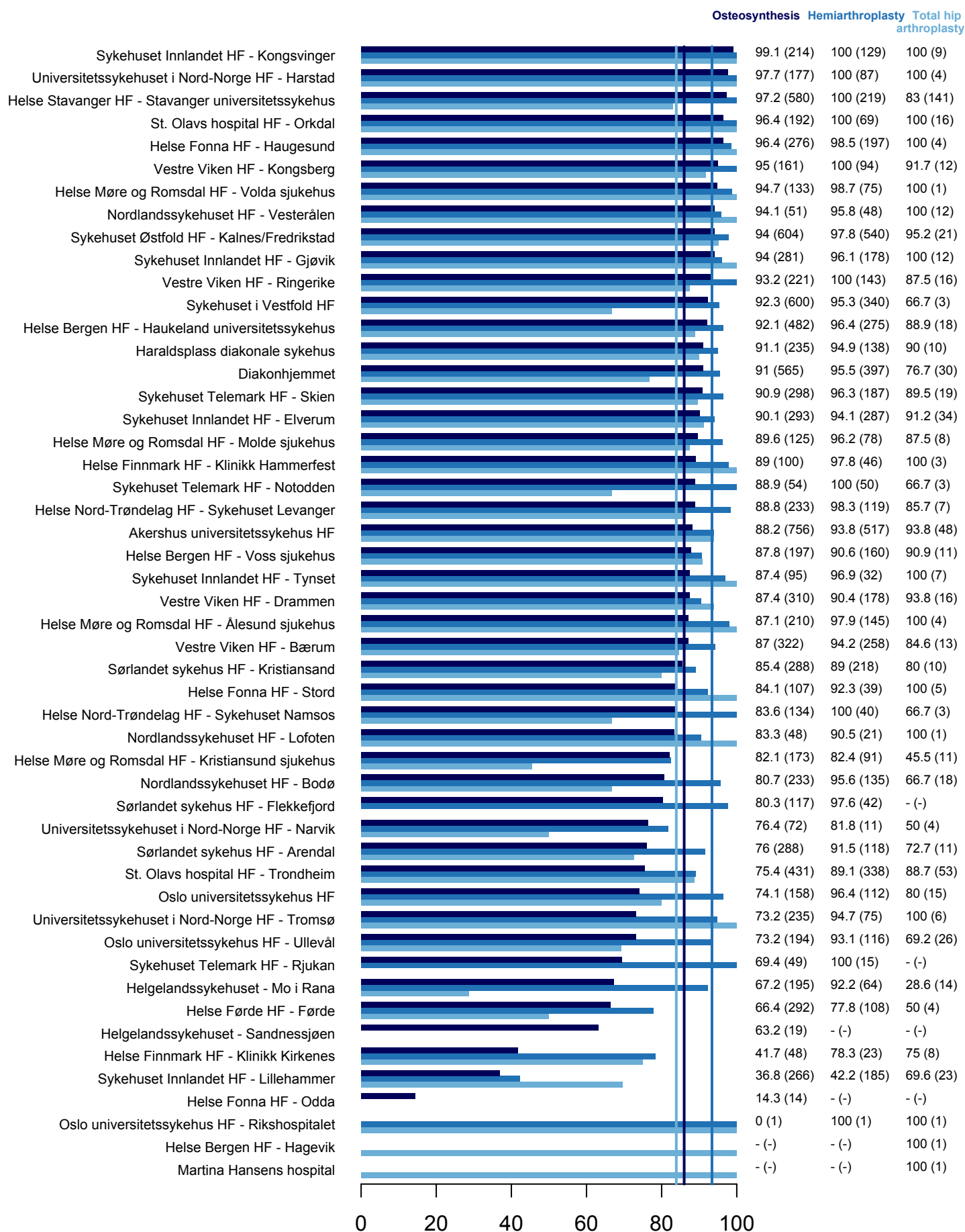
For details of the NSCP and ICD-10 codes used when extracting data from the NPR for comparison of primary and revision surgery in the NHFR and for the complete results, please consult the Completeness Analysis Report, which will be published at www.helsedirektoratet.no.

Primary hip fracture surgery. Information in the NHFR showed a high degree of agreement with the information in the NPR. Completeness for osteosynthesis was 86.0%, for hemiarthroplasty 93.4% and for total arthroplasty 83.9%. However, there are considerable variations in completeness between hospitals. Over 1/3 of hospitals have under 80%, which we consider very low. One explanation for low completeness rates in NHFR may be patients not giving consent to registration of the data. The differences between rates for primary osteosynthesis, hemiarthroplasty and total arthroplasty show that this cannot be the only cause and that hospitals must improve their reporting of primary hip fracture surgery with the correct diagnostic and procedure codes. Completeness for primary total hip arthroplasty for fractures is lower than completeness for all total arthroplasties reported to the Norwegian Arthroplasty Register (NAR). We believe that part of the reason is coding practices and we are currently investigating this further.

Revisions. The information in the NHFR did not agree with NPR data as well as for primary surgery. Completeness for reoperations after osteosynthesis was 65.4%, after hemiarthroplasty 67.9%, and after total arthroplasty 94.1%. The overall rate for reoperations was 69.5%. It has been particularly challenging to perform completeness analyses for reoperations. The fact that the NPR does not specify left or right side leads to some uncertainty in the analysis. Furthermore, coding of revisions reported to the NPR is often imprecise or incorrect. Low completeness may mean that the revision form was not sent to the NHFR or that the surgery was incorrectly coded in the NPR. We would like to point out that all revisions of partial and total arthroplasty due to infection (including those where prosthetic parts are not changed or removed) must be reported on a form to the NHFR or NRL. These must be given the codes NFS 19, NFS 49 or NFW 69.

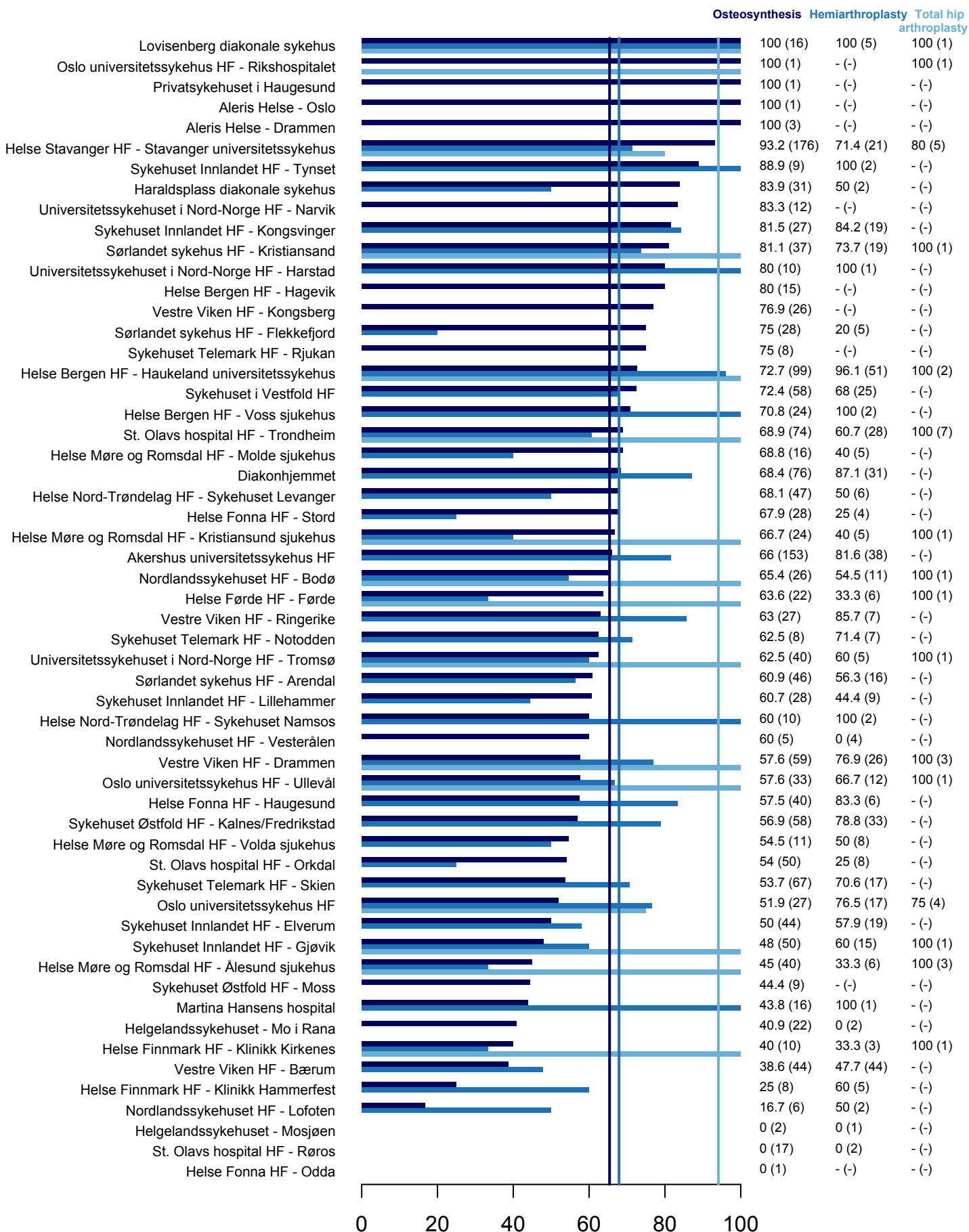
The following pages show the hospital-based completeness analysis for primary operations and reoperations. We urge hospitals with low completeness to review their coding practices and routines in reporting to the registers.

Completeness analysis for primary operations for Hip Fractures 2013-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for osteosynthesis. Medium blue bars and second number to the right of the bars gives completeness of reporting for hemiarthroplasty. Light blue bars and third number to the right of the bars gives completeness of reporting for total hip arthroplasty. The numbers in parenthesis gives the number of operations registered at both NHFR and NPR. Vertical lines shows the national averages.

Completeness analysis for reoperations after Hip Fractures 2013-2014



Dark blue bars and first number to the right of the bars gives completeness of reporting for osteosynthesis. Medium blue bars and second number to the right of the bars gives completeness of reporting for hemiarthroplasty. Light blue bars and third number to the right of the bars gives completeness of reporting for total hip arthroplasty. The numbers in parenthesis gives the number of operations registered at both NHFR and NPR. Vertical lines shows the national averages.

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NORWEGIAN CRUCIATE LIGAMENT REGISTER 2017 ANNUAL REPORT

SKDE (The Centre for Clinical Documentation and Evaluation) has a strong influence on our everyday work. SKDE requires an annual report with results from the various hospitals to be published on the website of the Service Centre and easily available to anyone who wishes to consult it (<https://www.kvalitetsregistre.no/registers/nasjonalt-korsbandregister>). The challenge here may be to explain certain results that seem somehow unrelated. In the information on the number of ACL reconstructions, quite a few hospitals report between two and nine ACL reconstructions per year. This figure is so low that it is probably not advisable to operate on so few patients, and referring these patients to a higher volume hospital should be considered.

There has been a great deal of discussion about the publication of results. This should be now be laid to rest; it has been decided that results are to be published and in the future we should concentrate on providing the public with good information and helpful responses to queries, and pursuing any questions that may arise. We live in an age of openness and should definitely view this in a positive light.

SKDE will probably also require revision rates, infection rates and KOOS scores to be published from the various hospitals. Only our register has good information on revision rates. The same procedure code is used for reconstruction of ACL and revision of ACL. For this reason, NPR will not receive details of the revisions. We therefore do not know compliance for revisions. We have received an inquiry about this and I have stated that it is desirable to have a separate procedure code for revisions of ACL.

At Haukeland University Hospital, we have begun electronic registration of the ACL form filled out by doctors. In order to enter the correct fixation devices, we use a barcode scanning system that works very well. For authentication, we use either an SMS code or identification with a chip in the ID card, which is also used for e-prescriptions. Authentication via SMS is only possible if the person has his or her own mobile phone. When logging in, the person receives a four-digit code to be used for access and to enter the data. This also works well. When the data have been entered, they are collated, and the forms can be submitted to the database.

Work on the electronic form has taken somewhat longer than expected, partly to correct mistakes discovered, but also to wait for the website to be produced in new versions. The scanning system has not yet been fully clarified with the supplier.

The biggest change in the Cruciate Ligament Register is that efforts are now being made to include non-operated patients. This is the so-called “non-op study” by Guri Ekås. This is a multi-centre study that follows patients with ACL ruptures to see how they manage in the future. When the electronic form for non-operated patients has been produced, the electronic registration pilot will be expanded to centres that have considerable primary contact with ACL injuries. Injuries within the past six months will be recorded and the patients followed in the same way as primary operated patients, using KOOS.

With regard to the KOOS forms, it has been unclear how these have been sent out in relation to revisions. If a revision of an ACL reconstruction is reviewed, the KOOS forms should be

sent out again after the revision at 2, 5 and 10 year intervals. It is emphasised that this takes place from the date of the revision. Then the forms will not be sent out after the original ACL reconstruction. Here routines must be changed and improved.

In the presentation of the results, we have changed the diagrams to bar charts, which are easier to view and relate to.

In 2016, a total of 1825 primary ACL reconstructions and 195 revisions were performed. So-called “other procedures” are treatments after a primary reconstruction; there were 210 of these. There has obviously been underreporting here. The explanation is probably that these operations are performed in places and under circumstances where those involved are not so concerned that the patient has had a previous ACL reconstruction. This is a general problem in corresponding registers. It also means that important information is lacking.

We have regularly had information in “Norsk ortopedpost” in the form of “News from the Cruciate Ligament Register”. This is general information about what is happening in the Register, and we find it a useful place to provide such information.

Our coverage rate has been just under 80%. That is not satisfactory, and we must attempt to raise this.

Patient consent is an absolute requirement. The patient must fill out the consent form and the form must be stored outside the hospital’s patient record. We have been in contact with lawyers from the Data Protection Office, and the requirement is that the statement of consent must not be kept in the patient record. It must be stored separately, in a secure, lockable cabinet inside a locked door. The statement of consent must be available on request. This is until now an absolute requirement.

The operation forms are required to be submitted to the Register. Please refer to “bestillingsdokumentet” (ordering document) from the Ministry of Health and Care Services, and if this has not been done, the hospital director must be contacted. It is optional for the patient to give consent for a form to be filled out.

There are currently many national and international projects based on the Cruciate Ligament Register. A follow-up study from previous two-year results in a Scandinavian cohort is now including results after five and ten years for ACL reconstructed patients with knees with simultaneous meniscus and cartilage damage.

There will be a study of risk of revision in relation to activity at the time of injury, while another project is looking into the significance of BMI and graft thickness for revision risk in hamstring ACLR.

Another study is exploring re-revisions and the effect of possible predictors of this.

In an REK-approved student thesis at the University of Bergen, data is being collected for the validation of data in the Cruciate Ligament Register and KOOS results.

In addition, the Register is collaborating with the Swedish register on a study of revision factors and predictors of patient-related outcomes, and also on a comparison of baseline data between a number of ACL registers, led by Kaiser Permanente (USA).

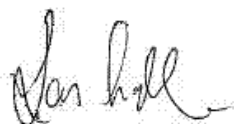
Endre Søreide et al. have published an article in AJSM concerning revision risk in relation to reported use of NSAIDs.

Jon H Røtterud et al. have published an article in AJSM, where they examine two-year follow-up of a cohort of ACL patients from Norway and Sweden.


Svend Ulstein et al. have published an article showing no negative effect on PROMs for simultaneous cartilage injuries 5-9 years after ACLR.

Many thanks to all of you who send in the form regularly.

Bergen, 16.06.2017



Lars Engebretsen
Chairman of the Steering Committee



Knut Fjeldsgaard
Chief Physician

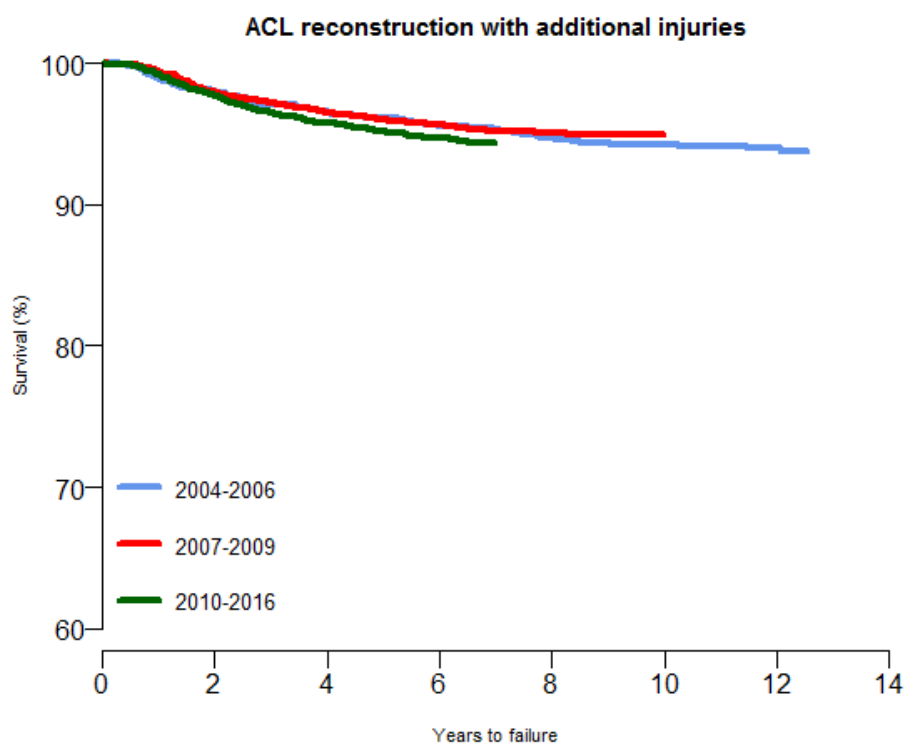
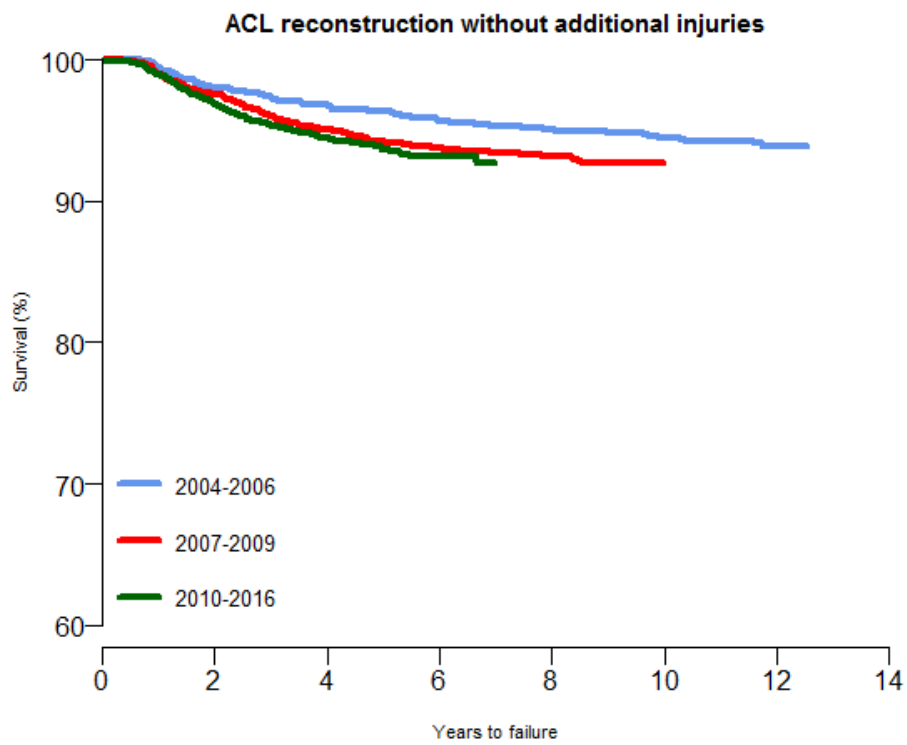


Irina Kvinnesland
IT Consultant



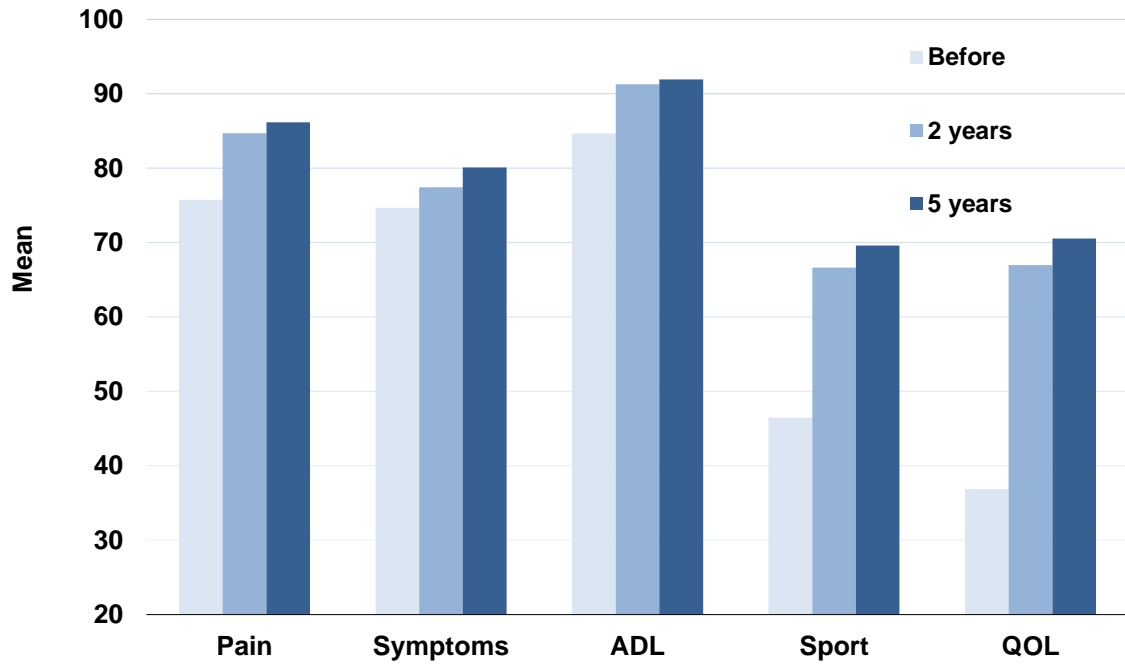
Stein Håkon Låstad Lygre
Biostatistician

Survival of cruciate ligament operations

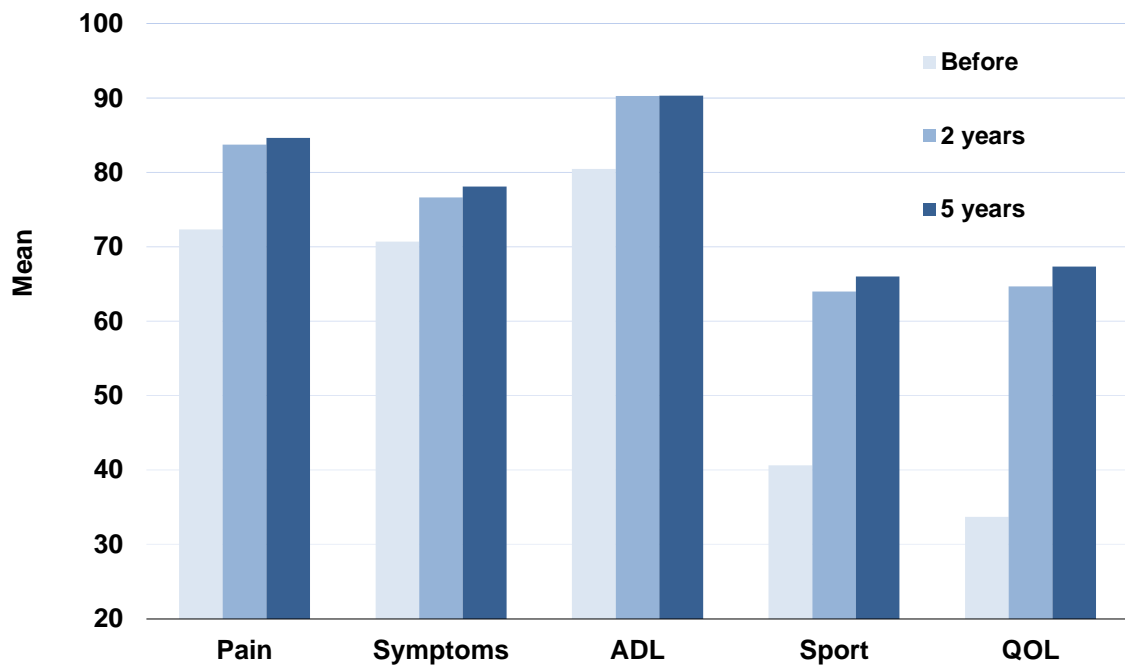


Survival estimate is given as long as >20 reconstructions remains at risk

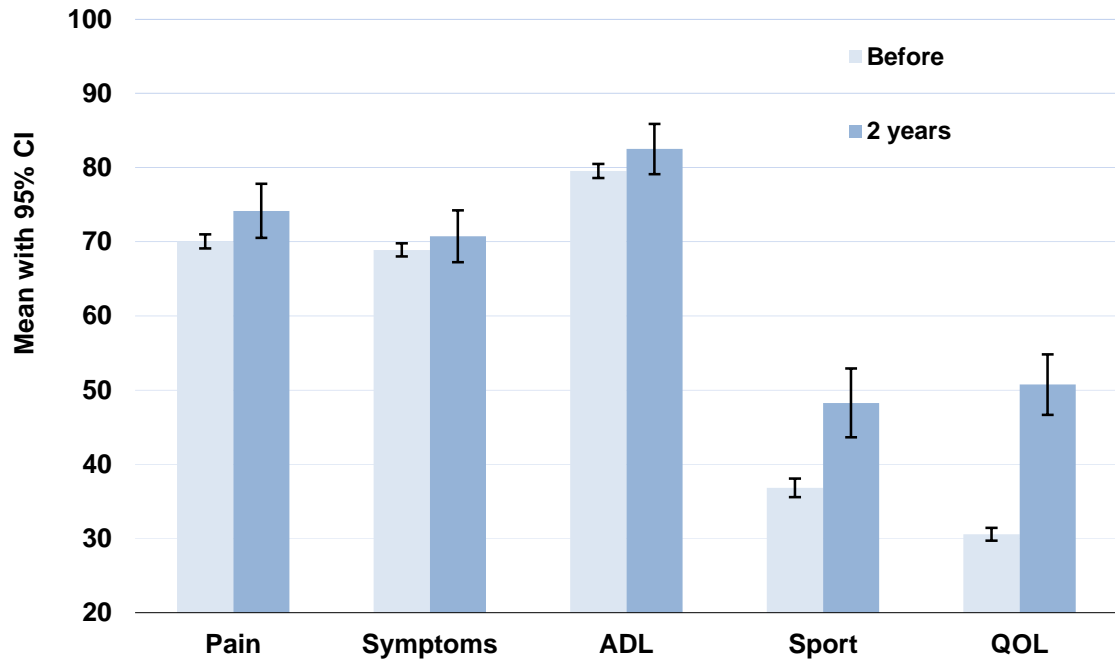
KOOS with primary ACL reconstruction without additional injury



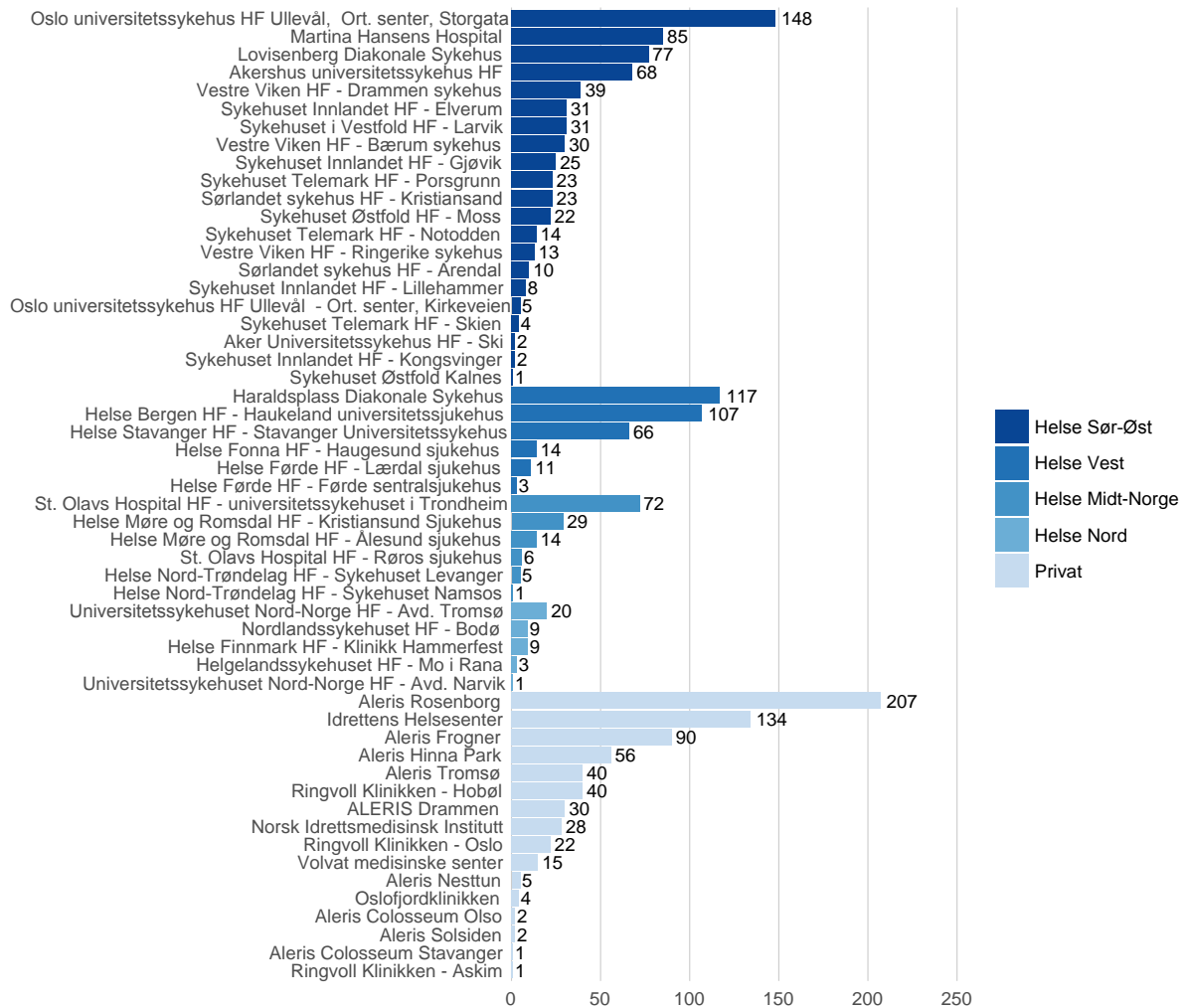
KOOS with primary ACL reconstruction with additional injury



KOOS with revision reconstructions



Annual numbers of cruciate ligament primary operations in 2016



Cruciate Ligament

All categories of operations

Table 1: Annual numbers of operations

	Primary reconstruction	Revision reconstruction	Only other procedures	Total
2016	1825 (81,8%)	195 (8,8%)	210 (9,4%)	2230
2015	1772 (82,2%)	224 (10,4%)	161 (7,5%)	2157
2014	1738 (81,4%)	251 (11,8%)	147 (6,9%)	2136
2013	1773 (84,1%)	207 (9,8%)	129 (6,1%)	2109
2012	1783 (83,6%)	220 (10,3%)	130 (6,1%)	2133
2004-11	12555 (87,7%)	972 (6,8%)	784 (5,5%)	14311
Total	21446 (85,5%)	2069 (8,3%)	1561 (6,2%)	25076

Registration complete from 2005. 49,2% of the operations were performed on the right side. 43,8% of the operations were performed on females. 7,3% of the patients had a previous ACL/PCL-injury in the opposite knee. (11,8% was missing). Mean age was 28,7 years, 27,2 years for women and 29,8 years for men. Standard deviation of age was 10,6 years, 11,1 years for women and 9,9 years for men. Median value for duration of primary ACL reconstruction was 71 minutes.

Figure 1: Distribution of hospitals by surgery volume, primary ACL reconstructions

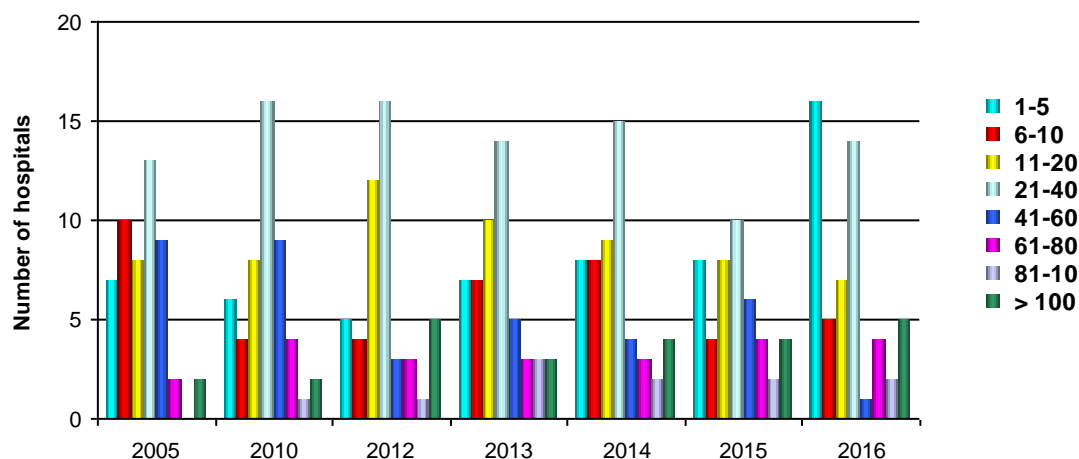


Figure 2: Distribution of hospitals by surgery volumes, revision reconstructions ACL

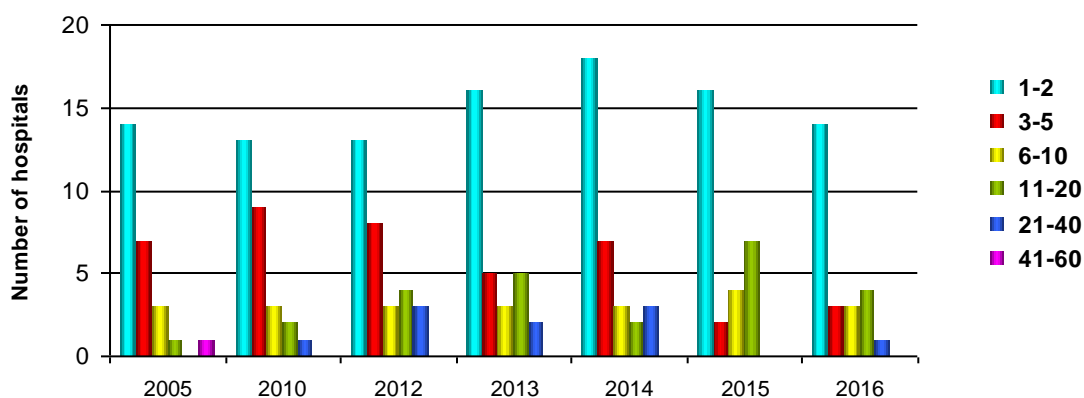
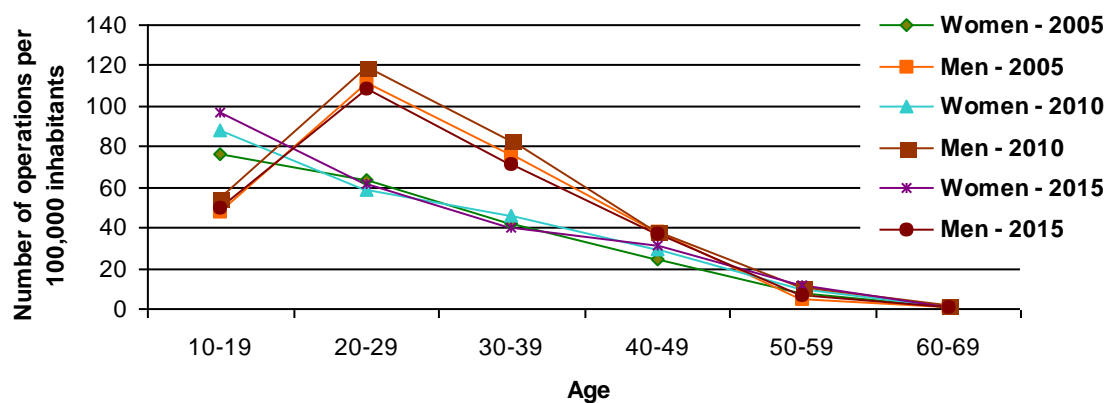


Figure 3: Incidence of primary reconstruction of cruciate ligament for 2005, 2010 and 2015



Distribution of other procedures

Table 2: The number of other procedures for all categories of surgeries

	Meniscus surgery	Cartilage surgery	Synovectomy	Arthroscopic debridement	Mobilizing in narcosis	Surgery due to infection	Removal of implants	Bone transplantation	Osteotomy	Bone resection (Notch plasty)	Osteosynthesis	Arthrodesis
2016	1024	51	47	66	11	9	56	19	2	27	2	0
2015	1016	65	43	63	7	4	51	31	5	31	5	0
2014	944	80	86	60	8	12	46	43	1	29	1	0
2013	879	103	45	66	6	10	40	31	2	16	4	0
2012	913	77	49	75	12	9	55	25	1	36	1	0
2004-11	5969	604	190	444	49	33	293	152	13	427	17	0
Total	10745	980	460	774	93	77	541	301	24	566	30	0

Table 3: Distribution of other procedures in combination with primary reconstruction of cruciate ligament

	Meniscus surgery	Cartilage surgery	Synovectomy	Arthroscopic debridement	Removal of implants	Bone resection (Notch plasty)
8610	x					
413	x	x				
241		x				
167						x
145	x					x
84				x		
82	x		x			
78			x			
59	x			x		
29	x	x		x		
21				x		x
20	x			x		x
20					x	
16		x		x		
13		x				x
11	x	x				x
10	x		x			x

X indicates applied procedure and each row gives the number of operations that is carried out with this combination of procedures. The table shows only combinations that have a number of ten or more.

Table 4: Distribution of other procedures in combination with primary reconstruction of cruciate ligament

	Meniscus surgery	Cartilage surgery	Removal of implants	Bone transplantation	Bone resection (Notch plasty)
471	x				
116			x		
68			x	x	
64				x	
48	x		x		
43		x			
27	x			x	
26	x	x			
24					x
22	x		x	x	
15	x				x
12	x		x		x
11			x		x

X indicates applied procedure and each row gives the number of operations that is carried out with this combination of procedures. The table shows only combinations that have a number of ten or more.

Table 5: Distribution of other procedures when this is the only procedure

	Meniscus surgery	Cartilage surgery	Synovectomy	Arthroscopic debridement	Mobilizing in narcosis	Surgery due to infection	Removal of implants	Bone transplantation
514	x							
170				x				
92							x	
58		x						
58			x					
55	x			x				
41						x		
35				x	x			
29	x		x					
24							x	x
22			x	x				
22	x	x						
17				x			x	x
15	x		x	x				
14		x		x				
14				x			x	
13			x		x			
12			x	x	x			
12					x			
11				x		x		
11								x
11	x						x	x
10	x						x	

X indicates applied procedure and each row gives the number of operations that is carried out with this combination of procedures. The table shows only combinations that have a number of ten or more.

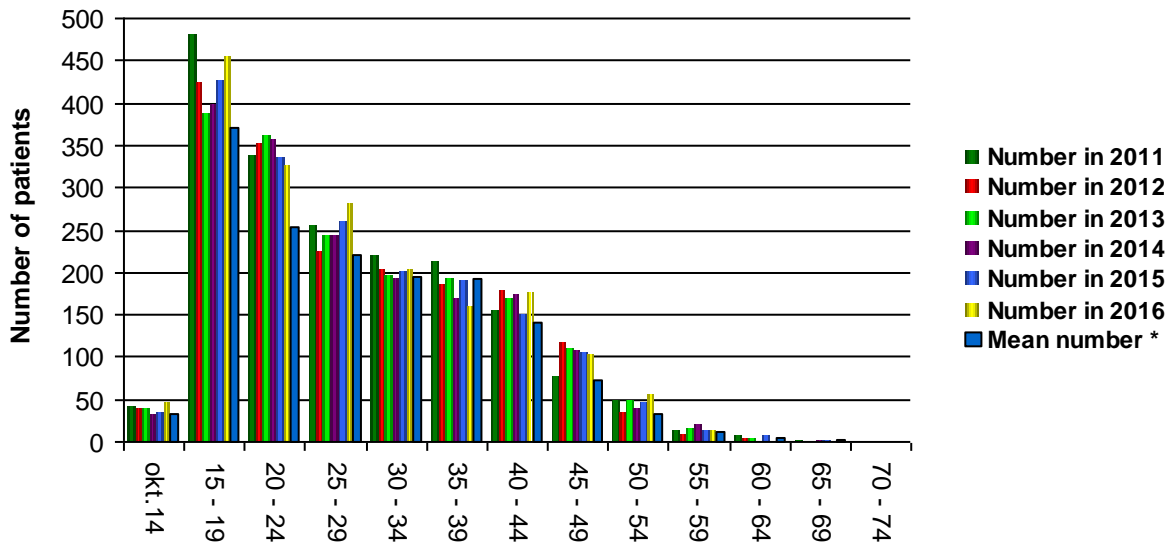
Intraoperative complications

Table 6: Intraoperative complications for all categories of surgeries

	Yes	No	Missing	Total
2016	49 (2,2%)	2120 (95,1%)	60 (2,7%)	2230
2015	62 (2,9%)	2035 (94,3%)	60 (2,8%)	2157
2014	59 (2,8%)	1995 (93,4%)	82 (3,8%)	2136
2013	60 (2,8%)	1965 (93,2%)	84 (4,0%)	2109
2012	44 (2,1%)	2046 (95,9%)	43 (2,0%)	2133
2004-11	467 (3,3%)	13576 (94,9%)	268 (1,9%)	14311
Total	741 (3,0%)	23737 (94,7%)	597 (2,4%)	25076

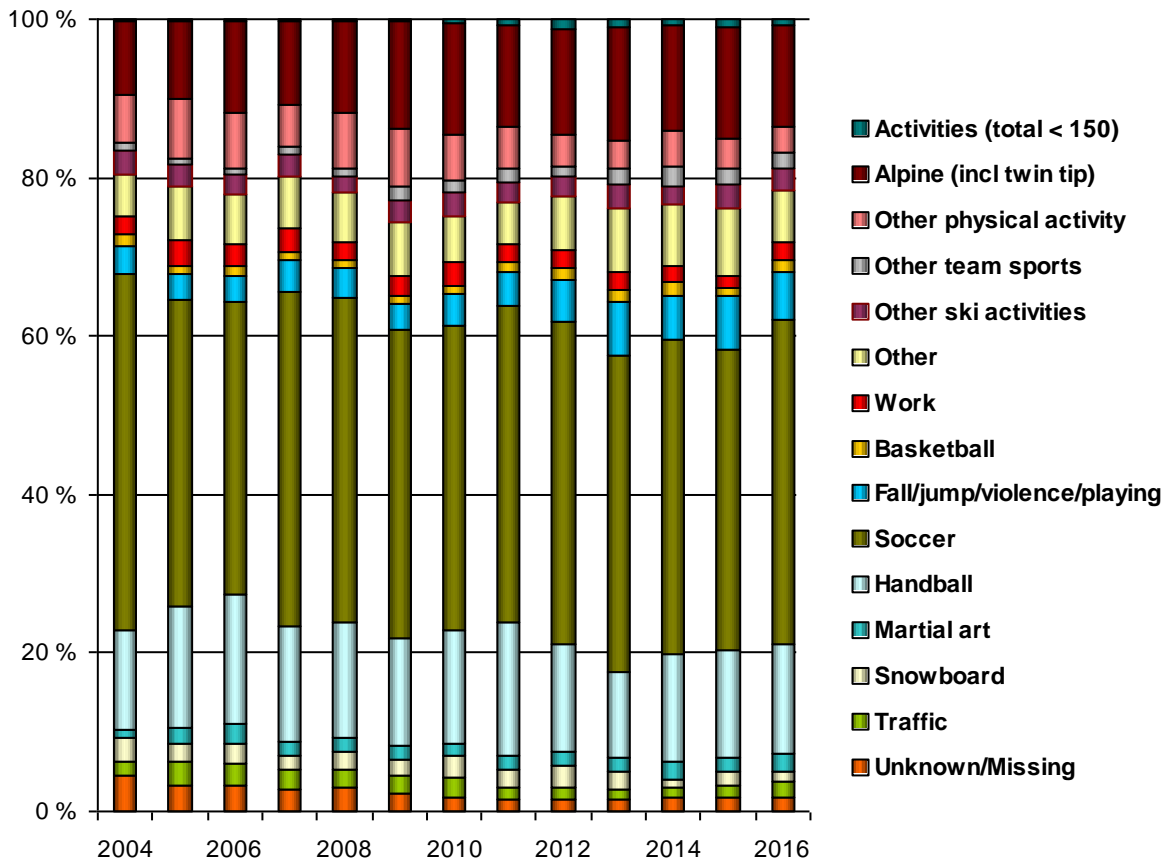
Primary reconstruction of cruciate ligament

Figure 4: Age by primary operation



* Mean number of primary operations for 2004 - 2010

Figure 5: Activity that lead to injury



Actual injury

Table 7: Actual injury*

	ACL	PCL	MCL	LCL	PLC	Cartilage	Meniscus
2016	1800	46	188	51	19	409	1045
2015	1745	56	167	40	24	354	995
2014	1713	58	171	35	20	368	931
2013	1755	38	169	54	23	379	868
2012	1762	36	152	32	14	379	938
2004-11	12436	336	798	179	144	3134	6124
Total	21211	570	1645	391	244	5023	10901

* More than one type of injury can be given for each form

Additional injuries

Table 8: ACL with additional injuries

Number	ACL	PCL	MCL	LCL	PLC	Meniscus	Cartilage
7797	x						
7063	x					x	
2876	x					x	x
1437	x						x
540	x		x				
415	x		x			x	
250	x		x			x	x
158	x		x				x
81	x			x			
70	x	x	x				
48	x			x	x		
41	x	x	x				x
27	x	x					
21	x			x			x
20	x				x		

x indicates registered injury and each row tell the number of incidences of different combination of injuries. The first row gives the number of records where ACL where the only injury. The table shows only combinations that have a number of 20 or more.

Table 9: PCL with additional injuries

Number	ACL	PCL	MCL	LCL	PLC	Meniscus	Cartilage
99		x					
70	x	x	x				
41	x	x	x				x
35		x					x
28	x	x	x			x	
27	x	x					
23	x	x	x			x	x
21		x	x				
18	x	x				x	
16	x	x		x	x		
15	x	x				x	x
13	x	x			x		
10	x	x		x	x	x	x
10		x	x				x

x indicates registered injury and each row tell the number of incidences of different combination of injuries. The first row gives the number of records where PCL where the only injury. The table shows only combinations that have a number of 10 or more.

Choice of graft for injuries registered in primary reconstructions

Table 10: BPTB

	ACL	PCL	MCL	LCL	PLC
2016	1120	0	0	0	0
2015	974	1	0	0	0
2014	736	1	0	0	0
2013	572	2	0	0	0
2012	465	1	0	0	0
2004-11	3598	22	1	0	0
Total	7465	27	1	0	0

Table 11: HAMSTRING

	ACL	PCL	MCL	LCL	PLC
2016	585	22	23	15	5
2015	726	29	17	6	3
2014	952	20	19	7	4
2013	1166	21	14	8	7
2012	1278	24	14	3	3
2004-11	8761	210	104	11	9
Total	13468	326	191	50	31

Table 12: ALLOGRAFT

	ACL	PCL	MCL	LCL	PLC
2016	4	20	7	4	6
2015	5	21	6	6	12
2014	4	20	3	8	10
2013	7	8	1	8	5
2012	4	10	2	4	4
2004-11	24	24	6	37	46
Total	48	103	25	67	83

Table 13: Suture

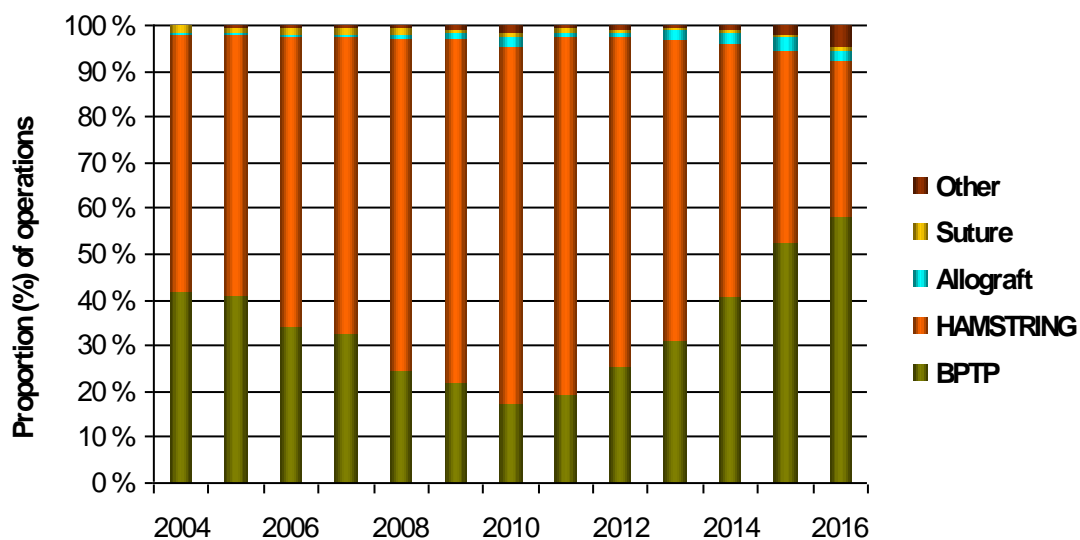
	ACL	PCL	MCL	LCL	PLC
2016	10	1	6	4	4
2015	0	1	7	3	2
2014	1	1	4	2	1
2013	0	0	8	7	3
2012	0	0	6	3	2
2004-11	3	7	68	47	41
Total	14	10	99	66	53

Table 14: Other

	ACL	PCL	MCL	LCL	PLC
2016	80	0	4	0	1
2015	37	1	1	0	0
2014	17	5	0	0	0
2013	3	2	0	0	0
2012	14	1	1	0	0
2004-11	41	27	6	8	5
Total	192	36	12	8	6

There are 21 forms where there are registered product for ACL and 23 forms for PCL but not checked for choice of graft.

Figure 6: Choice of graft for all injuries in primary reconstructions



Fixation

Table 15: Femur ACL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Profile Interference Scr	368	85	58	55	53	49	68
ToggleLoc	696	221	115	157	71	72	60
Endobutton CL BTB	834	1	52	81	141	261	298
SoftSilk	2597	1219	135	168	280	369	426
Endobutton CL Ultra	6489	2933	994	884	725	520	433

Table 16: Tibia ACL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Biosure PK	561	117	76	133	103	54	78
Intrafix Screw	1560	1122	153	97	80	69	39
Biosure HA Interferenc	1965	718	341	288	234	206	178
SoftSilk	3005	1182	168	235	343	503	574
RCI Screw	4093	2799	281	284	277	224	228

Table 17: Femur PCL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Sheated Cannulated Int	5				1	2	2
Guardsman Femoral	8	3		2	1		2
Peek Interference Scre	16		3	5	3	4	1
RCI Screw	30	19				5	6
SoftSilk	64	23	4	2	7	14	14
Endobutton CL Ultra	199	95	18	19	28	24	15

Table 18: Tibia PCL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Biosure HA Interferenc	23	3	2	4	5	7	2
BioRCI-HA	25	5	3	4	6	4	3
SoftSilk	28	16	2	2	3	1	4
AO Skrue	72	50	7	1	5	2	7
RCI Screw	239	176	11	9	9	19	15

Table 19: Femur and tibia ACL (The 5 most common)

Femur	Tibia	Total	2004-11	2012	2013	2014	2015	2016
Endobutton CL Ultra	Biosure PK	464	110	74	114	100	51	15
Endobutton CL BTB	SoftSilk	572	1	40	68	83	193	187
Endobutton CL Ultra	Biosure HA Interference screw	1784	659	316	273	214	160	162
Endobutton CL Ultra	RCI Screw	2069	999	245	241	239	175	170
SoftSilk	SoftSilk	2280	1112	116	148	248	297	359

Meniscal lesion

Table 20: Actual treatment of meniscal lesion

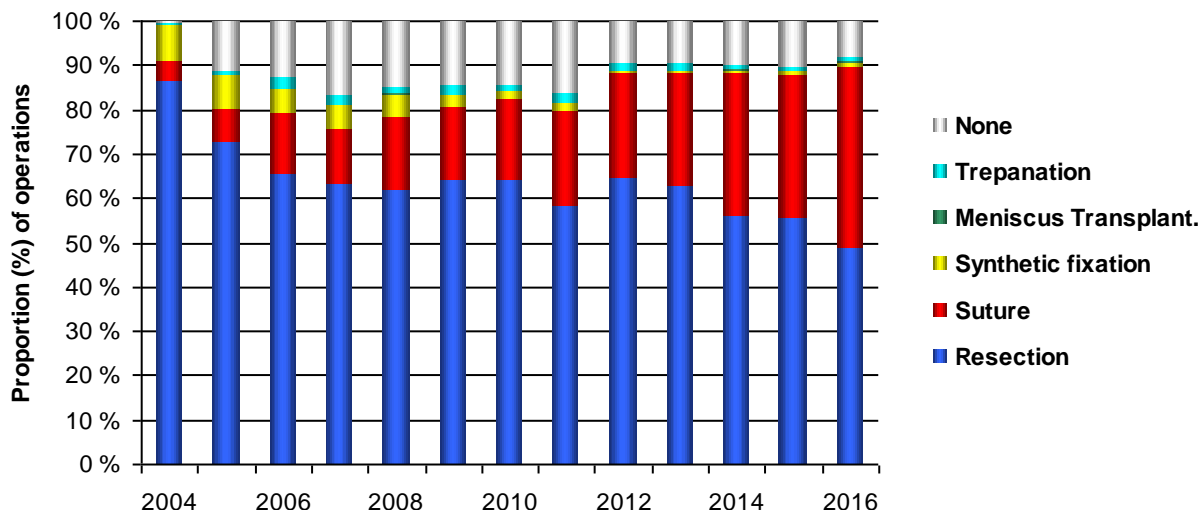
		Resection		Suture	Synthetic fixation	Meniscus Transplant.	Trepanation	None	Total	
		OLD	Total							
2016	Lateral	0	2	313	203	9	2	8	59	596
2016	Medial	0	9	314	325	6		7	45	706
2015	Lateral	0	3	342	144	3		7	68	567
2015	Medial	0	3	349	262	9		3	60	686
2014	Lateral	0	2	292	130	4	1	7	68	504
2014	Medial	0	7	324	232	4	1	4	42	614
2013	Lateral	0	2	294	99	2		11	49	457
2013	Medial	0	7	348	166	3		8	50	582
2012	Lateral	21	2	326	89	3	1	10	57	509
2012	Medial	18	9	338	176	4		9	46	600
2004-11	Lateral	2019	1	146	356	63	1	68	508	3162
2004-11	Medial	2353	2	175	759	236	3	60	491	4079
Total		4411	49	3561	2941	346		202	1543	13062

It became possible to register "Trepanation" and "None" from 01.01.2005. There have been forms where this has been an additional information. This information have been registered, but the registration is not complete before 2005.

In table 7: Actual injury has less. The reason for this is that we distinguish between the lateral and medial injury and some injuries are registered in both groups.

The value in OLD Resection are the forms that are registered before the new forms were introduced in autumn 2011. Total and Partial Resection values are the new forms were introduced in autumn 2011.

Figure 7: Treatment of meniscal lesions in primary reconstructions



Fixation

Table 21: Synthetic

Product	Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Contour Meniscus arrow	143	7	40	24	38	25	8	1						
FAST-FIX	17							1	7	3		1		5
Meniscal Dart	19		3	8	6	2								
Meniscal Dart Stick	24		7	4	1	6	5		1					
Meniscus arrow	31	18	6	1			2	1	2		1			
Unknown	62	2	4	2	3	3	2		11	4	4	8	10	9
Total	296	27	60	39	48	36	17	3	21	7	5	9	10	14

Table 22: Suture

Product	Total	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ANNET	6													6
FAST-FIX	2074		28	45	61	99	118	127	192	208	203	280	319	394
Meniscal Dart Stick	1							1						
Meniscus arrow	7							3	4					
Rapidloc	74	9	10	19	24	8	2				2			
Unknown	309			2	1	1	3	3	48	40	43	49	54	65
Total	2471	9	38	66	86	108	123	134	244	248	248	329	373	465

Cartilage lesion all localizations

Table 23: ICRS Grade

Definition of ICRS Grade:

1. Nearly normal: Superficial lesions, soft indentation and/or superficial fissures and cracks.
2. Abnormal: Lesions extending down to <50% of cartilage depth.
3. Severely abnormal: Cartilage defects extending down >50% of cartilage depth as well as down to calcified layer.
4. Severely abnormal: Osteochondral injuries, lesions extending just through the subchondral boneplate or deeper defects down into trabecular bone.

	Code 1	Code 2	Code 3	Code 4	Missing
2016	37,9%	44,3%	14,1%	3,0%	0,8%
2015	31,4%	43,5%	19,1%	5,8%	0,3%
2014	30,0%	45,5%	17,8%	5,0%	1,7%
2013	25,1%	50,0%	20,2%	4,4%	0,3%
2012	26,2%	47,3%	20,7%	5,1%	0,6%
2004-11	38,1%	41,0%	15,1%	4,3%	1,5%

Table 24: Treatment codes for all localizations

	Debridement	Micro fracture	No treatment	Other	Missing
2016	9,1%	1,9%	77,3%		11,8%
2015	12,3%	3,6%	80,1%		3,9%
2014	13,3%	3,8%	77,8%	0,9%	4,2%
2013	19,7%	3,9%	73,1%	0,2%	3,2%
2012	18,5%	5,1%	72,8%	0,6%	2,9%
2004-11	10,3%	2,9%	58,4%	1,3%	27,1%

Cartilage injuries registered in primary reconstructions

Figure 8: All Cartilage injuries (total)

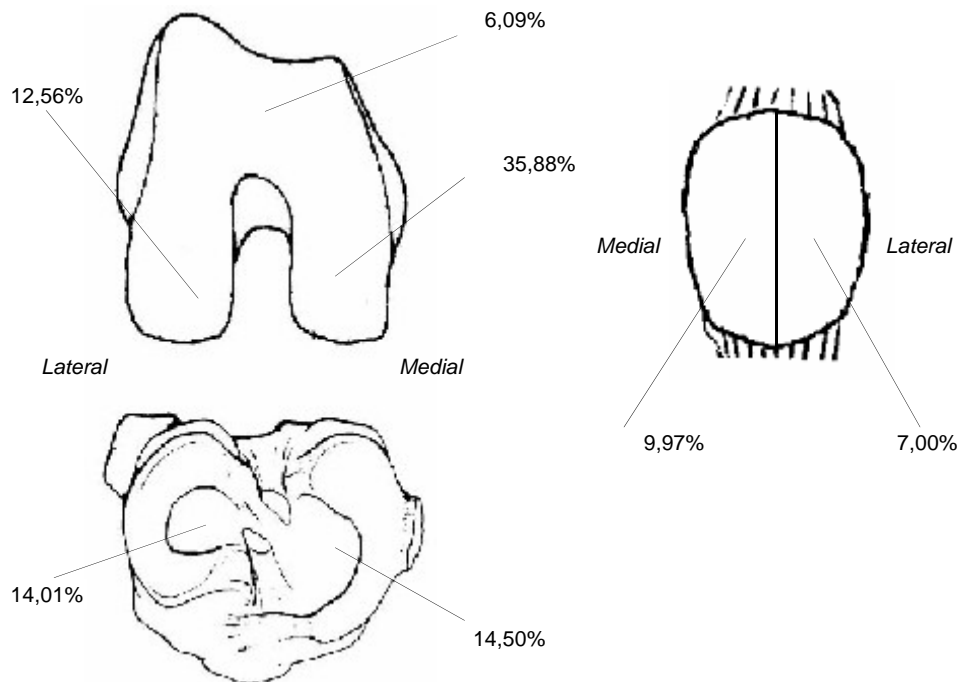
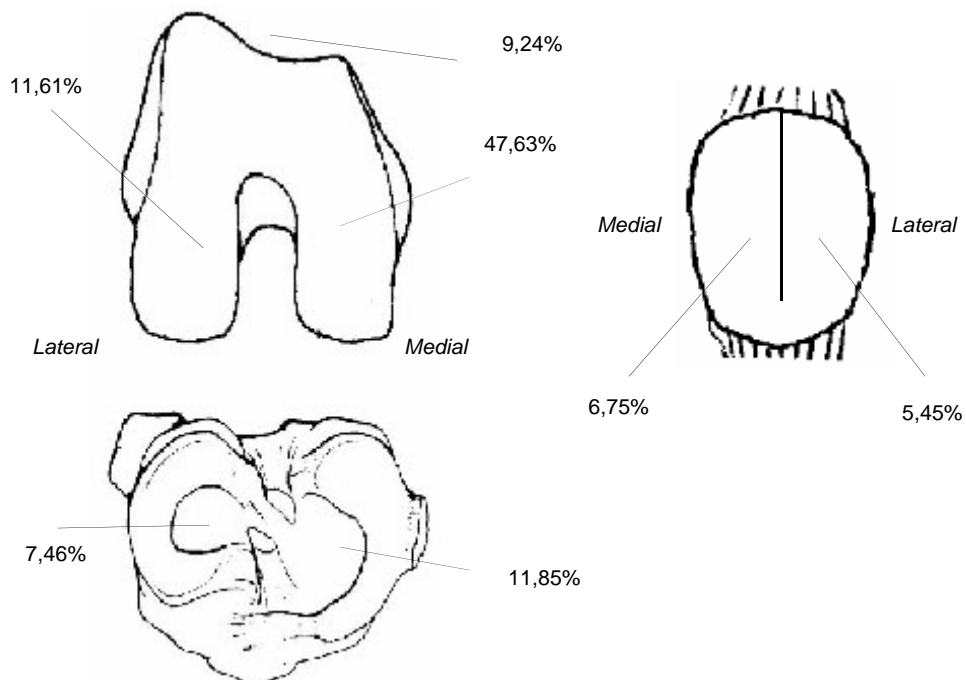


Figure 9: All Cartilage injuries with area greater than 2 cm² and ICRS equal 3 or 4 (total)



Outpatient surgery

Table 25: Outpatient surgery

	Yes		No		Missing		Total
2016	1298	(71,1%)	517	(28,3%)	10	(0,5%)	1825
2015	1244	(70,2%)	515	(29,1%)	13	(0,7%)	1772
2014	1166	(67,1%)	556	(32,0%)	16	(0,9%)	1738
2013	1144	(64,5%)	616	(34,7%)	13	(0,7%)	1773
2012	1228	(68,9%)	553	(31,0%)	2	(0,1%)	1783
2004-11	5777	(46,0%)	6718	(53,5%)	60	(0,5%)	12555
Total	11857	(55,3%)	9475	(44,2%)	114	(0,5%)	21446

Intraoperative complications

Table 26: Intraoperative complications

	Yes		No		Missing		Total
2016	42	(2,3%)	1735	(95,1%)	48	(2,6%)	1825
2015	54	(3,0%)	1673	(94,4%)	45	(2,5%)	1772
2014	55	(3,2%)	1622	(93,3%)	61	(3,5%)	1738
2013	53	(3,0%)	1657	(93,5%)	63	(3,6%)	1773
2012	39	(2,2%)	1711	(96,0%)	33	(1,9%)	1783
2004-11	423	(3,4%)	11910	(94,9%)	222	(1,8%)	12555
Total	666	(3,1%)	20308	(94,7%)	472	(2,2%)	21446

Systemic antibiotic prophylaxis

Table 27: Systemic antibiotic prophylaxis

	Yes		No		Missing		Total
2016	1823	(99,9%)	0	(0,0%)	2	(0,1%)	1825
2015	1767	(99,7%)	1	(0,1%)	4	(0,2%)	1772
2014	1735	(99,8%)	1	(0,1%)	2	(0,1%)	1738
2013	1762	(99,4%)	2	(0,1%)	9	(0,5%)	1773
2012	1777	(99,7%)	5	(0,3%)	1	(0,1%)	1783
2004-11	12428	(99,0%)	93	(0,7%)	34	(0,3%)	12555
Total	21292	(99,3%)	102	(0,5%)	52	(0,2%)	21446

Table 28: Drug

	2004-11	2012	2013	2014	2015	2016
Benzylpenicillin (Penicillin G)			0,11%	0,06%		
Cefaleksin (Keflex, Cefalexin)	0,02%					
Cefalotin (Keflin)	90,00%	92,52%	92,91%	92,45%	94,85%	96,98%
Cefotaksim (Claforan)				0,17%		
Cefuroksim (Zinacef, Cefuroxim, Lifurox)	2,05%	0,56%	0,45%	0,23%		0,05%
Ciprofloksasin (Ciproxin)	0,01%			0,06%		
Dikloksacillin (Diclocil, Dicillin)	4,10%	0,90%	0,91%	0,75%	0,06%	0,16%
Doksisyklin (Vibramycin, Dumoxin, Doxylin)	0,01%					
Erytromycin (Ery-max, Abboticin)	0,02%			0,06%		
Gentamicin (Garamycin, Gensumycin)	0,02%					0,16%
Klindamycin (Dalacin, Clindamycin)	2,66%	1,97%	2,16%	2,07%	1,30%	2,03%
Kloksacillin (Ekvacillin)	0,99%	4,05%	2,67%	3,23%	3,11%	0,33%
Linkomycin (Lincocin)	0,01%					
Oxacillin (Unspecified)			0,17%	0,17%		
Tobramycin (Nebcina, Nebcin, Tobi)			0,11%			
Missing	0,12%		0,51%	0,75%	0,62%	0,27%

Thrombosis prophylaxis

Table 29: Thrombosis prophylaxis

	Yes	No	Missing	Total
2016	1491 (81,7%)	326 (17,9%)	8 (0,4%)	1825
2015	1528 (86,2%)	240 (13,5%)	4 (0,2%)	1772
2014	1428 (82,2%)	301 (17,3%)	9 (0,5%)	1738
2013	1489 (84,0%)	270 (15,2%)	14 (0,8%)	1773
2012	1473 (82,6%)	308 (17,3%)	2 (0,1%)	1783
2005-11	9434 (80,3%)	2130 (18,1%)	222 (1,9%)	11786
Total	16843 (81,5%)	3575 (17,3%)	259 (1,3%)	20677

There are 33 old forms that are filled out so that thrombosis prophylaxis can not be registered. These are added to missing.

Table 30: Use of drugs

	One drug	Two drugs	Total
2016	1473 (98,8%)	18 (1,2%)	1491
2015	1519 (99,4%)	9 (0,6%)	1528
2014	1416 (99,2%)	12 (0,8%)	1428
2013	1468 (98,6%)	21 (1,4%)	1489
2012	1470 (99,8%)	3 (0,2%)	1473
2005-11	9379 (99,4%)	55 (0,6%)	9434
Total	16725 (99,3%)	118 (0,7%)	16843

Table 31: Drug

	2005-11	2012	2013	2014	2015	2016
Acetylsalicylsyre (Albyl-E, Globoid, Acetyratio, Magnyl E)				0,07%		0,07%
Dabigatranetixalat (Re-Novate, Pradaxa)	0,01%	0,07%				
Dalteparin (Fragmin)	60,05%	67,96%	64,88%	56,23%	58,64%	60,16%
Dekstran (Macrodex, Dextran)	0,03%	0,07%	0,27%	0,35%	0,20%	0,07%
Enoksaparin (Klexane)	35,05%	31,43%	32,03%	41,95%	39,92%	37,83%
Heparin (Heparin)	0,01%					
Rivaroksaban (Xarelto)	0,01%	0,14%	0,27%		0,07%	0,07%
Warfarin (Marevan)	0,01%			0,14%		0,20%
Ximelagatran (Exanta, Malagatran)	0,32%					
Missing			0,07%			
No drugs	3,75%		0,74%			
Missing	0,17%	0,14%	0,34%	0,42%	0,59%	0,40%
Two drugs	0,58%	0,20%	1,41%	0,84%	0,59%	1,21%

NSAID's**Table 32: NSAID's**

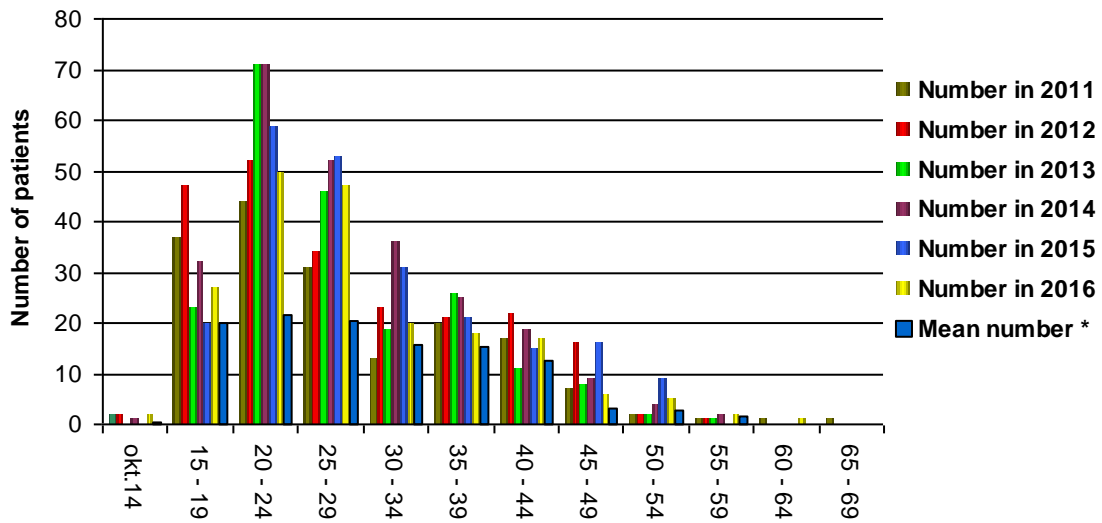
	Yes		No		Missing		Total
2016	904	(49,5%)	877	(48,1%)	44	(2,4%)	1825
2015	827	(46,7%)	908	(51,2%)	37	(2,1%)	1772
2014	715	(41,1%)	976	(56,2%)	47	(2,7%)	1738
2013	757	(42,7%)	955	(53,9%)	61	(3,4%)	1773
2012	805	(45,1%)	926	(51,9%)	52	(2,9%)	1783
2011	894	(48,1%)	882	(47,4%)	83	(4,5%)	1859
2010	763	(43,6%)	809	(46,3%)	176	(10,1%)	1748
2009	831	(44,7%)	639	(34,4%)	388	(20,9%)	1858
2008	572	(34,0%)	416	(24,7%)	696	(41,3%)	1684
2007	94	(5,8%)	76	(4,7%)	1463	(89,6%)	1633
Total	7162	(40,5%)	7464	(42,2%)	3047	(17,2%)	17673

Table 33: Drug

	2007-11	2012	2013	2014	2015	2016
Celecoksib (Celebra)	1,62%	1,86%	5,02%	2,94%	0,73%	0,33%
Diklofenak (Voltaren, Diclofenac, Cataflam)	92,52%	93,17%	86,79%	68,81%	54,66%	57,74%
Etoricoksib (Arcoxia)	0,22%	0,37%	2,11%	21,40%	37,97%	34,40%
Ibuprofen (Ibux, Ibumetin)	1,05%	0,37%	0,79%	0,98%	1,69%	3,54%
Ketorolak (Toradol)	2,76%	3,73%	3,96%	4,34%	3,02%	1,99%
Naproksen (Vimovo)				0,14%	0,60%	0,66%
Parecoksib (Dynastat)			0,26%	0,28%		0,11%
Piroxicam (Brexidol)	0,10%	0,12%				
Missing	1,74%	0,37%	1,06%	1,26%	1,21%	1,22%

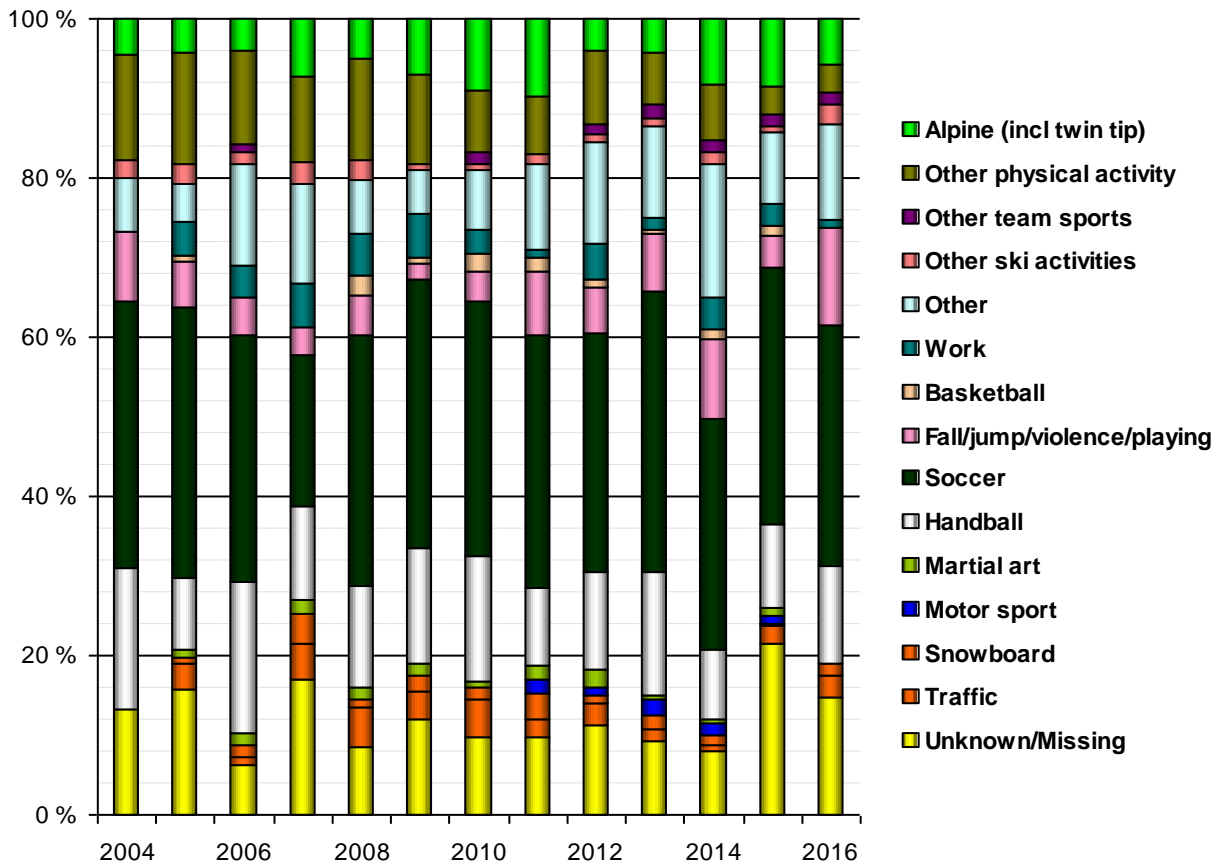
Revision reconstruction

Figure 10: Age by primary operation



* Mean number of primary operations for 2004 - 2010

Figure 11: Activity that lead to injury



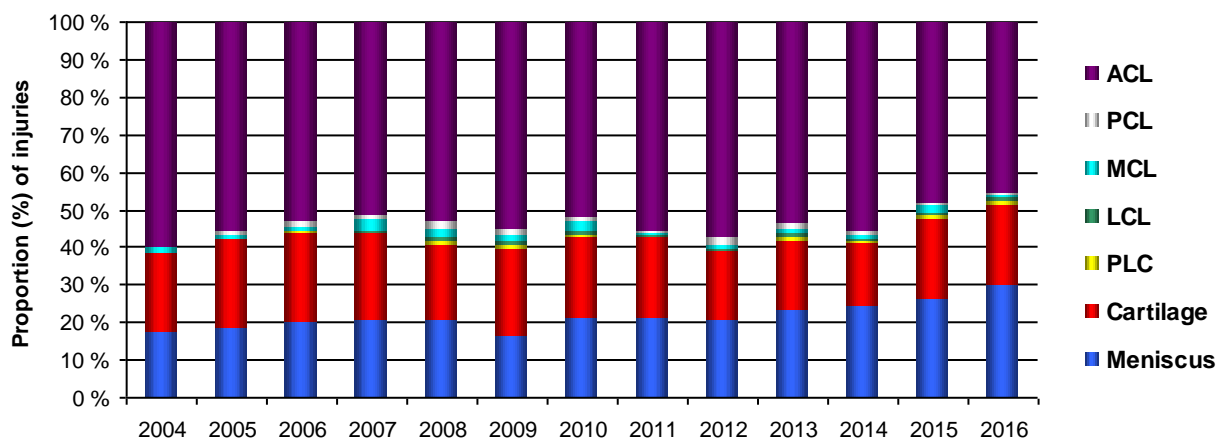
Actual injury

Table 34: Actual injury*

	ACL	PCL	MCL	LCL	PLC	Cartilage	Meniscus
2016	148	2	3	3	4	68	99
2015	165	2	7	2	3	73	91
2014	195	3	4	2	1	59	86
2013	184	6	4	3	5	63	81
2012	195	6	4	2		62	71
2004-11	925	20	29	9	9	387	338
Total	1812	39	51	21	22	712	766

* More than one type of injury can be given for each form

Figure 12: Actual injury



Additional injuries

Table 35: ACL with additional injuries

Number	ACL	PCL	MCL	LCL	PLC	Meniscus	Cartilage
781	x						
358	x					x	
312	x					x	x
288	x						x
16	x		x				
8	x		x				x

x indicates registered injury and each row tell the number of incidences of different combination of injuries. The first row gives the number of records where ACL where the only injury. The total number will be identical to the total number of registered ACL injuries. The table shows only combinations that have a number of more than 5.

Table 36: PCL with additional injuries

Number	ACL	PCL	MCL	LCL	PLC	Meniscus	Cartilage
11		x					
6		x					x
4	x	x	x				x
3	x	x					x

x indicates registered injury and each row tell the number of incidences of different combination of injuries. The first row gives the number of records where PCL where the only injury. The total number will be identical to the total number of registered PCL injuries. The table shows only combinations that have a number of more than 2.

Reason for revision reconstruction

Table 37: Reason for revision reconstruction

	Cause 1	Cause 2	Cause 3	Cause 4	Cause 5	Cause 6	Other	Total
2016	4	9	5	107	75	4	1	201
2015	6	12	3	116	81	1	1	219
2014	3	4	1	109	120	6		237
2013	1	11	1	123	74	5		210
2012	8	10	3	95	99	3	6	221
2004-11	9	32	7	238	247	6	27	560
Total	31	78	20	788	696	25	35	1673

Cause 1: Infection
Cause 2: Fixation failure

Cause 3: Untreated ligament injury
Cause 4: Graft failure

Cause 5: New trauma
Cause 6: Pain

Choice of graft for injuries registered in revision reconstructions

Table 38: BPTB

	ACL	PCL	MCL	LCL	PLC
2016	83	0	0	0	0
2015	92	0	0	0	0
2014	120	0	0	0	0
2013	91	0	0	0	0
2012	101	0	0	0	0
2004-11	352	2	0	0	0
Total	839	2	0	0	0

Table 39: HAMSTRING

	ACL	PCL	MCL	LCL	PLC
2016	38	1	0	1	1
2015	50	0	0	1	1
2014	50	1	1	0	0
2013	50	1	1	0	0
2012	53	0	2	1	0
2004-11	497	4	12	1	0
Total	738	7	16	4	1

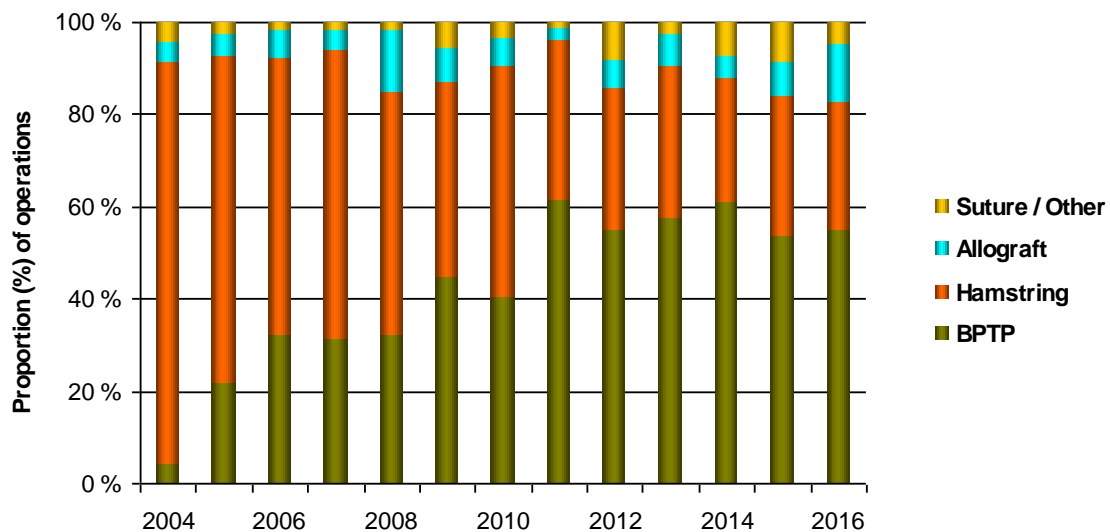
Table 40: ALLOGRAFT

	ACL	PCL	MCL	LCL	PLC
2016	12	1	1	2	3
2015	7	2	3	0	0
2014	7	1	0	1	1
2013	4	3	1	1	2
2012	5	6	0	0	0
2004-11	30	10	5	6	8
Total	65	23	10	10	14

Table 41: Suture / Other

	ACL	PCL	MCL	LCL	PLC
2016	7	0	0	0	0
2015	15	0	0	0	0
2014	13	0	0	1	0
2013	3	0	0	0	1
2012	15	0	0	0	0
2004-11	19	4	3	0	0
Total	72	4	3	1	1

It was registered direct suture for two cases (PLC, MCL).

Figure 13: Choice of graft for all injuries in revision reconstruction

Fixation

Table 42: Femur ACL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Profile Interference Screw	34	10	4	5	8	4	3
Sheated Cannulated Interference Screw	52	1		13	10	13	15
Endobutton CL BTB	80		11	9	30	17	13
Endobutton CL Ultra	369	140	46	48	50	49	36
SoftSilk	424	176	53	44	61	44	46

Table 43: Femur PCL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
EndoButton CL		2					
Guardman Femoral		1					
Propel Cannulated		2					
ComposiTCP 30+60	1		1				
SoftSilk	6	2		1		1	2
RCI Screw	11	10	1				
Endobutton CL Ultra	12	3	4	3	2		

Table 44: Tibia ACL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
Sheated Cannulated Interference Screw	45			12	11	11	11
Propel Cannulated	90	38	8	10	18	7	9
Biosure HA Interference screw	191	39	29	30	29	40	24
RCI Screw	322	236	21	18	21	11	15
SoftSilk	386	147	52	44	59	39	45

Table 45: Tibia PCL (The 5 most common)

Product	Total	2004-11	2012	2013	2014	2015	2016
BioRCI-HA	1		1				
Intrafix Screw	1				1		
Propel Cannulated	3	2	1				
AO Skrue	4	3	1				
RCI Screw	24	14	2	4	1	1	2

Table 46: Femur and tibia ACL (The 5 most common)

Femur	Tibia	Total	2004-11	2012	2013	2014	2015	2016	
Endobutton CL BTB	Propel Cannulated	31				2	16	6	7
Sheated Cannulated Interference Screw	Sheated Cannulated Interference Screw	44				12	10	11	11
Endobutton CL Ultra	RCI Screw	118	71	10	10	12	8	7	
Endobutton CL Ultra	Biosure HA Interference screw	137	20	15	27	23	31	21	
SoftSilk	SoftSilk	350	141	47	36	52	33	41	

Meniscal lesion

Table 47: Actual treatment of meniscal lesion

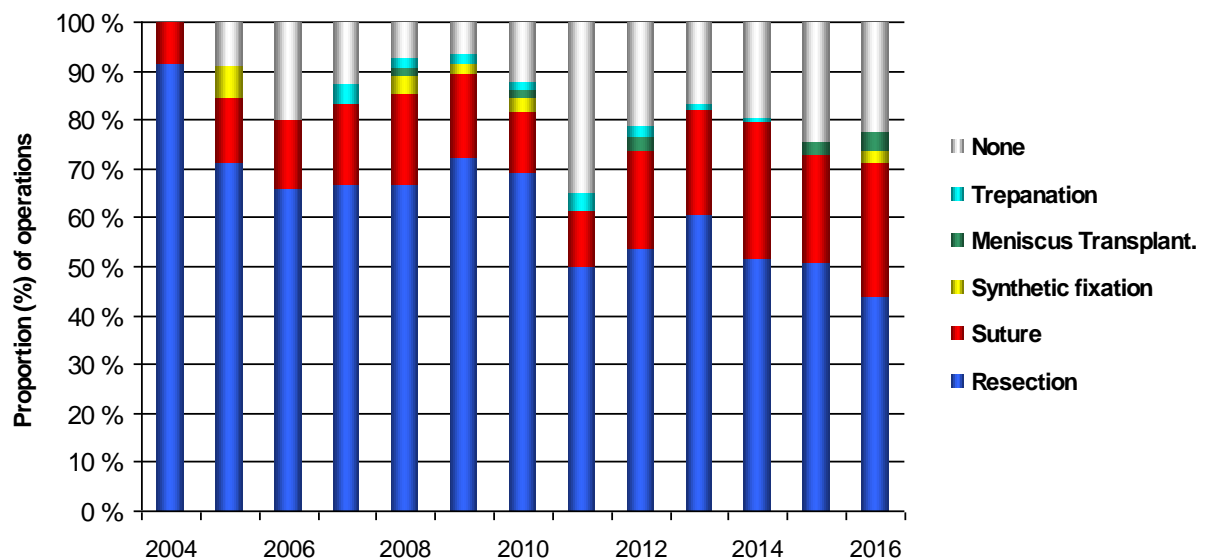
		Resection		Suture	Synthetic fixation	Meniscus Transplant.	Trepanation	None	Total	
		OLD	Total							
2016	Lateral		18	21	1	1		11	52	
2016	Medial	2	35	13	2	4		17	73	
2015	Lateral		19	8				16	43	
2015	Medial		39	17		3		12	71	
2014	Lateral		24	12				4	40	
2014	Medial		29	17			1	16	63	
2013	Lateral		29	4			1	7	41	
2013	Medial		32	18				10	60	
2012	Lateral		14	6		2	2	4	28	
2012	Medial	1	28	10				13	52	
2004-11	Lateral	85	1	7	15	4		4	152	
2004-11	Medial	149	3	18	42	4		4	249	
Total		234	7	292	183	11	12	12	173	924

It became possible to register "Trepanation" and "None" from 01.01.2005. There have been forms where this has been an additional information. This information have been registered, but the registration is not complete before 2005.

In table 36: Actual injury has less. The reason for this is that we distinguish between the lateral and medial injury and some injuries are registered in both groups.

The value in OLD Resection are the forms that are registered before the new forms were introduced in autumn 2011. Total and Partial Resection values are the new forms were introduced in autumn 2011.

Figure 14: Treatment of meniscal lesions in revision reconstructions



Fixation

Table 48: Synthetic

Product	Total	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Contour Meniscus arrow	3	2			1								
Meniscus arrow	1	1											
Unknown	4					1							3
Total	8	3			1	1							3

Table 49: Suture

Produktnavn	Total	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
ANNET	1												1
FAST-FIX	112	3	4	6	6	5	4	5	14	16	19	16	14
Meniscus arrow	1						1						
Rapidloc	4	1	2	1									
Unknown	39					1		4	1	5	6	9	13
Total	157	4	6	7	6	6	5	9	15	21	25	25	28

Cartilage lesion all localizations

Table 50: ICRS Grade

Definitjon av ICRS Grade:

1. Nearly normal: Superficial lesions, soft indentation and/or superficial fissures and cracks.
2. Abnormal: Lesions extending down to <50% of cartilage depth.
3. Severely abnormal: Cartilage defects extending down >50% of cartilage depth as well as down to calcified layer.
4. Severely abnormal: Osteochondral injuries, lesions extending just through the subchondral boneplate or deeper defects down into trabecular bone.

	Code 1	Code 2	Code 3	Code 4	Missing
2016	34,0%	40,7%	18,0%	6,7%	0,5%
2015	29,7%	42,3%	22,9%	4,0%	1,1%
2014	10,6%	60,2%	23,9%	3,5%	1,8%
2013	24,6%	47,0%	23,1%	3,7%	1,5%
2012	14,3%	45,2%	31,7%	7,1%	1,6%
2004-11	21,1%	52,1%	21,0%	4,5%	1,2%

Table 51: Treatment codes for all localizations

	Debridement	Micro fracture	No treatment	Other	Missing
2016	8,8%	1,0%	86,6%		3,6%
2015	16,0%	0,6%	76,0%	1,7%	5,7%
2014	3,5%	4,4%	83,3%	1,8%	7,0%
2013	18,7%	2,2%	71,6%		7,5%
2012	18,3%	3,2%	74,6%		4,0%
2004-11	5,7%	2,2%	67,7%	1,5%	22,9%

Cartilage injuries registered in revision reconstructions

Figure 15: All Cartilage injuries (total)

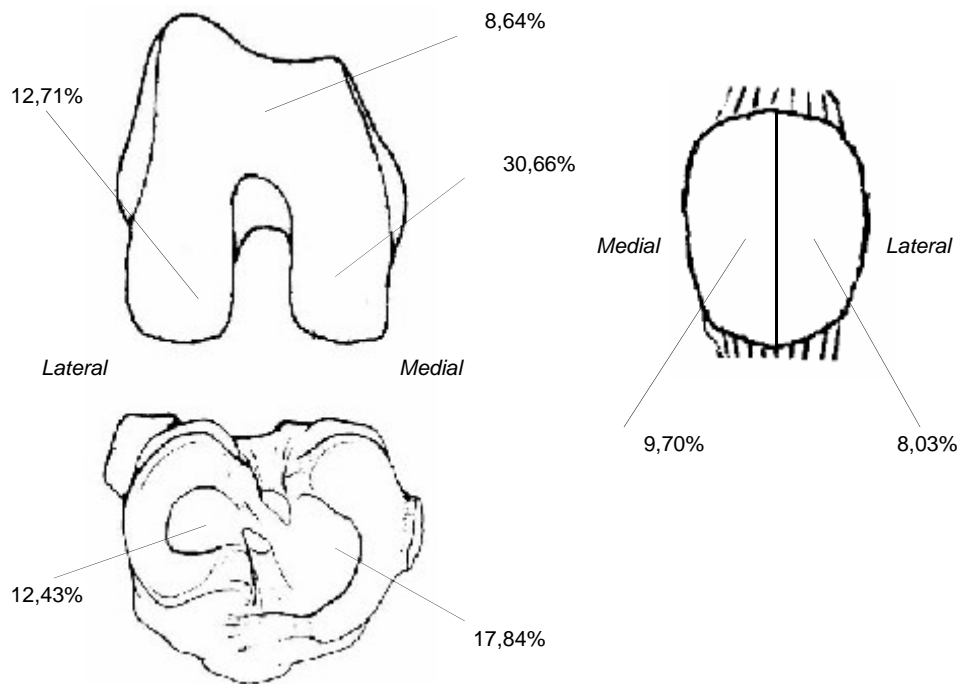


Figure 16: All Cartilage injuries with area greater than 2 cm² (total)

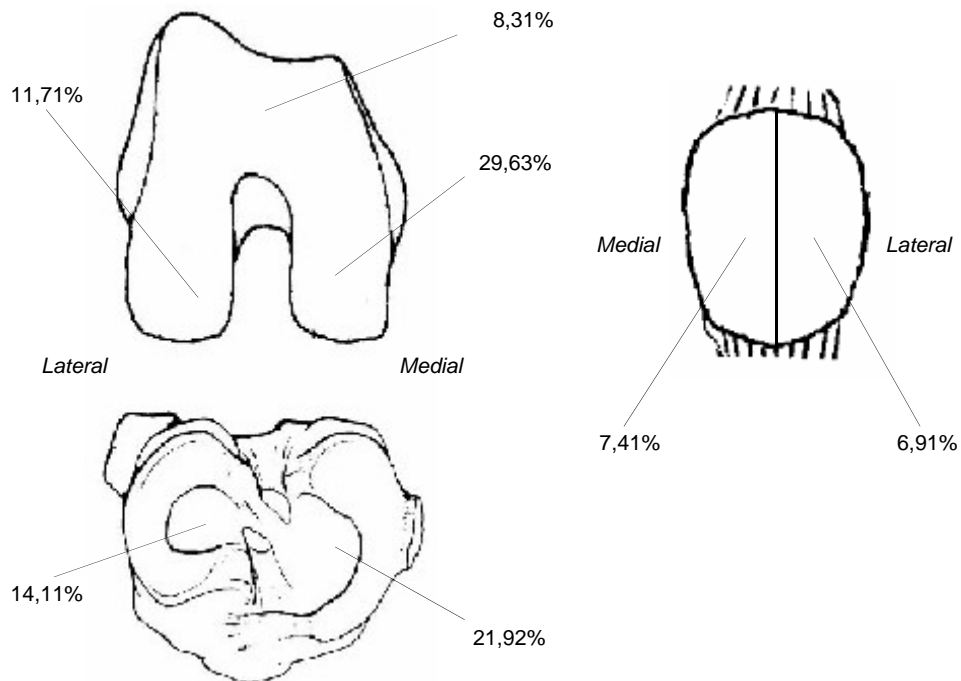
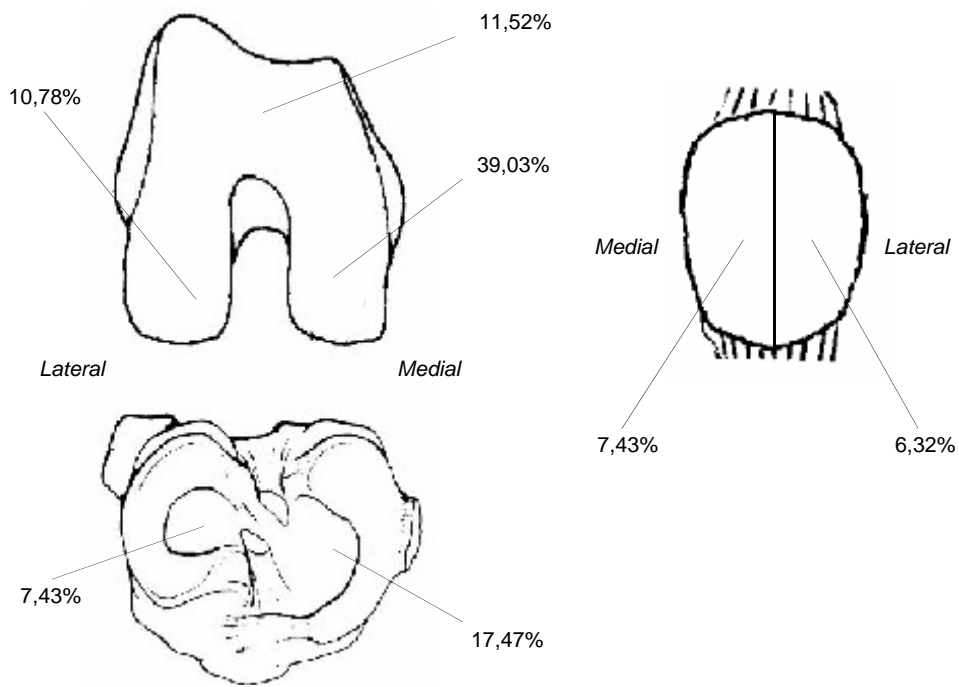


Figure 17: All Cartilage injuries with area greater than 2 cm² and ICRS equal 3 or 4 (total)



Outpatient surgery

Table 52: Outpatient surgery

	Yes	No	Missing	Total
2016	89 (45,6%)	105 (53,8%)	1 (0,5%)	195
2015	117 (52,2%)	101 (45,1%)	6 (2,7%)	224
2014	125 (49,8%)	124 (49,4%)	2 (0,8%)	251
2013	96 (46,4%)	106 (51,2%)	5 (2,4%)	207
2012	120 (54,5%)	99 (45,0%)	1 (0,5%)	220
2004-11	355 (36,5%)	613 (63,1%)	4 (0,4%)	972
Total	902 (43,6%)	1148 (55,5%)	19 (0,9%)	2069

Intraoperative complications

Table 53 : Intraoperative complications

	Yes	No	Missing	Total
2016	6 (3,1%)	186 (95,4%)	3 (1,5%)	195
2015	8 (3,6%)	206 (92,0%)	10 (4,5%)	224
2014	3 (1,2%)	235 (93,6%)	13 (5,2%)	251
2013	7 (3,4%)	189 (91,3%)	11 (5,3%)	207
2012	5 (2,3%)	208 (94,5%)	7 (3,2%)	220
2004-11	40 (4,1%)	910 (93,6%)	22 (2,3%)	972
Total	69 (3,3%)	1934 (93,5%)	66 (3,2%)	2069

Systemic antibiotic prophylaxis

Table 54: Systemic antibiotic prophylaxis

	Yes	No	Missing	Total
2016	186 (95,4%)	6 (3,1%)	3 (1,5%)	195
2015	220 (98,2%)	3 (1,3%)	1 (0,4%)	224
2014	249 (99,2%)	2 (0,8%)		251
2013	204 (98,6%)	2 (1,0%)	1 (0,5%)	207
2012	216 (98,2%)	3 (1,4%)	1 (0,5%)	220
2004-11	958 (98,6%)	11 (1,1%)	3 (0,3%)	972
Total	2033 (98,3%)	27 (1,3%)	9 (0,4%)	2069

Table 55: Drug

	2004-11	2012	2013	2014	2015	2016
Benzylpenicillin (Penicillin G)		0,46%				
Cefalotin (Keflin)	93,11%	88,43%	91,67%	90,76%	92,73%	98,39%
Ceftriakson (Rocefin)				0,40%		
Cefuroksim (Zinacef, Cefuroxim, Lifurox)	0,84%	0,46%				
Ciprofloksasin (Ciproxin)				0,40%		
Dikloksacillin (Diclocil, Dicillin)	2,40%	0,93%	1,47%	0,40%		
Gentamicin (Garamycin, Gensumycin)		0,46%				
Klindamycin (Dalacin, Clindamycin)	2,19%	4,17%	3,43%	3,21%	3,18%	1,61%
Kloksacillin (Ekvacillin)	1,04%	4,63%	2,45%	4,02%	2,27%	
Oxacillin (Unspecified)				0,40%		
Vankomycin (Vancomycin, Vancocin)	0,10%					
Missing	0,31%	0,46%	0,98%	0,40%	1,82%	

Thrombosis prophylaxis

Table 56: Thrombosis prophylaxis

	Yes	No	Missing	Total
2016	134 (68,7%)	57 (29,2%)	4 (2,1%)	195
2015	176 (78,6%)	47 (21,0%)	1 (0,4%)	224
2014	201 (80,1%)	49 (19,5%)	1 (0,4%)	251
2013	173 (83,6%)	32 (15,5%)	2 (1,0%)	207
2012	183 (83,2%)	36 (16,4%)	1 (0,5%)	220
2005-11	741 (80,1%)	171 (18,5%)	15 (1,6%)	927
Total	1608 (79,4%)	392 (19,4%)	24 (1,2%)	2024

There are 2 old forms that are filled out so that thrombosis prophylaxis can not be registered. These are added to missing.

There are 7 forms with two drugs and 1601 forms with one drug.

Table 57: Drug

	2005-11	2012	2013	2014	2015	2016
Apixiban (Eliquis)				0,50%		
Dalteparin (Fragmin)	65,05%	67,21%	73,41%	58,21%	56,25%	58,21%
Dekstran (Macrodex, Dextran)	0,13%		0,58%			
Enoksaparin (Klexane)	31,98%	32,79%	25,43%	39,30%	42,61%	40,30%
Rivaroksaban (Xarelto)				0,50%		
Warfarin (Marevan)					0,57%	
Ximelagatran (Exanta, Malagatran)	0,40%					
No drugs	1,89%					
Missing	0,13%			1,00%		0,75%
Two drugs	0,27%		0,58%	0,50%	0,57%	0,75%

NSAID's

Table 58: NSAID's

	Yes	No	Missing	Total
2016	67 (34,4%)	118 (60,5%)	10 (5,1%)	195
2015	82 (36,6%)	135 (60,3%)	7 (3,1%)	224
2014	80 (31,9%)	167 (66,5%)	4 (1,6%)	251
2013	84 (40,6%)	119 (57,5%)	4 (1,9%)	207
2012	84 (38,2%)	130 (59,1%)	6 (2,7%)	220
2007-11	187 (27,5%)	330 (48,5%)	163 (24,0%)	680
Total	584 (32,9%)	999 (56,2%)	194 (10,9%)	1777

Table 59: Drug

	2007-11	2012	2013	2014	2015	2016
Celecoksib (Celebra)	0,53%		2,38%			
Diklofenak (Voltaren, Diclofenac, Cataflam)	92,51%	90,48%	73,81%	68,75%	56,10%	68,66%
Etoricoksib (Arcoxia)	1,60%		1,19%	17,50%	36,59%	26,87%
Ibuprofen (Ibux, Ibumetin)					1,22%	1,49%
Ketorolak (Toradol)	4,28%	9,52%	19,05%	10,00%	4,88%	1,49%
Parecoksib (Dynastat)			1,19%			
Piroxicam (Brexidol)	0,53%					
Missing	0,53%		2,38%	3,75%	1,22%	1,49%

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Norwegian Paediatric Hip Register

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PAEDIATRIC HIP REGISTER 2016 ANNUAL REPORT

The Paediatric Hip Register is now in its sixth year of operation, and we are very pleased to have obtained the status of a national quality register. This means that all hospitals that treat children with the relevant hip disorders are now required to report to our register. In addition, we are now ensured more funding for future data collection, which also involves stricter requirements for good organisation and reporting in our register.

Anne Kristin Reve, PhD candidate and assistant doctor at the Orthopaedic Department of Stavanger University Hospital has completed a coverage analysis in cooperation with the Norwegian Patient Register (NPR) of data in the register. Much effort has gone into this analysis, and it has been especially difficult to obtain reliable figures on patients who were only outpatients. The analysis therefore focused most strongly on operated patients. The figures show that we still need to get more reports in and we will therefore conduct a new analysis in two years' time.

For the past two years, we have been cooperating with Swedish paediatric orthopaedists, who have now established their own paediatric orthopaedic register. We aim to use as similar parameters as possible in the two national registers to enable data to be compared and used in larger studies. In this regard, we will also cooperate on joint Patient-Recorded Outcome Measures (PROMs) to be used in both registers. We have started to translate PROMIS Ped into Norwegian; this is validated for children from 8-17 years, with a separate version for children as young as four.

With regard to open and arthroscopic hip surgery in young adults, a group has been formed to draft a new form for these operations, to ensure that the most useful parameters are recorded. For this part of the register, we plan to use IHOT 12, a questionnaire containing 12 questions which is a simplified version of IHOT 33. IHOT 12 has now been translated and is ready for use.

The collection of radiographs of children in the Register is functioning satisfactorily, and work is now well underway to clean the files and measure the radiographs. Ola Wiig has leave from his post as a chief physician this spring, specifically to undertake this work.

To improve reporting to the registry, we have started planning electronic registration forms. We have got the green light to begin this work, and hope to have completed it during 2017.

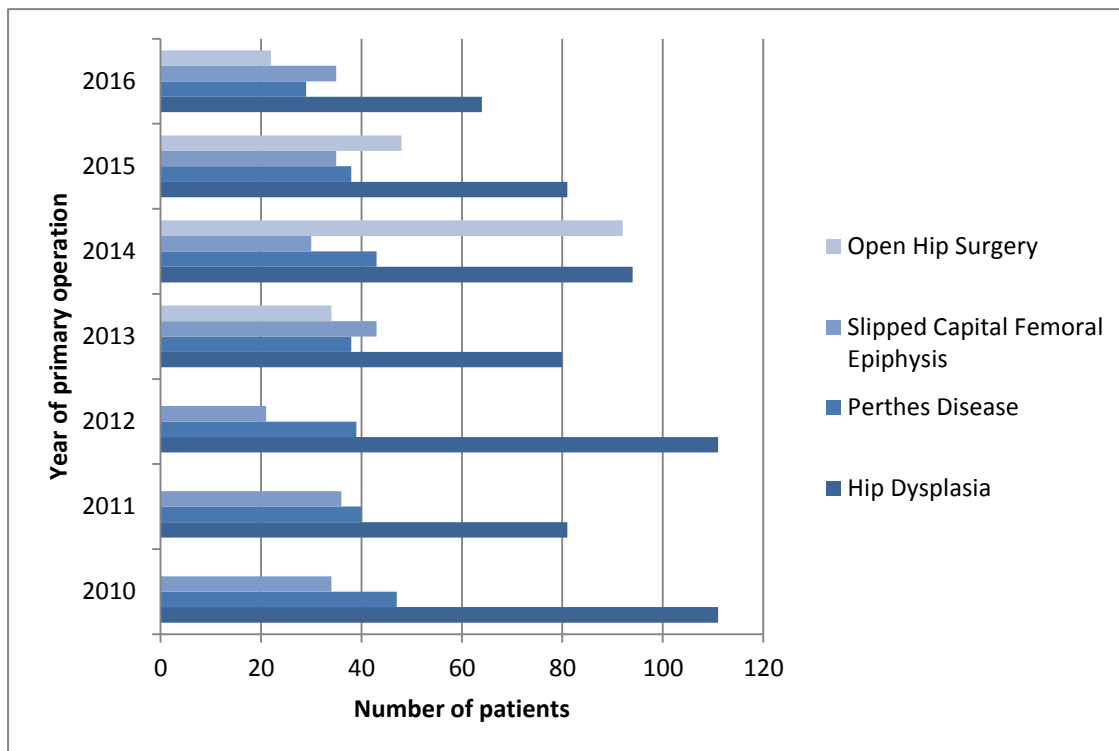


Trude Gundersen
Haukeland University Hospital
General Manager



Ola Wiig
Oslo University Hospital
Head of the Steering Committee

Number of treated patients registered in the Paediatric Hip Register



PAEDIATRIC HIP DISEASE

Hip Dysplasia

Table 1: HD - New cases per year

Year diagnosed	Unilateral	Bilateral	Missing	Total
2016	22	10	1	33
2015	37	14	0	51
2014	56	24	1	81
2013	51	19	0	70
2012	74	31	0	105
2011	66	19	0	85
2010	89	18	0	107
2009	21	6	0	27
2008	6	2	0	8
2007	4	2	0	6
2006	1	0	0	1
2005	0	1	0	1
2004	2	0	0	2
2001	2	0	0	2
2000	1	0	0	1
Unknown	23	3	8	34
Total	455	149	10	614

Table 2: HD - Earlier treatment

Treatment year	None	Pillow / abd. orthosis	Other	Missing	Total
2016	31	29	6	6	72
2015	38	24	15	28	105
2014	38	40	14	26	118
2013	29	16	9	39	93
2012	6	4	0	126	136
2011	0	1	0	96	97
2010	2	2	0	123	127
Unknown	0	0	0	2	2
Total	144	116	44	446	750

More than one form for patient per side is possible.

Table 3: HD - Hip status

Year treated	Located	Partially dislocated	Luksert	Missing	Total
2016	42	9	14	7	72
2015	53	26	17	9	105
2014	66	15	35	2	118
2013	50	18	17	8	93
2012	68	21	34	13	136
2011	54	13	23	7	97
2010	66	23	29	9	127
Unknown	1	1	0	0	2
Total	400	126	169	55	750

More than one form for patient per side is possible

Table 4: HD - Acetabular index

Year diagnosed	< 15°	< 20°	< 25°	< 30°	< 35°	< 40°	< 45°	>= 45°	Missing	Total
2016	0	0	0	5	4	5	2	11	6	33
2015	0	0	1	3	13	4	7	16	7	51
2014	0	1	3	8	20	10	5	22	12	81
2013	0	0	0	8	16	10	8	14	14	70
2012	0	0	5	11	26	10	12	28	13	105
2011	0	1	3	11	25	11	6	20	8	85
2010	0	3	5	23	25	12	12	14	13	107
2009	0	0	1	3	4	6	3	4	6	27
2008	0	0	0	1	4	0	0	1	2	8
2007	0	0	0	1	2	2	0	1	0	6
2006	0	0	0	0	1	0	0	0	0	1
2005	0	0	0	0	0	0	0	0	1	1
2004	0	0	0	1	0	1	0	0	0	2
2001	0	0	0	0	0	0	0	0	2	2
2000	0	0	0	0	0	0	1	0	0	1
Unknown	0	0	0	5	7	2	3	1	16	34
Total	0	5	18	80	147	73	59	132	100	614

Mean number used for both hips for bilateral HD,

Table 5: HD - Non-operative treatment

Treatment year	Pillow	Plaster	Abduction orthosis	Closed reduction	No treatment/ obs.	Missing	Total
2016	9	1	27	0	12	3	52
2015	5	6	43	2	9	3	68
2014	13	12	27	6	23	7	88
2013	20	7	40	2	9	3	81
2012	36	27	46	6	12	5	132
2011	24	14	43	5	6	2	94
2010	38	20	58	9	6	1	132
2009	1	1	3	1	2	0	8
2007	3	1	1	0	0	0	5
2005	1	0	1	0	0	0	2
Unknown	0	1	0	1	1	0	3
Total	150	90	289	32	80	24	665

Table 6: HD - Reduction - Surgical

Treatment year	Yes
2016	8
2015	10
2014	12
2013	10
2012	6
2011	12
2010	14
Total	72

Table 7: HD - Femoral osteotomy

Treatment year	Varising	Rotation	Shortening	Total
2016	6	5	0	11
2015	5	3	2	10
2014	1	0	0	1
2013	5	4	3	12
2012	2	2	0	4
2011	3	2	1	6
2010	1	3	1	5
Total	23	19	7	49

Table 8: HD - Pelvic osteotomy

Treatment year	Salter	Dega	Triple	Periacetab.	Periacetab. osteotomy	Other	Total
2016	1	7	0	1	0	0	9
2015	5	7	0	0	0	3	15
2014	8	2	0	0	0	0	10
2013	8	0	0	0	1	0	8
2012	3	0	0	0	0	0	3
2011	2	1	0	2	0	0	5
2010	1	1	0	0	0	0	2
Total	28	18	0	3	1	3	52

Table 9: HD - Tenotomi

Treatment year	Psoas tenotomy	Adductor tenotomy	Total
2016	2	0	2
2015	6	6	12
2014	8	14	22
2013	8	2	10
2012	5	5	10
2011	3	0	3
2010	8	5	13
Total	40	32	72

Slipped Capital Femoral Epiphysis (ECF)

Table 10: ECF - New cases per year

Year diagnosed	Unilateral	Bilateral	Total
2016	25	4	29
2015	16	7	23
2014	21	3	24
2013	17	11	28
2012	16	5	21
2011	26	9	35
2010	21	6	27
2009	4	0	4
2008	2	0	2
2007	1	2	3
2006	1	1	2
2005	1	0	1
2004	1	0	1
Unknown	15	10	25
Total	167	58	225

Table 11: ECF - Classification

Year diagnosed	Acute	Chronic	Acute on chronic	Stable (Able to bear weight)	Unstable (Unable to ambulate)
2016	5	16	6	18	10
2015	5	16	2	19	4
2014	1	16	6	13	9
2013	3	16	5	19	5
2012	2	9	5	10	5
2011	6	14	7	20	4
2010	4	14	3	17	7
2009	0	1	0	1	0
2008	0	0	0	1	0
2006	0	0	0	1	0
2005	1	0	0	0	1
Unknown	2	11	0	12	1
Total	29	113	34	131	46

Table 12: ECF - Symptoms duration

Year diagnosed	< 4 weeks	4 - 8 weeks	9 - 26 weeks	27-52 weeks	> 52 weeks	Total
2016	0	1	0	0	0	1
2015	0	1	1	0	0	2
2014	0	2	1	0	1	4
2013	1	2	3	3	0	9
2012	3	4	3	1	0	11
2011	5	3	6	4	3	21
2010	3	8	8	2	0	21
2007	0	0	0	0	1	1
Unknown	2	0	0	0	0	2
Total	14	21	22	10	5	72

Table 13: ECF - Degree of slippage

Year diagnosed	< 30°	30 - 50°	> 50°	Total
2016	11	10	7	28
2015	12	8	2	22
2014	9	6	7	22
2013	11	11	4	26
2012	7	3	5	15
2011	11	7	6	24
2010	15	4	7	26
2005	1	0	0	1
Unknown	6	3	5	14
Total	83	52	43	178

Table 14: ECF - Type of primary operation

Year treated	Screw osteosynthesis	Femoral osteotomy	Pin osteosynthesis	Total
2016	31	0	5	36
2015	23	1	10	34
2014	28	0	4	32
2013	32	0	11	43
2012	14	0	9	23
2011	24	1	15	40
2010	22	1	13	36
2009	1	0	0	1
Total	175	3	67	245

Table 15: ECF - Primary operation - Osteosynthesis with screws

Year treated	----- Number of screws -----			----- Brand -----		
	1 screw	2 screws	> 2 screws	Olmed	Richards	Smith+N.
2016	27	1	3	13	1	1
2015	21	1	0	11	4	3
2014	23	5	0	10	6	3
2013	28	1	1	12	7	1
2012	10	3	0	7	0	0
2011	20	4	0	15	3	1
2010	19	3	0	13	4	0
2009	1	0	0	1	0	0
Total	149	18	4	82	25	9

Smith+N. = Smith and Nephew

Table 16: ECF - Primay operation - Osteosynthesis with pins

Year treated	----- Number of pins -----				----- Diameter -----				
	1	2	3	> 3	2,3	2,5	2,8	3,0	3,2
2016	1	3	1	0	1	0	0	0	0
2015	0	8	2	0	5	3	0	0	0
2014	1	2	1	0	2	0	0	1	0
2013	0	10	0	0	8	0	0	0	1
2012	0	7	1	0	5	1	0	0	0
2011	0	12	3	0	5	1	1	0	1
2010	0	12	1	0	9	1	0	1	2
Total	2	54	9	0	35	6	1	2	4

Perthes Disease (CLP)

Table 17: CLP - Number of new cases per year

Year diagnosed	Unilateral	Bilateral	Total
2016	16	2	18
2015	24	3	27
2014	35	1	36
2013	39	1	40
2012	42	3	45
2011	24	4	28
2010	59	12	71
2009	4	0	4
2008	1	2	3
2007	3	0	3
2006	1	0	1
2005	2	0	2
2004	1	0	1
2003	5	0	5
2002	4	0	4
2001	1	0	1
2000	2	0	2
Unknown	35	6	41
Total	298	34	332

Table 18: CLP - Catterall

Year diagnosed	I/II	III/IV	Missing	Total
2016	5	10	3	18
2015	9	17	2	28
2014	7	24	5	36
2013	11	23	6	40
2012	14	25	6	45
2011	11	16	1	28
2010	22	42	7	71
2009	0	4	0	4
2008	0	2	1	3
2007	0	1	2	3
2006	0	0	1	1
2005	0	1	1	2
2004	0	1	0	1
2003	0	1	4	5
2002	0	1	3	4
2001	0	0	1	1
2000	1	1	0	2
Unknown	1	14	31	46
Total	81	183	74	338

I/II = < 50 % caput necrosis

III/IV = < 50 % caput necrosis

Table 19: CLP - Treatment

Year treated	None/ physiotherapy	Abduction orthosis	Femoral osteotomy	Salter	Dega	Periacetabular	Other pelvic osteotomy	Total
2016	17	0	19	0	0	0	1	37
2015	29	0	12	0	0	0	2	43
2014	36	2	11	0	0	0	0	49
2013	32	0	13	0	0	0	0	45
2012	34	0	3	0	0	0	3	40
2011	31	0	15	0	0	0	0	46
2010	42	0	10	0	0	0	0	52
Total	221	2	83	0	0	0	6	312

Table 20: CLP - Plates and screws

Year treated	Prebent plate	Angel plate	Special plate	Normal screws	Angle-stable screws
2016	2	2	13	5	15
2015	1	2	8	2	8
2014	0	0	10	1	7
2013	2	1	9	3	12
2012	1	0	7	2	2
2011	0	0	19	5	9
2010	1	7	3	5	3
Total	7	12	69	23	56

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Oral presentations/Abstracts/Posters 2016-2017 (68 in total)

Norwegian Arthroplasty Register (50 in total)

Leta TH, Lygre SHL, Skredderstuen A, Hallan G, Gjertsen JE, Rokne B, Furnes O. The outcome of unicompartmental knee arthroplasties after aseptic revision into total knee arthroplasties. A comparative study of 768 total knees and 578 uni knees revised to total knees reported to the Norwegian arthroplasty register (1994-2011). 58th Nordic orthopaedic federation congress; 2016 27-29 April; Linköping, Sweden.

Furnes O, Dybvik E, Småbrekke A, Fenstad AM, Hallan G, Havelin L. Ceramic on ceramic articulation in 4926 uncemented total hip replacements with up to 15 years follow up reported to the Norwegian arthroplasty register. Poster presented at the 58th Nordic Orthopaedic Federation Congress; 2016 27-29 April; Linköping, Sweden.

Lie SA. Co-occurring competing risk illustrated using data from two different hip implants with two different bone cements. The 7th International Conference Methodological Issues in Oral Health Research; 2016 11-13 May; Bergen, Norway

Furnes O. Report from Norwegian shoulder arthroplasty registry. The 7th Triennial Nordic shoulder and elbow conference; 2016 12-13. May; Odense, Denmark

Furnes O. The learning curve of surgical procedures – Influence on education. The 7th Triennial Nordic shoulder and elbow conference; 2016 12-13 may; Odense, Denmark

Dyrhovden G, Furnes O, Gøthesen Ø, Badawy M, Lygre SH. Time trends in causes of revision in unicompartmental and total knee replacement 1994-2014. Poster presented at the 5th International Congress of Arthroplasty Registries (ISAR); 2016 28-30 May; Manchester, UK.

Junnila M, Laaksonen I, Eskelinen A, Pulkkinen P, Havelin L, Furnes O, Fenstad AM, Pedersen AB, Overgaard S, Kärrholm J, Garellick G, Malchau H, Mäkelä K. Implant survival of the most common cemented total hip devices from the Nordic arthroplasty register association (ISAR). 5th International Congress of Arthroplasty registries; 2016 28-30 May; Manchester, UK.

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Furnes O. Innføring av PROM i leddproteseregisteret. Presentert på symposium på høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Gøthesen Ø, Lygre SH, Lorimer M, Graves S, Furnes O. Økt risiko for aseptisk løsning for 45525 roterende platform totalproteser i kne. En kombinert rapport fra norsk og australsk leddregister, 2003-2014. Høstmøtet i Norsk Ortopedisk forening; 2016 26.-28. oktober; Oslo

Dyrhovden GS, Lygre SHL, Badawy M, Gøthesen Ø, Furnes O. Proteseoverlevelse og revisjonsårsaker for unikondylære og totale kneproteser 1994-2015. Høstmøtet i Norsk Ortopedisk

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Furnes O, Dybvik E, Småbrekke A, Fenstad AM, Hallan G, Havelin LI. Keramikk-keramikk artikulasjon i 4926 usementerte totalproteser med opp til 15 års oppfølging rapportert til Nasjonalt register for leddproteser. Høstmøtet i Norsk Ortopedisk forening; 2016 26.-28. oktober; Oslo

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Engesæter LB, Dale H. Fortsatt økning i rapporterte revisjoner av infeksjoner til hofteproteseregisteret. Høstmøtet i Norsk Ortopedisk forening; 2016 26.-28. oktober; Oslo

Lindalen E, Bartz-Johannessen CA, Fenstad AM, Furnes O, Uppheim G. Patellofemoral protese - resultater fra Nasjonalt register for leddproteser. Høstmøtet i Norsk Ortopedisk forening; 2016 26.-28. oktober; Oslo

Hellevik AI, Johnsen MB, Langhammer A, Fenstad AM, Furnes O, Stroheim K, Zwart JA, Flugsrud G, Nordsletten L. Hormonelle faktorer og reproduktiv historie som risikofaktorer for hofte – eller kneprotese på grunn av primær artrose; En prospektiv kohortstudie. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Furnes O. Experiences from the Norwegian Hip arthroplasty register 1987-2016. Invited speaker 43rd annual meeting of Japanese Hip Society, Kyoto 4th November 2016.

Furnes O. Hofteprotesens historie. LINKademy, kurs i sementert hofteprotese; 2016 1.-2. desember; Bergen

Furnes O. Spiller det noen rolle hvilken sement jeg bruker? LINKademy, kurs i sementert hofteprotese; 2016 1.-2. desember; Bergen

Furnes O. Nytt fra Nasjonalt register for leddproteser. Videokonferanse; 2017 18 januar; Bergen

Eskelinen A, Furnes O, Garellick G, Havelin LI, Kärrholm JN, Laaksonen I, Mäkelä K, Malchau H, Overgaard S. Implant survival of the most common cemented total hip devices from the Nordic arthroplasty register association database. Annual AAOS meeting; 2017 March 14 – 18; San Diego, USA

Gøthesen Ø, Lygre SH, Graves S, Furnes O, Lorimer M. Higher risk of aseptic loosening in mobile non-posterior-stabilized total knee arthroplasty. Annual AAOS meeting; 2017 March 14 – 18; San Diego, USA

Furnes O, Dyrhovden G, Badawy M, Lygre SH, Gøthesen Ø. Improved survival for uni and total knee arthroplasty the last decade, but more early infections in total knee arthroplasty. Annual AAOS meeting; 2017 March 14 – 18; San Diego, USA

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Fenstad AM. Statistikk- et nyttig verktøy! ENT3R- elevkveld; 2017 April 4; Universitetet i Bergen

Fenstad AM. Multipel testing. Kurs i analyse av registerdata; 2017 April 24-26; Tromsø

Wilkinson M, Bartz-Johannessen C, Furnes O, Havelin L, Fenstad AM, Lie SA, Pedersen A, Overgaard S, Kärrholm J, Garellick G, Nemes S, Malchau H, Mäkelä KT, Eskelinen A, Wilkinson JM. Risk stratification algorithms for hip replacement outcomes: An evaluation of the heterogeneity in prosthesis survivorship between Scandinavian countries using the NARA database. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Dybvik E, Furnes O, Havelin LI, Fosså SD, Trovik C, Lie SA. Increased risk of cancer for uncemented total hip replacements. A study of 60.374 patients in the Norwegian arthroplasty register linked to the Cancer registry of Norway. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Dale H, Børsheim S, Gjertsen JE, Hallan G, Fenstad AM, Fevang JM, Havelin LI, Furnes O. Fixation in contemporary primary total hip arthroplasty- Is cemented still better? 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Steiger R, Ackerman IN, Bohensky MA, Brand CA, Eskelinen A, Fenstad AM, Furnes O, Graves SE, Haapakoski J, Havelin LI, Mäkelä K, Mehnert F, Nemes S, Overgaard S, Pedersen AB, Garellick G. Lifetime risk of primary total hip replacement surgery for osteoarthritis from 2003-2013: A multi-national analysis using national registry data. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Furnes O, Gøthesen Ø, Lygre SH, Lorimer M, Graves S. Risk of aseptic loosening for 43525 rotating platform total knee replacements. A combined registry study from Norway and Australia, 2003-2014. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Havelin LI. Translating registry findings into clinical practice. NAR, Norwegian. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Furnes O, Leeuwe M. Data completeness and validity of outcome presentation of registry data. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Badawy M, Espehaug B, Fenstad AM, Indrekvam K, Dale H, Havelin LI, Furnes O. Does procedure duration affect the revision risk due to deep infection in total knee arthroplasty? 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Tsikandylakis G, Kärrholm J, Hailer NP, Eskelinen A, Mäkelä K, Hallan G, Furnes O, Pedersen AB, Overgaard S, Mohaddes M. Should 36 mm heads be used to reduce the risk of revision due to dislocation after total hip arthroplasty? An analysis of 300,715 procedures in the Nordic arthroplasty registry association. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Lehtimäki K, Rasmussen J, Mokka J, Salomonsson B, Hole R, Jensen SL, Äärimala V. Risk factors for revision after reverse shoulder arthroplasty – Nordic arthroplasty registry study. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Norwegian Hip Fracture Register (11 in total)

Gjertsen JE, Dybvik E, Furnes O, Fevang JM, Havelin LI, Matre K, Engesæter LB. Improved outcome after hip fracture surgery in Norway. 10 years results from the Norwegian hip fracture register. 5TH FFN Global Congress; 2016 1-3 september; Rome, Italy

Gjertsen JE. Hip fracture care in Scandinavia. QIST conference; 2016 18 october; Newcastle, UK

Gjertsen JE. SSI in hip fracture. QIST conference; 2016 19 oktober; Newcastle, UK

Kristensen TB, Dybvik EH, Furnes O, Engesæter LB, Gjertsen JE. Overlevelse for sementerte hemiproteseestammer. Rapport fra Nasjonalt hoftebruddregister. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Gjertsen JE, Dybvik E, Furnes O, Fevang JM, Havelin LI, Matre K, Engesæter LB. Mindre reoperasjoner etter hoftebruddskirurgi i Norge. Resultater fra Nasjonalt hoftebruddregister 2005-2014. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Råen V, Arnason OT, Kjærner-Semb Ø, Jahnsen E, Leer-Salvesen S, Engesæter LB. Validering av rapportering av primæropererte hoftebrudd til Norsk Pasientregister. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Kjærner-Semb Ø, Arnason OT, Jahnsen E, Råen V, Leer-Salvesen S, Engesæter LB. Enkel metode for å finne antall primær operasjoner for hoftebrudd. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Jahnsen E, Arnason OT, Kjærner-Semb Ø, Leer-Salvesen S, Råen V, Engesæter LB. Validering av rapporteringen av primær operasjoner for hoftebrudd til Nasjonalt hoftebruddregister ved åtte sykehus i Norge. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Vinje T, Engesæter L, Gjertsen JE. Tid frå skade til operasjon og død for pasientar med hoftefraktur - ein nasjonal kohortstudie med propensity score matching. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Gjertsen JE, Dybvik E, Furnes O, Fevang JM, Havelin LI, Matre K, Engesæter LB. Improved outcome after hip fracture surgery in Norway. 10-years results from the Norwegian hip fracture register. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Kristensen TB, Dybvik E, Furnes O, Engesæter LB, Gjertsen JE. Stem survival of cemented hemiarthroplasty for femoral neck fractures. A report from the Norwegian hip fracture register. 6th International Congress of Arthroplasty Registries; 2017 May 20 – 22; San Francisco, USA

Norwegian Cruciate Ligament Register (5 in total)

Fjeldsgaard K. Status for elektronisk rapportering. Presentert på symposium på høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Persson A, Fjeldsgaard K, Gjertsen JE, Engebretsen L, Kjellsen AB, Fevang JM. New trauma is the most common cause of revision after primary anterior cruciate ligament reconstruction - a study from the Norwegian knee ligament registry 2004-2015. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Aga C, Granan LP, Kartus J, Lind M, Maletis G, Engebretsen L. No difference in revision rates or treatment failures between single bundle and double bundle anterior cruciate ligament reconstruction, A register study. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Gifstad T, Inderhaug E, Drogset JO. Grafftykkelse og kroppsmasseindeks i det norske korsbåndregisteret. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Ekås GR, Engebretsen L. Korsbåndregisteret er i endring i form av registrering av ikke – opererte

korsbåndspasienter; Prosjektpresentasjon og demonstrasjon av elektronisk skjema. Høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Norwegian Paediatric Hip Register (2 in total)

Wiig O. Introduksjon og status for barnehofteregisteret. Presentert på symposium på høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

Reve AK. Hva kan gjøres for å øke compliance? Presentert på symposium på høstmøtet i Norsk Ortopedisk Forening; 2016 26.-28. oktober; Oslo

**Operation forms (in Norwegian only)
Data from these forms is the basis of this report.**

RETTLEDNING TIL HOFTEPROTESER

Registreringen gjelder innsetting, skifting og fjerning av totalproteser i hofteledd, samt kantplastikk, bløtdelsrevisjon for infisert protese og hemiprotoser på annen indikasjon enn fraktur/fraktursekvele. Hemiprotese for fraktur/ fraktursekvele registreres på Hoftebruddskjema. Ett skjema fylles ut for hver operasjon. Fødselsnummer (11sifre) og sykehusnavn må påføres. Aktuelle ruter markeres med kryss. På eget Samtykkeskjema skal pasienten gi samtykke til rapportering til Leddregisteret. Samtykkeskjema skal lagres i pasientjournal.

AKTUELLE OPERASJON

Primæroperasjoner: Første totalproteseoperasjon, og første hemiprotese hvis denne settes inn på annen indikasjon enn fraktur. Hemiprotese for fraktur/fraktursekvele registreres på Hoftebruddskjema.

Reoperasjon (totalprotese tidligere): Fjerning av protesedeler (f.eks. Girdlestone) må registreres. Kantplastikk (f. eks. PLAD), bløtdelsrevisjoner for infeksjon, osteosyntese, resutur av muskel og muskeltransposisjon registreres selv om protesedeler ikke skiftes.

ÅRSAK TIL AKTUELLE OPERASJON

Kryss av under A ved primæroperasjoner og under B ved reoperasjoner. I B må du krysse av for alle årsakene til reoperasjon, eller forklare med fritekst.

REOPERASJONSTYPE

Fjerning av protesedeler (f.eks. Girdlestone) må registreres. Kantplastikk (f. eks. PLAD), bløtdelsrevisjoner for infeksjon, osteosyntese, resutur av muskel og muskeltransposisjon registreres selv om protesedeler ikke skiftes.

BENTRANSPLANTASJON Benpropp som sementstopper regnes ikke som bentransplantat. Vi skiller mellom benpakking og transplantasjon.

PROTESEKOMPONENTER: Acetabulum - Femur - Caput - Trokanterdel og hals hvis disse er separate deler

Bruk klistrelappene som følger med protesen. Lim disse på baksiden av skjema. Alternativt, skriv inn protesenavn + REF.NR., materiale, overflatebelegg og design.

Sementnavn må anføres (bruk klistrelapp).

KOMPLIKASJONER Også operasjoner hvor pasienter dør på operasjonsbordet eller rett etter operasjon skal meldes. Ved stor blødning, angi mengde.

ASA-KLASSE (ASA=American Society of Anesthesiologists)

ASA-klasse 1: Friske pasienter som røyker mindre enn 5 sigaretter daglig.

ASA-klasse 2: Pasienter med en asymptomatisk tilstand som behandles medikamentelt (f.eks hypertensjon) eller med kost (f.eks diabetes mellitus type 2) og ellers friske pasienter som røyker 5 sigaretter eller mer daglig.

ASA-klasse 3: Pasienter med en tilstand som kan gi symptomer, men som holdes under kontroll medikamentelt (f.eks moderat angina pectoris og mild astma).

ASA-klasse 4: Pasienter med en tilstand som ikke er under kontroll (f.eks hjertesvikt og astma).

ASA-klasse 5: Moribund/døende pasient.

MINIINVASIV KIRURGI (MIS = Minimally Invasive Surgery) når det er brukt spesialinstrument laget for MIS.

ANTIBIOTIKAPROFYLAKSE Før på antibiotikum som er benyttet i forbindelse med operasjonen, f.eks.: Medikament 1: Keflin 2g x 4, med varighet 4,5 timer.

TROMBOSEPROFYLAKSE

Medikament, dose og antatt varighet av profylaksen skal angis separat for operasjonsdagen og senere. Det skal også oppgis om pasienten står fast på tromboseprofylakse (AlbylE, Marevan, Plavix ol).

FIBRINOLYSEHEMMER Her føres det på om en benytter blødningsreducerende legemidler i forbindelse med operasjonen (f.eks. Cyklokapron).

BEINTAP VED REVISJON

Femur (Paprosky's klassifikasjon)

Type I: Minimalt tap av metafysært ben og intakt diafyse.

Type II: Stort tap av metafysært ben, men intakt diafyse.

Type IIIA: Betydelig tap av metafysært ben uten mulighet for proximal mekanisk støtte. Over 4 cm intakt corticalis i isthmusområdet.

Type IIIB: Betydelig tap av metafysært ben uten mulighet for proximal mekanisk støtte. Under 4 cm intakt corticalis i isthmusområdet.

Type IV: Betydelig tap av metafysært ben uten mulighet for proximal mekanisk støtte. Bred isthmus med liten mulighet for cortical støtte.

Acetabulum (Paprosky's klassifikasjon)

Type I: Hemisfærisk acetabulum uten kantdefekter. Intakt bakre og fremre kolonne. Defekter i forankringshull som ikke ødelegger subchondral benplate.

Type IIA: Hemisfærisk acetabulum uten store kantdefekter, intakt bakre og fremre kolonne, men med lite metafysært ben igjen.

Type IIB: Hemisfærisk acetabulum uten store kantdefekter, intakt bakre og fremre kolonne, men med lite metafysært ben igjen og noe manglende støtte superior.

Type IIC: Hemisfærisk acetabulum uten store kantdefekter, intakt bakre og fremre kolonne, men med defekt i medial vegg.

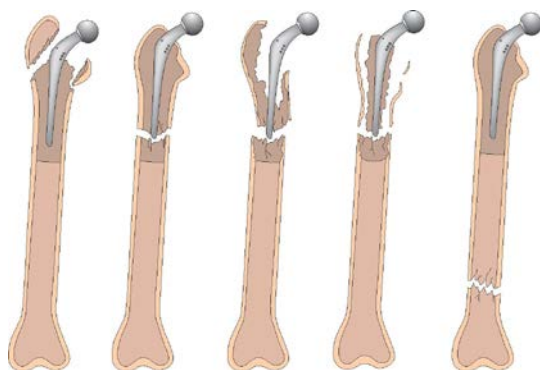
Type IIIA: Betydelig komponentvdring, osteolyse og bentap. Bentap fra kl.10 til 2.

Type IIIB: Betydelig komponentvdring, osteolyse og bentap. Bentap fra kl. 9 til 5.

Kopi beholdes til pasientjournalen, originalen sendes Haukeland universitetssjukehus.

PROTESENÆR FRAKTUR

Vancouverklassifikasjon



Type A Type B1 Type B2 Type B3 Type C

Kontaktpersoner vedrørende registreringsskjema er

Seksjonsoverlege Leif Ivar Havelin, tlf. 55 97 56 87 og overlege Ove Furnes, tlf. 55 97 56 90
Ortopedisk klinikk, Haukeland universitetssjukehus. Besøksadresse: Møllendalsbakken 11.

Sekretærer i Nasjonalt Register for Leddproteser, Ortopedisk klinikk, Helse Bergen:

Ingunn Vindenes, tlf. 55 97 37 43 og Merete Husøy, tlf. 55 97 82 53

Epost nrl@helse-bergen.no Internett: <http://nrlweb.ihelse.net/>

Skjema revidert i november 2015.



F.nr. (11 sifre).....

Navn:.....

(Skriv tydelig ev. pasientklirelapp – spesifiser sykehus.)

Sykehus:.....

KNEPROTESER og andre leddproteser

Innsetting, skifting eller fjerning av protese eller protesedeler, samt bløtdelsrevisjoner for infisert protese.

LOKALISASJON, AKTUELL OPERASJON

- ¹ Kne ⁶ Håndledd
² Ankel ⁷ Fingre (angi ledd)
³ Tær (angi ledd) ⁸ Annet
⁴ Skulder ⁹ Rygg (angi nivå).....
⁵ Albue

AKTUELLE SIDE (ett kryss) (Bilateral opr. = 2 skjema)

- ¹ Høyre ² Venstre

TIDLIGERE OPERASJON I AKTUELLE LEDD (ev. flere kryss)

- ⁰ Nei
¹ Osteosyntese for intraartikulær/leddnær fraktur
² Osteotomi
³ Artrødese
⁴ Protese
⁵ Synovectomi
⁶ Annet (f.eks menisk og leddbåndso).....

AKTUELLE OPERASJON (ett kryss)

- ¹ Primæroperasjon ² Reoperasjon (protese tidligere)

OPERASJONSDATO (dd.mm.åå) | | | | | | | |

ÅRSAK TIL AKTUELLE OPERASJON (KRYSS AV ENTEN I A ELLER B)

A. Primæroper. pga (ev. flere kryss)

- ¹ Idiopatisk artrose
² Rheumatoid artritt
³ Fraktursequele.....
⁴ Mb. Bechterew
⁵ Sequele ligamentskade
⁶ Sequele meniskskade
⁷ Akutt fraktur
⁸ Infeksjonssequele
⁹ Spondylose
¹⁰ Sequele prolaps kirurgi
¹¹ Degenerativ skivesykdom
¹² Rotarcuff artropati
¹³ Annet

B. Reoper. pga (ev. flere kryss)

- ¹ Løs prox.protesedel
² Løs distal protesedel
³ Løs patellaprotese
⁴ Luksasjon av patella
⁵ Luksasjon (ikke patella)
⁶ Instabilitet
⁷ Aksefeil
⁸ Dyp infeksjon
⁹ Fraktur av bein (nær protesen)
¹⁰ Smerter
¹¹ Slitt eller defekt plastforing
Hvilken.....
¹² Progresjon av artrose
¹³ Annet (f.eks tidl fjernet protese)

REOPERASJONSTYPER (ev. flere kryss)

- ¹ Bytte el. innsetting av distal komponent ⁹ Fjernet protesedeler (inkl. sementspacer)
² Bytte el. innsetting av proximal protesedel ¹⁰ Bløtdelsdebridement for infisert protese
³ Bytte el. innsetting av hele protesen ¹¹ Annet.....
⁴ Innsetting av patellakomp.
⁵ Bytte av patellaprotese
⁶ Bytte av plastforing
⁷ Artrødese
⁸ Amputasjon

BENTRANSPLANTASJON (ev. flere kryss)

- Proximalt ⁰ Nei ¹ Ja ² Benpakking
Distalt ⁰ Nei ¹ Ja ² Benpakking

ANTIBIOTIKAPROFYLAKSE

- ⁰ Nei ¹ Ja

Navn Dosering Varighet i timer

Medikament 1.....timer

Medikament 2.....timer

Medikament 3.....timer

TROMBOSEPROFYLAKSE

- ⁰ Nei ¹ Ja: Første dose ¹ Preoperativt ² Postoperativt

Medikament 1..... Dosering opr.dag.....

Dosering videre..... Varighet.....døgn

Medikament 2..... Dosering..... Varighet.....døgn

FAST TROMBOSEPROFYLAKSE

- ⁰ Nei ¹ Ja, type:

FIBRINOLYSEHEMMER

- ⁰ Nei ¹ Ja, medikament: Dosering.....

DREN ⁰ Nei ¹ Ja. Antatt varighet.....døgn

OPERASJONSTID (hud til hud).....minutter

PEROPERATIVE KOMPLIKASJON

- ⁰ Nei ¹ Ja, hvilke(n):

MINI INVASIV KIRURGI (MIS)

- ⁰ Nei ¹ Ja

COMPUTERNAVIGERING (CAOS)

- ⁰ Nei ¹ Ja Type:.....

PASIENTTILPASSEDE INSTRUMENTER

- ⁰ Nei ¹ Ja Type:.....

ASA KLASSE (se baksiden for definisjon)

- ¹ Frisk
² Asymptomatisk tilstand som gir økt risiko
³ Symptomatisk sykdom
⁴ Livstruende sykdom
⁵ Moribund

PROTESE KNE (Bruk klistrelapper på baksiden, eller spesifiser nøyaktig)

PROTESETYPE

- ¹ Totalprot. m/patella ⁴ Patelhofemoralledd prot.
² Totalprot. u/patella ⁵ Bi-compartmental ⁶ Hengslet protese
³ Unicondylær prot Medial Lateral ⁷ Annet

FEMURKOMponent

Navn/Type/Str

ev. katalognummer

Sentral stamme ⁰ Nei ¹ Ja, ev. lengde.....mm

Metallforing ⁰ Nei ¹ Ja

Stabilisering ⁰ Nei ¹ Ja, bakre ² Ja, annen

¹ Sement med antibiotika – Navn

² Sement uten antibiotika – Navn

³ Usementert

TIBIAKOMponent (metallplata)

Navn/Type/Str

ev. katalognummer

Forlengt sentral stamme ⁰ Nei ¹ Ja, ev. lengde.....mm

Metallforing ⁰ Nei ¹ Ja

¹ Sement med antibiotika – Navn

² Sement uten antibiotika – Navn

³ Usementert

TIBIAKOMponent (plastkomponent)

Navn/Type/Str

ev. katalognummer.....

Tykkelse..... mm

Stabilisering ⁰ Nei ¹ Ja, bakre ² Ja, annen

PATELLAKOMponent

Navn/Type/Str

ev. katalognummer

Metallrygg ⁰ Nei ¹ Ja

¹ Sement med antibiotika – Navn

² Sement uten antibiotika – Navn

³ Usementert

KORSBÅND

Intakt fremre korsbånd før operasjon ⁰ Nei ¹ Ja

Intakt fremre korsbånd etter operasjon ⁰ Nei ¹ Ja

Intakt bakre korsbånd før operasjon ⁰ Nei ¹ Ja

Intakt bakre korsbånd etter operasjon ⁰ Nei ¹ Ja

PROTESE ANDRE LEDD (Bruk klistrelapper på baksiden, eller spesifiser nøyaktig)

PROTESETYPE

- ¹ Totalprotese ² Hemiprotese ³ Enkomponentprotese ⁴ Annet

PROKSIMAL KOMponent

Navn/Type/Str

ev. katalognummer

¹ Sement med antibiotika – Navn

² Sement uten antibiotika – Navn

³ Usementert

DISTAL KOMponent

Navn/Type/Str

ev. katalognummer

¹ Sement med antibiotika – Navn

² Sement uten antibiotika – Navn

³ Usementert

INTERMEDIÆR KOMponent (f.eks. caput humeri)

Navn/Type/Str/Diameter.....

ev. katalognummer

Lege

Legen som har fylt ut skjemaet (navnet registreres ikke i databasen).

Registreringen gjelder innsetting, skifting eller fjerning av protese i kne, skuldre og andre ledd med unntak av hofter som har eget skjema. Ett skjema fylles ut for hver operasjon. Pasientens fødselsnummer (11 sifre) og sykehus må være påført. Aktuelle ruter markeres med kryss.

På eget Samtykkeskjema skal pasienten gi samtykke til rapportering til Leddregisteret. Samtykkeskjemaet skal lagres i pasientjournal.

Kommentarer til de enkelte punktene

AKTUELLE OPERASJON

Primæroperasjon: Dette er første totalproteseoperasjon.

Kryss av enten i A eller i B. Kryss av for alle årsakene til operasjonen. Bløtdelsrevisjon for infeksjon skal registreres selv om protesedeler ikke skiftes.

REOPERASJONSTYPE

Fjerning av protesedeler må spesifiseres og føres opp, også fjerning ved infeksjon.

BENTRANSPLANTASJON

Påsmøring av benvev rundt protesen regnes ikke som bentransplantat.

ANTIBIOTIKAPROFYLAKSE

Medikament, dose og varighet av profylaksen skal angis f.eks. slik: Medikament: Keflin, Dosering: 2g x 4, med varighet 4,5 timer.

TROMBOSEPROFYLAKSE

Medikament, dose og antatt varighet av profylaksen skal angis separat for operasjonsdagen og senere. Det skal også oppgis om pasienten står fast på tromboseprofylakse (AlbylE, Marevan, Plavix ol).

FIBRINOLYSEHEMMER

Her føres det på om en benytter blødningsreducerende legemidler i forbindelse med operasjonen (f.eks. Cyklokapron).

PEROPERATIV KOMPLIKASJON

Dersom det foreligger komplikasjon i form av stor blødning, må mengden angis.

Dersom pasienten dør under eller like etter operasjonen, ønsker vi likevel melding om operasjonen.

ASA-KLASSE (ASA=American Society of Anesthesiologists)

ASA-klasse 1: Friske pasienter som røyker mindre enn 5 sigaretter daglig.

ASA-klasse 2: Pasienter med en asymptomatisk tilstand som behandles medikamentelt (f.eks. hypertensjon) eller med kost (f.eks. diabetes mellitus type 2) og ellers friske pasienter som røyker 5 sigaretter eller mer daglig.

ASA-klasse 3: Pasienter med en tilstand som kan gi symptomer, men som holdes under kontroll medikamentelt (f.eks. moderat angina pectoris og mild astma).

ASA-klasse 4: Pasienter med en tilstand som ikke er under kontroll (f.eks. hjertesvikt og astma).

ASA-klasse 5: Moribund/døende pasient

PROTESETYPE

Dersom det er gjort revisjon av totalprotese uten patellakomponent og REOPERASJONSTYPE er **innsetting av patellakomponent**, skal det krysses av for pkt. 1: Totalprotese med patellakomponent (dvs. protesen har nå blitt en totalprotese med patellakomponent). Ved revisjon av unicondylær protese til totalprotese brukes enten pkt. 1 eller 2.

PROTESEKOMPONENTER

Her anføres kommersielle navn, materiale, størrelse og design. Alternativt kan en føre opp protesenavn og katalognummer eller benytte klistrelapp som følger med de fleste protesene. **Denne kan limes på baksiden av skjemaet (vennligst ikke plasser klistrelapper på markeringskryss, som brukes ved scanning av skjema).**

Navnet på sementen som evt. brukes må anføres, f.eks. Palacos R+G. (Bruk helst klistrelapp)

Under femurkomponent skal evt. påsatt **femurstamme** anføres med lengde.

Med **metallføring** under femur- og tibiakomponent menes bruk av en eller flere separate metallkiler (wedges) som erstatning for manglende benstøtte. Stabilisering er bruk av proteser med stabilisering som kompensasjon for sviktende båndapparat.

Forlenget sentral stamme under tibiakomponent (metallplatå) skal bare anføres ved bruk av en lengre påsatt stamme enn standardkomponenten.

ANDRE LEDD. PROTESETYPE

Ved bruk av hemiprotese med bare en komponent, f.eks. resurfacing i skulder, skrives dette på DISTAL KOMPONENT. Enkomponent-protese i finger/tå, skrives på PROKSIMAL KOMPONENT.

COMPUTERNAVIGERING (CAOS = Computer Aided Orthopaedic Surgery)

Angi firmanavn på computersystem.

MINIINVASIV KIRURGI (MIS = Minimally Invasive Surgery)

Her menes at kirurgen har brukt kort snitt og at det er brukt spesialinstrument laget for MIS.

PASIENTTILPASSEDE INSTRUMENTER

Her menes kutteblokker eller instrumenter som lages etter MR eller CT bilder tatt av pasienten før operasjonen. Oppgi navn på systemet.

Kopi beholdes til pasientjournalen, originalen sendes Haukeland universitetssjukehus.

Kontaktpersoner vedrørende registreringsskjema er

Overlege Ove Furnes, tlf. 55 97 56 90 og seksjonsoverlege Leif Ivar Havelin, tlf. 55 97 56 87.

Ortopedisk klinikk, Haukeland universitetssjukehus. Besøksadresse: Møllendalsbakken 11.

Sekretærer i Nasjonalt Register for Leddproteser, Ortopedisk klinikk, Helse Bergen:

Randi Furnes, tlf. 55 97 37 42 og Ingunn Vindenes, tlf. 55 97 37 43.

Epost: nrl@helse-bergen.no Internett: <http://nrlweb.ihelse.net/>

Skjema revidert i november 2015.

**NASJONALT HOFTEBRUDDREGISTER**

Nasjonalt Register for Leddproteser
 Helse Bergen HF, Ortopedisk klinikk
 Haukeland universitetssjukehus
 Møllendalsbakken 11
 5021 BERGEN
 Tlf: 55976452

F.nr. (11 sifre).....

Navn:.....

(Skriv tydelig ev. pasientklirelapp – spesifiser sykehus.)

Sykehus:.....

HOFTEBRUDD

PRIMÆRE OPERASJONER PÅ BRUDD I PROKSIMALE FEMURENDE og ALLE REOPERASJONER, inkludert lukket reponering av hemiprotoser. Ved primæroperasjon med totalprotese og ved reoperasjon til totalprotese brukes kun hofteproteseskjema. Alle produktklirelapper settes i merket felt på baksiden av skjemaet.

AKTUELLE OPERASJON Primæroperasjon Reoperasjon**SIDE (ett kryss)** (Bilateral opr. = 2 skjema) Høyre Venstre**OPR TIDSPUNKT** (dd.mm.åå) |__|__|__|__|__|__| kl |__|__|**BRUDD TIDSPUNKT** (dd.mm.åå) |__|__|__|__|__|__| kl |__|__|

Dersom det er usikkerhet om bruddtidspunkt, fyll ut neste punkt.

TID FRA BRUDD TIL OPERASJON I TIMER 0-6 >6-12 >12-24 >24-48 >48**KOGNITIV SVIKT** Nei Ja (Se test på baksiden) Usikker**ASA-KLASSE** (se bakside av skjema for definisjon)

- 1 Frisk
- 2 Asymptomatisk tilstand som gir økt risiko
- 3 Symptomatisk sykdom
- 4 Livstruende sykdom
- 5 Moribund

TYPE PRIMÆRBRUDD (ÅRSÅK TIL PRIMÆROPERASJON) (Kun ett kryss)

Se baksiden for klassifikasjon

- 1 Lårhalsbrudd udislokert (Garden 1 og 2)
- 2 Lårhalsbrudd dislokert (Garden 3 og 4)
- 3 Lateralt lårhalsbrudd
- 4 Pertrokantært tofragment (AO klassifikasjon A1)
- 5 Pertrokantært flerfragment (AO klassifikasjon A2)
- 9 Intertrokantært (AO klassifikasjon A3)
- 6 Subtrokantært
- 7 Annet, spesifiser.....

TYPE PRIMÆROPERASJON (Kun ett kryss)

(Fylles ut bare ved primæroperasjon - eget skjema for totalproteser)

(Fest produktklirelapp på baksiden eller spesifiser nøyaktig produkt)

- 1 To skruer eller pinner
- 2 Tre skruer eller pinner
- 3 Bipolar hemiprotese
- 4 Unipolar hemiprotese
- 5 Glideskrue og plate
- 6 Glideskrue og plate med trokantær støtteplate
- 7 Vinkelplate
- 8 Kort margnagle uten distal sperre
- 9 Kort margnagle med distal sperre
- 10 Lang margnagle uten distal sperre
- 11 Lang margnagle med distal sperre
- 12 Annet, spesifiser.....

Navn / størrelse og katalognummer.....

ÅRSÅK TIL REOPERASJON (Flere enn ett kryss kan brukes)

- 1 Osteosyntesesvikt/havari
- 2 Ikke tilhelet brudd (non-union/pseudartrose)
- 3 Caputnekrose (segmentalt kollaps)
- 4 Lokal smerte pga prominente osteosyntesemateriale
- 5 Brudd tilhelet med feilstilling
- 6 Sårinfeksjon – overfladisk
- 7 Sårinfeksjon – dyp
- 8 Hematom
- 9 Luksasjon av hemiprotese
- 10 Osteosyntesematerialet skåret gjennom caput
- 11 Nytt brudd rundt implantat
- 12 Løsning av hemiprotese
- 13 Annet, spesifiser.....

TYPE REOPERASJON (Flere enn ett kryss kan brukes)

(Fest produktklirelapp på baksiden eller spesifiser nøyaktig produkt)

- 1 Fjerning av implantat (Brukes når dette er eneste prosedyre)
- 2 Girdlestone (= fjerning av implantat og caput)
- 3 Bipolar hemiprotese
- 4 Unipolar hemiprotese
- 5 Re-osteosyntese
- 6 Debridement for infeksjon
- 7 Lukket reposisjon av luksert hemiprotese
- 8 Åpen reposisjon av luksert hemiprotese
- 9 Annet, spesifiser.....

Navn / størrelse og katalognummer.....

FIKSASJON AV HEMIPROTESE

(For totalprotese sendes eget skjema til hofteproteseregisteret)

- 1 Usementert med HA uten HA
- 2 Sement med antibiotika Navn.....
- 3 Sement uten antibiotika Navn.....

PATOLOGISK BRUDD (Annen patologi enn osteoporose) Nei Ja, type.....**TILGANG TIL HOFTELEDDET VED HEMIPROTESE** (Kun ett kryss)

- 1 Fremre (mellom sartorius og tensor)
- 2 Anterolateral (mellom gluteus medius og tensor)
- 3 Direkte lateral (transgluteal)
- 4 Bakre (bak gluteus medius)
- 5 Annet, spesifiser.....

ANESTESITYPE 1 Narkose 2 Spinal 3 Annet, spesifiser.....**PEROPERATIVE KOMPLIKASJONER** 0 Nei 1 Ja, hvilke(n).....**OPERASJONSTID** (hud til hud)..... minutter.**ANTIBIOTIKAPROFYLAKSE** 0 Nei 1 Ja

Navn	Dosering	Varighet i timer
Medikament 1.....	timer
Medikament 2.....	timer
Medikament 3.....	timer

TROMBOSEPROFYLAKSE 0 Nei 1 Ja: Første dose 1 Preoperativt 2 Postoperativt

Medikament 1.....	Dosering opr.dag.....		
	Dosering videre.....	Varighet.....	døgn
Medikament 2.....	Dosering.....	Varighet.....	døgn

FAST TROMBOSEPROFYLAKSE 0 Nei 1 Ja, type:.....**FIBRINOLYSEHEMMER** 0 Nei 1 Ja, medikament :..... Dosering.....**OPERATØRERFARING**Har en av operatørene mer enn 3 års erfaring i hoftebruddkirurgi? 0 Nei 1 Ja

Lege.....
 Legen som har fylt ut skjemaet (navnet registreres ikke i databasen).

RETTLEDNING

Registreringen gjelder alle operasjoner for hoftebrudd (lårhals, pertrokantære og subtrokantære) og alle reoperasjoner, også reposisjoner, på pasienter som er primæroperert og reoperert for hoftebrudd. **Ved primæroperasjon med totalprotese og ved reoperasjon til totalprotese sendes bare skjema til hofteproteseregisteret.**

Ett skjema fylles ut for hver operasjon. Originalen sendes Haukeland universitetssjukehus og kopien lagres i pasientens journal. Pasientens fødselsnummer (11 sifre) og sykehuset må være påført. Aktuelle ruter markeres med kryss. Pasienten skal på eget skjema gi samtykke til registrering i Nasjonalt hoftebruddregister og samtykkeerklæringen lagres i pasientens journal på sykehuset.

Kommentarer til enkelte punkt:

OPERASJONS- OG BRUDDTIDSPUNKT

Operasjonstidspunkt (dato og klokkeslett) må føres opp på alle primæroperasjoner. Det er også sterkt ønskelig at dato og klokkeslett for *bruddtidspunkt* føres opp. Dette bl.a. for å se om tid til operasjon har effekt på prognose. (Hvis en ikke kjenner klokkeslettet for bruddtidspunkt lar en feltet stå åpent. En må da prøve å angi omtrentlig tidsrom fra brudd til operasjon på neste punkt).

Ved reoperasjon er ikke klokkeslett nødvendig.

KOGNITIV SVIKT

Kognitiv svikt kan eventuelt testes ved å be pasienten tegne klokken når den er 10 over 11. En pasient med kognitiv svikt vil ha problemer med denne oppgaven.

ASA-KLASSE (ASA=American Society of Anesthesiologists)

ASA-klasse 1: Friske pasienter som røyker mindre enn 5 sigaretter daglig.

ASA-klasse 2: Pasienter med en asymptomatisk tilstand som behandles medikamentelt (f.eks hypertensjon)

eller med kost (f.eks diabetes mellitus type 2) og ellers friske pasienter som røyker 5 sigaretter eller mer daglig.

ASA-klasse 3: Pasienter med en tilstand som kan gi symptomer, men som holdes under kontroll medikamentelt

(f.eks moderat angina pectoris og mild astma).

ASA-klasse 4: Pasienter med en tilstand som ikke er under kontroll (f.eks hjertesvikt og astma).

ASA-klasse 5: Moribund/døende pasient

GARDENS KLASSIFISERING AV LÅRHALSBRUDD

Garden 1: Ikke komplett brudd av lårhalsen (såkalt innkilt)

Garden 2: Komplet lårhalsbrudd uten dislokasjon

Garden 3: Komplet lårhalsbrudd med delvis dislokasjon. Fragmentene er fortsatt i kontakt, men det er feilstilling av lårhalsens trabekler.

Caputfragmentet ligger uanatomisk i acetabulum.

Garden 4: Komplet lårhalsbrudd med full dislokasjon. Caputfragmentet er fritt og ligger korrekt i acetabulum slik at trabeklene er normalt orientert.

AO KLASSIFIKASJON AV TROKANTÆRE BRUDD



A1: Pertrokantært tofragment brudd



A2: Pertrokantært flerfragment brudd



A3: Intertrokantært brudd



Subtrokantært brudd*

*Subtrokantært brudd: Bruddsentrum er mellom nedre kant av trokanter minor og 5 cm distalt for denne.

REOPERASJONSÅRSÅK

Dyp infeksjon defineres som infeksjon som involverer fascie, protese, ledd eller periprotetisk vev.

IMPLANTAT

Implantattype må angis entydig. Produktklistrelapp er ønskelig for å angi katalognummer for osteosyntesematerialet eller protesen som er brukt.

PEROPERATIVE KOMPLIKASJONER

Vi ønsker også å få meldt dødsfall på operasjonsbordet og peroperativ transfusjonstrengende blødning.

ANTIBIOTIKAPROFYLAKSE

Her føres det på hvilket antibiotikum som er blitt benyttet i forbindelse med operasjonen. Det anføres dose, antall doser og profylaksens varighet. F.eks. Medkament 1: Keflin 2g x 4, med varighet 4,5 timer.

TROMBOSEPROFYLAKSE

Medikament, dose og antatt varighet av profylaksen skal angis separat for operasjonsdagen og senere. Det skal også oppgis om pasienten står fast på tromboseprofylakse (AlbyLE, Marevan, Plavix ol).

FIBRINOLYSEHEMMER

Her føres det på om en benytter blødningsreducerende legemidler i forbindelse med operasjonen (f.eks. Cyklokapron).

Kontaktpersoner vedrørende registreringskjema er:

Overlege Jan-Erik Gjertsen, Ortopedisk klinikk, Haukeland universitetssjukehus. Tlf. 55 97 56 72 (email: jan-erik.gjertsen@helse-bergen.no)

Professor Lasse Engesæter, Ortopedisk klinikk, Haukeland universitetssjukehus. Tlf. 55 97 56 84

Prosjektkoordinator Nasjonalt Hoftebruddregister: Lise B. Kvamsdal. Tlf. 55 97 64 52 (email: nrl@helse-bergen.no)

Internett: <http://nrlweb.ihelse.net/>

PRODUKTKLISTRELAPPER:



NASJONALT HOFTEBRUDDREGISTER

Nasjonalt Register for Leddproteser
Helse Bergen HF, Ortopedisk klinikk
Haukeland Universitetssykehus
Møllendalsbakken 11
5021 BERGEN

PASIENTSPØRRESKJEMA NASJONALT HOFTEBRUDDREGISTER

1. Dato for utfylling av skjema: |_|_| |_|_| |_|_|

2. Spørreskjemaet er besvart av:

¹ Meg selv

eller ved hjelp av....(kryss av i ruten som gjelder)

² Slektning (ektefelle, barn)

³ God venn eller annen nærstående

⁴ Annen privat person

⁵ Hjemmesykepleier/hjemmehjelp

⁶ Annen person, angi hvem: _____



NASJONALT HOFTEBRUDDREGISTER

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Haukeland Universitetssykehus
Møllendalsbakken 11
5021 BERGEN

I de neste 5 spørsmålene ønsker vi å vite hvordan livssituasjonen din var FØR du fikk hofte/lårhalsbruddet som du ble operert for.

3. Hvordan opplevde du gangevnen din?

- ¹ Jeg hadde ingen problemer med å gå omkring
- ² Jeg hadde litt problemer med å gå omkring
- ³ Jeg var sengeliggende

4. Hvordan klarte du personlig stell?

- ¹ Jeg hadde ingen problemer med personlig stell
- ² Jeg hadde litt problemer med å vaske meg eller kle meg
- ³ Jeg klarte ikke å vaske meg eller kle meg

5. Hvordan klarte du dine vanlige gjøremål (f.eks. arbeid, studier, husarbeid, familie- og fritidsaktiviteter)?

- ¹ Jeg hadde ingen problemer med å utføre mine vanlige gjøremål
- ² Jeg hadde litt problemer med å utføre mine vanlige gjøremål
- ³ Jeg var ute av stand til å utføre mine vanlige gjøremål

6. Smerter eller ubehag?

- ¹ Jeg hadde verken smerte eller ubehag
- ² Jeg hadde moderat smerte eller ubehag
- ³ Jeg hadde sterk smerte eller ubehag

7. Angst eller depresjon?

- ¹ Jeg var verken engstelig eller deprimert
- ² Jeg var noe engstelig eller deprimert
- ³ Jeg var svært engstelig eller deprimert



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5021 BERGEN

I de 5 neste spørsmålene ønsker vi å vite hvordan livssituasjonen din er **NÅ**:

8. Hvordan opplever du gangevnen din?

- ¹ Jeg har ingen problemer med å gå omkring
 ² Jeg har litt problemer med å gå omkring
 ³ Jeg er sengeliggende

9. Hvordan klarer du personlig stell?

- ¹ Jeg har ingen problemer med personlig stell
 ² Jeg har litt problemer med å vaske meg eller kle meg
 ³ Jeg klarer ikke å vaske meg eller kle meg

10. Hvordan klarer du dine vanlige gjøremål (f.eks. arbeid, studier, husarbeid, familie- og fritidsaktiviteter)?

- ¹ Jeg har ingen problemer med å utføre mine vanlige gjøremål
 ² Jeg har litt problemer med å utføre mine vanlige gjøremål
 ³ Jeg er ute av stand til å utføre mine vanlige gjøremål

11. Smerter eller ubehag?

- ¹ Jeg har verken smerte eller ubehag
 ² Jeg har moderat smerte eller ubehag
 ³ Jeg har sterk smerte eller ubehag

12. Angst eller depresjon?

- ¹ Jeg er verken engstelig eller deprimert
 ² Jeg er noe engstelig eller deprimert
 ³ Jeg er svært engstelig eller deprimert



NASJONALT HOFTEBRUDDREGISTER

Nasjonalt Register for Leddproteser
Helse Bergen HF, Ortopedisk klinikk
Haukeland Universitetssykehus
Møllendalsbakken 11
5021 BERGEN

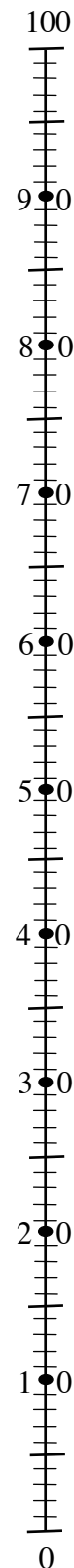
13. Din helsetilstand i dag.

For å hjelpe folk til å si hvor god eller dårlig en helsetilstand er, har vi laget en skala (omtrent som et termometer) hvor den beste tilstanden du kan tenke deg er merket 100 og den verste tilstanden du kan tenke deg er merket 0.

Vi vil gjerne at du viser på denne skalaen hvor god eller dårlig helsetilstanden din er i dag, etter din oppfatning. Vær vennlig å gjøre dette ved å trekke en linje fra boksen nedenfor til det punktet på skalaen som viser hvor god eller dårlig din helsetilstand er i dag.

**Din egen
helsetilstand
i dag**

Best tenkelige
helsetilstand



Verst tenkelige
helsetilstand



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16. Har du besvær fra den andre hoften?

¹ Ja

² Nei

17. Er det andre årsaker til at du har problemer med å gå?

(For eksempel smerter fra andre ledd, ryggsmarter, hjerte-karsykdom eller andre sykdommer som påvirker gangevnen din)

¹ Ja

² Nei

18. Har du hatt nye operasjoner i den samme hoften som ble operert for hoftebrudd?

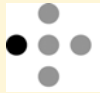
¹ Ja

² Nei

Takk for at du tok deg tid til å svare på spørsmålene. Dine svar er svært nyttige for oss. Vennligst send spørreskjemaet i retur til oss i den ferdig frankerte svarkonvolutten.

NASJONALT KORSBÅNDSREGISTER

Nasjonalt Register for Leddproteser
Helse Bergen HF, Ortopedisk klinikk
Haukeland universitetssjukehus
Møllendalsbakken 11, 5021 BERGEN
Tlf: 55976450



KORSBÅND

KORSBÅNDSOPERASJONER OG ALLE REOPERASJONER på pasienter som tidligere er korsbåndoperert.
Alle klistrelapper (med unntak av pasientklistrelapp) settes i merket felt på baksiden av skjemaet.

(Bilateral operasjon = 2 skjema)

AKTUELLE SIDE (ett kryss) 0 Høyre 1 Venstre

MOTSATT KNE 0 Normalt 1 Tidligere ACL/PCL-skade

TIDLIGERE OPERASJON I SAMME KNE
0 Nei 1 Ja

SKADEDATO FOR AKTUELL SKADE (mm.åå) |__| |__| |__|

AKTIVITET SOM FØRTE TIL AKTUELLE SKADE

- 0 Fotball 7 Annen lagidrett
1 Håndball 8 Motor- og bilsport
2 Snowboard 9 Annen fysisk aktivitet
3 Alpint (inkl. twin tip) 10 Arbeid
4 Annen skiaktivitet 11 Trafikk
5 Kampsport 12 Fall/hopp/vold/lek
6 Basketball
98 Annet

AKTUELLE SKADE (Registrer alle skader – også de som ikke opereres)

- ACL MCL PLC Med. menisk
PCL LCL Bruskk Lat. menisk
Annet

YTTERLIGERE SKADER (evt. flere kryss) 0 Nei, hvis ja spesifiser under

- Karskade Hvilken:
Nerveskade 0 N. tibialis 1 N. peroneus
Fraktur 0 Femur 1 Tibia 2 Fibula
3 Patella 4 Usikker
Ruptur i ekstensorapparatet 0 Quadricepsenen
1 Patellarsenen

OPERASJONSDATO (dd.mm.åå) |__| |__| |__|

AKTUELLE OPERASJON (ett kryss)

- 0 Primær rekonstruksjon av korsbånd
1 Revisjonskirurgi, 1. seanse
2 Revisjonskirurgi, 2. seanse
3 Annen knekirurgi (Ved kryss her skal andre prosedyrer fylles ut)

ÅRSAK TIL REVISJONSREKONSTRUKSJON (evt. flere kryss)

- Infeksjon Graftsvikt
Fiksasjonssvikt Nytt traume
Ubehandlede andre ligamentskader Smerte
Annet

ANDRE PROSEDYRER (evt. flere kryss) 0 Nei, hvis ja spesifiser under

- Meniskoperasjon Osteosyntese
Synovektomi Bruskoperasjon
Mobilisering i narkose Artroskopisk debridement
Fjerning av implantat Operasjon pga infeksjon
Benreseksjon (Notch plastikk) Bentransplantasjon
Osteotomi Artrrodese
Annet

GRAFTVALG

Table with columns for ACL, PCL, MCL, LCL, PLC and rows for BPTB, Hamstring, Allograft, Direkte sutur, Annet.

GRAFTDIAMETER (oppgi største diameter på graftet) .. mm

Ved bruk av double bundle-teknikk: AM:.....mm PL:.....mm

TILGANG FOR FEMURKANAL

- 1 Anteromedial 2 Transtibial 3 Annet

F.nr. (11 sifre).....

Navn.....

Sykehus.....

(Skriv tydelig evt. pasientklistrelapp – spesifiser sykehus.)

FIKSASJON

Sett klistrelapp på merket felt på baksiden av skjemaet
Skill mellom femur og tibia

AKTUELL BEHANDLING AV MENISKLESJON

Table with columns: Partiell reseksjon, Total reseksjon, Sutur, Syntetisk fiksasjon*, Menisk-transpl., Trepanering, Ingen. Rows: Medial, Lateral.

* Sett klistrelapp på merket felt på baksiden

BRUSKLESJON (evt. flere kryss)

Table with columns: Areal (cm²), ICRS Grade*, Artrose, Behandlings-kode**. Rows: Patella MF, Patella LF, Trochlea fem., Med.fem. cond., Med. tib. plat., Lat.fem. cond., Lat. tib. plat.

ICRS Grade: 1 Nearly normal: Superficial lesions, soft indentation and/or superficial fissures and cracks; 2 Abnormal: Lesions extending down to <50% of cartilage depth; 3 Severely abnormal: Cartilage defects extending down >50% of cartilage depth as well as down to calcified layer; 4 Severely abnormal: Osteochondral injuries, lesions extending just through the subchondral boneplate or deeper defects down into trabecular bone.

**Behandlingskoder: 1 Debridement; 2 Mikrofraktur; 3 Ingen behandling; 4 Annet.

DAGKIRURGISK OPERASJON 0 Nei 1 Ja

PEROPERATIVE KOMPLIKASJONER 0 Nei 1 Ja,
hvilke(n)

OPERASJONSTID (hud til hud).....min

SYSTEMISK ANTIBIOTIKA

0 Nei 1 Ja 1 Profylakse 2 Behandling

Medikament 1 Dosering Varighettimer

Eventuelt i kombinasjon med medikament 2

TROMBOSEPROFYLAKSE

0 Nei 1 Ja: Første dose 1 Preoperativt 2 Postoperativt

Medikament 1 Dosering opr.dag.....

Dosering videre Varighet døgn

Medikament 2

Anbefalt total varighet av tromboseprofylakse.....

NSAIDs

0 Nei 1 Ja, hvilken type.....

Anbefalt total varighet av NSAIDs-behandling.....

HØYDEcm

VEKTkg

RØYK 0 Nei 1 Av og til 2 Daglig

SNUS 0 Nei 1 Av og til 2 Daglig

Lege:.....

Legen som har fylt ut skjemaet (navnet registreres ikke i databasen).

RETTLEDNING

- Registreringen gjelder ALLE fremre og bakre korsbåndoperasjoner.
- Registreringen gjelder ALLE kneoperasjoner på pasienter som tidligere er korsbåndoperert.
- Ett skjema fylles ut for hvert kne som blir operert.
- Aktuelle ruter markeres med kryss. Stiplet linje fylles ut der dette er aktuelt.
- Pasienten skal på eget skjema gi samtykke til registrering.

KOMMENTARER TIL DE ENKELTE PUNKTENE

FORKORTELSER SOM ER BRUKT PÅ SKJEMAET

- ACL: Fremre korsbånd
- PCL: Bakre korsbånd
- MCL: Mediale kollateralligament
- LCL: Laterale kollateralligament
- PLC: Popliteus kompleks/bicepssene kompleks
- BPTB; Patellarsene autograft
- AM: Anteromediale bunt av ACL
- PL: Posterolaterale bunt av ACL

SKADEDATO Skriv inn skadedatoen så eksakt som mulig.
Ved ny skade av tidligere operert korsbånd, skriv inn den nye skadedatoen.

FIKSASJON Angi hvilken fiksasjonstype som er brukt ved å feste klistrelapp på baksiden.
Husk å skille mellom femur og tibia for graffiksasjon, og mellom medial og lateral side for meniskfiksasjon.

PEROPERATIVE KOMPLIKASJONER

Ved en ruptur/kontaminering av høstet graft e.l. skal det opprinnelige graftet anføres her.
Andre peroperative komplikasjoner skal også fylles inn her.

SYSTEMISK ANTIBIOTIKA

Her føres det på hvilket antibiotikum som er blitt benyttet i forbindelse med operasjonen. Det anføres dose, antall doser og profylaksens varighet. F.eks. Medikament 1: Keflin 2g x 4, med varighet 12 timer.

TROMBOSEPROFYLAKSE

Type, dose og antatt varighet av profylaksen skal angis separat for operasjonsdagen og senere.

Kopi beholdes i pasientjournalen, originalen sendes til Nasjonalt Korsbåndregister.

Kontaktpersoner vedrørende registreringskjema er

Professor Lars Engebretsen, Ortopedisk avdeling, Oslo
Universitetssykehus e-post: lars.engebretsen@medisin.uio.no
Overlege Knut Andreas Fjeldsgaard, Haukeland universitetssykehus
e-post: knut.andreas.fjeldsgaard@helse-bergen.no
Sekretær i Nasjonalt Korsbåndregister, Ortopedisk avd., Helse Bergen
Merete Husøy, tlf.: 55 97 64 50, faks: 55 97 37 49
e-post: korsband@helse-bergen.no

GRAFTFIKSASJON		MENISKFIKSASJON	
FEMUR	TIBIA	MEDIAL	LATERAL

KOOS – Spørreskjema for knepasienter.

NASJONALT
KORSBÅNDSREGISTER
Nasjonalt Register for Leddproteser
Helse Bergen HF, Ortopedisk
klinikk
Haukeland universitetssjukehus
Møllendalsbakken 11
5021 BERGEN Tlf: 55976450

DATO: _____ OPERASJONSDATO: _____

FØDSELSNR (11 siffer): _____

NAVN: _____

SYKEHUS: _____

Veiledning: Dette spørreskjemaet inneholder spørsmål om hvordan du opplever kneet ditt før operasjonen. Informasjonen vil hjelpe oss til å følge med i hvordan du har det og fungerer i ditt daglige liv. Besvar spørsmålene ved å krysse av for det alternativ du synes stemmer best for deg (kun ett kryss ved hvert spørsmål). Hvis du er usikker, kryss likevel av for det alternativet som føles mest riktig.

KRYSS AV FOR RIKTIG KNE (NB: Ett skjema for hvert kne): ¹ VENSTRE ⁰ HØYRE

Røyker du? ⁰ Nei ¹ Av og til ² Daglig
Hvis du røyker daglig –
hvor mange sigaretter per dag: _____

Vekt: _____ kg

Høyde : _____ cm

Symptom

Tenk på **symptomene** du har hatt fra kneet ditt den **siste uken** når du besvarer disse spørsmålene.

S1. Har kneet vært hovent?

Aldri	Sjelden	I blant	Ofte	Alltid
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

S2. Har du følt knirking, hørt klikking eller andre lyder fra kneet?

Aldri	Sjelden	I blant	Ofte	Alltid
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

S3. Har kneet haket seg opp eller låst seg?

Aldri	Sjelden	I blant	Ofte	Alltid
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

S4. Har du kunnet rette kneet helt ut?

Alltid	Ofte	I blant	Sjelden	Aldri
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

S5. Har du kunnet bøye kneet helt?

Alltid	Ofte	I blant	Sjelden	Aldri
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Stivhet

De neste spørsmålene handler om **leddstivhet**. Leddstivhet innebærer vanskeligheter med å komme i gang eller økt motstand når du bøyer eller strekker kneet. Marker graden av leddstivhet du har opplevd i kneet ditt den **siste uken**.

S6. Hvor stivt er kneet ditt når du nettopp har våknet om morgenen?

Ikke noe	Litt	Moderat	Betydelig	Ekstremt
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

S7. Hvor stivt er kneet ditt senere på dagen etter å ha sittet, ligget eller hvilt?

Ikke noe	Litt	Moderat	Betydelig	Ekstremt
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Smerte

P1. Hvor ofte har du vondt i kneet?

Aldri	Månedlig	Ukentlig	Daglig	Hele tiden
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Hvilken grad av smerte har du hatt i kneet ditt den **siste uken** ved følgende aktiviteter?

P2. Snu/vende på belastet kne

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P3. Rette kneet helt ut

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P4. Bøye kneet helt

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P5. Gå på flatt underlag

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P6. Gå opp eller ned trapper

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P7. Om natten (smerter som forstyrrer søvnen)

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P8. Sittende eller liggende

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

P9. Stående

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Funksjon i hverdagen

De neste spørsmålene handler om din fysiske funksjon. **Angi graden av vanskeligheter du har opplevd den siste uken ved følgende aktiviteter på grunn av dine kneproblemer.**

A1. Gå ned trapper

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A2. Gå opp trapper

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A3. Reise deg fra sittende stilling

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Angi graden av **vanskeligheter** du har opplevd ved hver aktivitet den **siste uken**.

A4. Stå stille

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A5. Bøye deg, f.eks. for å plukke opp en gjenstand fra gulvet

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A6. Gå på flatt underlag

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A7. Gå inn/ut av bil

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A8. Handle/gjøre innkjøp

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A9. Ta på sokker/strømper

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A10. Stå opp fra sengen

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A11. Ta av sokker/strømper

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A12. Ligge i sengen (snu deg, holde kneet i samme stilling i lengre tid)

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A13. Gå inn/ut av badekar/dusj

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A14. Sitte

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A15. Sette deg og reise deg fra toalettet

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A16. Gjøre tungt husarbeid (måke snø, vaske gulv, støvsuge osv.)

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

A17. Gjøre lett husarbeid (lage mat, tørke støv osv.)

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Funksjon, sport og fritid

De neste spørsmålene handler om din fysiske funksjon. **Angi graden av vanskeligheter du har opplevd den siste uken ved følgende aktiviteter på grunn av dine kneproblemer.**

SP1. Sitte på huk

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

SP2. Løpe

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

SP3. Hoppe

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

SP4. Snu/vende på belastet kne

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

SP5. Stå på kne

Ingen	Lett	Moderat	Betydelig	Svært stor
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Livskvalitet

Q1. Hvor ofte gjør ditt kneproblem seg bemerket?

Aldri	Månedlig	Ukentlig	Daglig	Alltid
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q2. Har du forandret levestett for å unngå å overbelaste kneet?

Ingenting	Noe	Moderat	Betydelig	Fullstendig
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q3. I hvor stor grad kan du stole på kneet ditt?

Fullstendig	I stor grad	Moderat	Til en viss grad	Ikke i det hele tatt
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Q4. Generelt sett, hvor store problemer har du med kneet ditt?

Ingen	Lette	Moderate	Betydelige	Svært store
<input type="checkbox"/> ⁰	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴

Takk for at du tok deg tid og besvarte samtlige spørsmål!



BARNEHOFTESYKDOM



HOFTEDYSPLASI (Dysplasi på rtg bekken hos barn eldre enn 3 mnd)

BEHANDLINGSDATO/..... 20..... SIDE Hø Ve (Ett kryss. Bilateral = 2 skjema)

FØRSTE GANG DIAGNOSTISERT/..... 20..... (Fylles ut første gang det sendes inn skjema)

TIDLIGERE BEHANDLING Ingen Pute/abduksjonsortose

Annen, spesifiser:

BEHANDLINGSTRENGENDE DYSPLASI I FAMILIE N J

SYMPTOMVARIGHET (>12 år) mnd

IMPINGEMENT TEST (>12 år) Høyre: Neg. Pos. Venstre: Neg. Pos.

RØNTGEN FØR BEHANDLING

Acetabular indeks (<=12 år) Hø Ve CE vinkel (>12 år) Hø Ve

Cross-over tegn (>12 år) Hø: Neg. Pos. Ve: Neg. Pos.

Spina ischiadica projisert medialt for linea terminales? (>12 år) Hø: N J Ve: N J

Bruskhøyde (>12 år) (mm i øvre vektbærende del av leddet i AP projeksjon): <2 2-3 >3

HOFTEN I ledd Subluksert Luksert

LATERALE HJØRNER Normalt Avrundet/ defekt

CAPUTKJERNE Normal Forsinket Ikke tilstede Caputnekrose

BEHANDLING Ingen (obs.) Pute Abduksjonsortose Lukket repos. Hoftegips

ÅPEN REPOSISJON N J

TENOTOMI Psoastenotomi Adduktortentotomi

FEMUROSTEOTOMI Varisering Rotasjon Forkortning

PLATE Forbøyd plate Vinkelplate Spesialplate, fabrikkat:

SKRUER Vanlige skruer Vinkelstabile skruer

BEKKENOSTEOTOMI Salter Dega Trippel Takplastikk

Periacetabular osteotomi Annen:

TILGANG Fremre Lateral Annen:

POSTOPERATIV HOFTEGIPS N J Antall uker

POSTOPERATIV RØNTGEN (ETTER BEKKENOSTEOTOMI)

Acetabular indeks (<=12 år) Hø Ve CE vinkel (>12 år) Hø Ve

REOPERASJONSTYPEN Reosteosyntese Bløtdelsrevisjon Fjerne ostemat.

Annen:

REOPERASJONSÅRSÅK Osteosyntesesvikt Infeksjon Pseudartrose

Blødning Annen:

ANNEN OPERASJON N J Spesifiser:

KNIVTID FOR OPERATIV BEHANDLING: min.

EPIFYSIOLYSIS CAPITIS FEMORIS

OPERASJONS DATO/..... 20..... SIDE Hø Ve (Ett kryss. Bilateral 2 skjema)

FØRSTE GANG DIAGNOSTISERT/..... 20..... (Fylles ut første gang det sendes inn skjema)

HØYDE OG VEKT Høyde: cm Vekt: kg

SYMPTOMVARIGHET Kronisk (> 3 uker) Akutt (< 3 uker) Akutt på kronisk

STABILITET Stabil (klarer belaste) Ustabil (klarer ikke belaste)

RØNTGEN < 30° 30-50° > 50° (Glidningsvinkel i sideplan)

OPERASJON Primæroperasjon Reoperasjon Profylaktisk

PRIMÆROPERASJONSTYPEN Fiksasjon in-situ: N J Peroperativ reposisjon: N J

Kirurgisk hofte-dislokasjon: N J Collumosteotomi: N J

Femurosteotomi: N J Spesifiser:

Skruosteosyntese: N J Antall skruer: Fabrikkat:

Pinnefiksasjon: N J Antall pinner: Diameter: mm

Platefiksasjon: N J Spesifiser:

Annen operasjon: N J Spesifiser:

REOPERASJONSTYPEN Reosteosyntese Bløtdelsrevisjon Fjerne ostemat.

Annen, spesifiser:

REOPERASJONSÅRSÅK Feilplass. av osteosynt. Osteosyntesesvikt Infeksjon

Blødning Annen:

KNIVTID FOR OPERATIV BEHANDLING: min.

Ved operativ behandling (artroskopisk eller åpen) for impingement etter SCFE:
 fyll ut rubrikken ÅPNE OG ARTROSKOPISKE HOFTEOPERASJONER

Dato: Lege:

Legen som har fylt ut skjemaet (Navnet registreres ikke i databasen)

F.nr. (11 sifre):

Navn:

Sykehus:

(Skriv tydelig eller bruk pasientklistrelapp. Husk sykehus!)

CALVÉ-LEGG-PERTHES

BEHANDLINGSDATO/..... 20..... SIDE Hø Ve (Ett kryss. Bilateral = 2 skjema)

FØRSTE GANG DIAGNOSTISERT/..... 20..... (Fylles ut første gang det sendes inn skjema)

SYMPTOMVARIGHET mnd

HALTING N J

SMERTE Ingen Lett Betydelig CATTERALL I / II III / IV

BEHANDLING Ingen (fysioterapi) Abduksjonsortose

FEMUROSTEOTOMI Varisering Valgisering Rotasjon

PLATE Forbøyd plate Vinkelplate Spesialplate, fabrikkat:

SKRUER Vanlige skruer Vinkelstabile skruer

BEKKENOSTEOTOMI Salter Dega Takplastikk

Annen, spesifiser:

ANNEN OPERATIV BEHANDLING Trochanter transposisjon Trochanter apofysiodes

Annen, spesifiser:

REOPERASJONSTYPEN Reosteosyntese Bløtdelsrevisjon Fjerne ostemat.

Annen:

REOPERASJONSÅRSÅK Osteosyntesesvikt Blødning Infeksjon

Pseudartrose Annen:

KNIVTID FOR OPERATIV BEHANDLING: min.

Ved artroskopi eller hofte-dislokasjon for sequele etter CLP:
 fyll ut rubrikken ÅPNE OG ARTROSKOPISKE HOFTEOPERASJONER

ÅPNE OG ARTROSKOPISKE HOFTEOPERASJONER

BEHANDLINGSDATO/..... 20..... SIDE Hø Ve (Ett kryss. Bilateral = 2 skjema)

OPERASJON Primæroperasjon Reoperasjon Kun diagnostisk uten intervensjon

SYMPTOMVARIGHET mnd

TIDLIGERE HOFTELIDELSE N J SCFE CLP DDH

Andre:

DIAGNOSE Cam impingement Pincer impingement Kombinert impingement

Annen:

PREOPERATIVE FUNN Impingement test Høyre: Neg. Pos. Venstre: Neg. Pos.

Halting: N J Rtg Alfavinkel sideplan: Hø Ve frontplan: Hø Ve

CE-vinkel Hø Ve Cross-over tegn Hø: Neg. Pos. Ve: Neg. Pos.

Spina ischiadica projisert medialt for linea terminales? Hø: N J Ve: N J

Bruskhøyde (mm i øvre vektbærende del av leddet i AP projeksjon): <2 2-3 >3

MR funn: Labrumskade Paralabral cyste Subchondral cyste

Effekt av lokalbedøvelse i leddet: N J Ikke aktuelt

KIRURGISK TILGANG Artroskopisk Kirurgisk dislokasjon Konvertering til åpen tilgang

Tilgang ved åpen kirurgi: Lateral Annen:

Fiksasjonsmetode ved trochanter osteotomi:

Portaler: Anterior Anterolateral Posterolateral Distal anterior Proximal anterior

Perifere kompartiment først Sentrale kompartiment først

PEROPERATIVE FUNN

Labrum: Normal Degen. forandret Forbetnet Partiell ruptur Gjennomgående ruptur

Bruskskade acetabulum: N J Grad: 0 1 2 3 4 Lokalisasjon: 1 2 3 4 5 6

Bruskskade caput femoris: N J Areal: mm² Dybde (ICRS): 1 2 3 4

Lokalisasjon: 1 2 3 4 5 6

Ligamentum teres skade: N J Partiell ruptur Total ruptur

Frie legemer: N J Perifert Sentralt

Os acetabuli: N J Som forbenning av labrum Som del av leddflaten Synovitt: N J

KIRURGISK BEHANDLING Labrumruptur: Debridement Sutur. Antall ankre:

Type ankre:

(Klistrelapp på baksiden)

Bruskskade: Ingen beha. Debridement Mikrofraktur Annen:

Pincerlesjon: Ingen beha. Reseksjon. Dybde max mm Lengde mm

Camlesjon: Ingen beha. Reseksjon

Ligamentum teres: Ingen beha. Debridement Annen:

Os acetabuli: Ingen beha. Fjerning Fiksering Annen:

Frie legemer fjernet: N J Synovectomi: N J Knivtid min.

Reoperasjonsårsak, spesifiser:

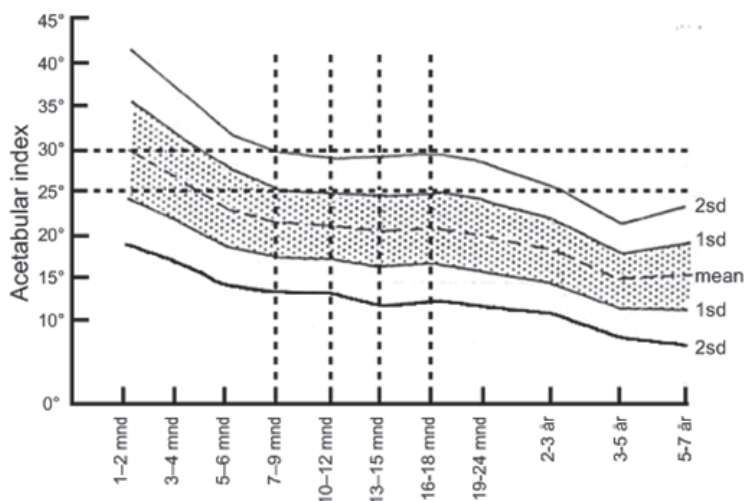
RETTLEDNING

1. HOFTEDEYSPLASI

Kriterier: AI > mean + 2SD for aktuell alder (Se figur)

Alle barn som på røntgen bekken får påvist hofte dysplasi etter 3 måneders alder skal registreres. Barn som er diagnostisert før 3 måneders alder (putebehandling) registreres hvis de fortsatt har dysplasi på røntgen bekken på kontroll etter 3 måneders alder. Barn med nevroortopediske lidelser skal ikke registreres.

- Registreres første gang ved diagnose (røntgen bekken)/primærbehandling
- Registreres ved senere behandling som krever anestesi/ sedasjon Lukket reposisjon/ hoftegips, åpen reposisjon, tenotomier, femur-/bekkenosteotomier, reoperasjoner. Operativ behandling (periacetabulære osteotomier, takplastikk og lignende) hos ungdommer og voksne skal også registreres.



CAPUTKJERNE: Ved unilateral – sammenlign med frisk side.

2. CALVÉ-LEGG-PERTHES

- Registreres første gang ved diagnose/primærbehandling
- Registreres ved senere behandling som krever anestesi (Femur-/bekkenosteotomier, reoperasjoner)

CATTERALL: I/II = <50 % caputnekrose. III/IV = >50 % caputnekrose

3. EPIFYSIOLYSIS CAPITIS FEMORIS

- Registreres første gang ved diagnose/primærbehandling
- Registreres ved senere behandling som krever anestesi Osteosyntese, femurosteotomier, reoperasjoner.

4. ÅPNE OG ARTROSKOPISKE HOFTEOPERASJONER

Alle pasienter (uavhengig av alder) som gjennomgår åpen eller artroskopisk hofteoperasjon, unntatt fraktur-, protese- og tumor-operasjoner, skal registreres.

Bruskskade i acetabulum – Grade:

0=Normal.

1=Loss of fixation to the subchondral bone resulting in a wave sign, defined as occurring when the capsular side of the labrum is pushed inwards with the probe resulting in bulging of the adjacent articular cartilage.

2=Presence of cleavage tear with obvious separation at the chondrolabral junction.

3=Delamination of the articular cartilage.

4=Presence of exposed bone in the acetabulum.

Bruskskade på caput femoris – Dybde (ICRS):

1=Nearly normal: Superficial lesions, soft indentation and/or superficial fissures and cracks.

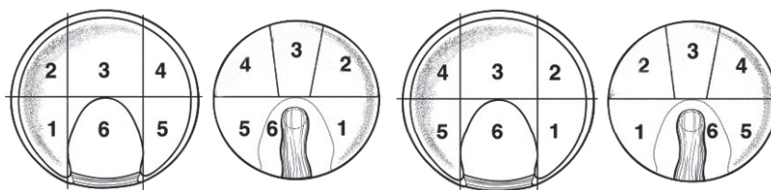
2=Abnormal: Lesions extending down to <50% of cartilage depth.

3=Severely abnormal: Cartilage defects extending down to >50% of cartilage depth as well as down to calcified layer.

4=Severely abnormal: Osteochondral injuries, lesions extending just through the sub chondral boneplate or deeper defects down into trabecular bone.

Bruskskade i acetabulum og på caput femoris – Lokalisasjon:

1-2: Fortil, 4-5: Baktill



Venstre hofte

Høyre hofte

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