

Joint replacement overview

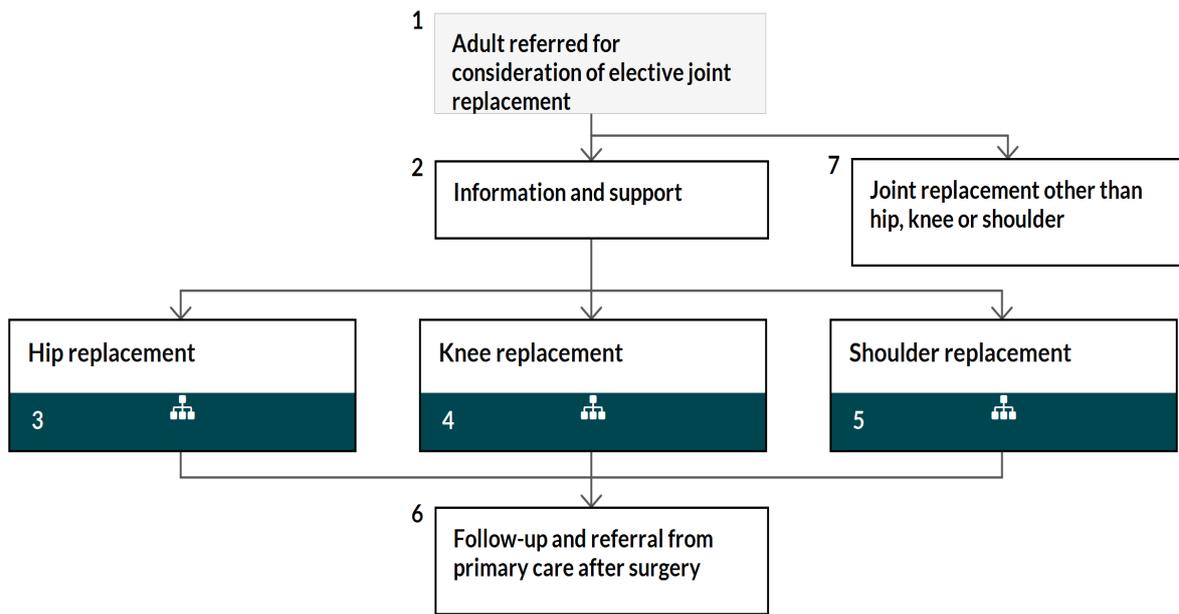
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/joint-replacement>

NICE Pathway last updated: 19 August 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Adult referred for consideration of elective joint replacement

No additional information

2 Information and support

Follow [the recommendations on communication, information and shared decision making in the NICE Pathway on enabling patients to actively participate in their care](#) when discussing treatment with people offered primary elective hip, knee or shoulder replacement.

Support shared decision making by discussing treatment options with people offered primary elective hip, knee or shoulder replacement and their families or carers (as appropriate). Include in the discussions:

- the alternatives to joint replacement
- the potential benefits and risks of the available procedures and types of implant for joint replacement, including the possible need for more surgery in the future
- the options for anaesthesia and analgesia, and the potential benefits and risks of each option (see [anaesthesia and analgesia for hip replacement](#), [knee replacement](#) and [shoulder replacement](#)).

Give people offered primary elective hip, knee or shoulder replacement and their family members or carers (as appropriate) information that is:

- specific to the procedure they are being offered
- in a format they can easily understand
- provided starting at the first appointment, then whenever needed throughout their care.

Give information on primary elective hip, knee or shoulder replacement that includes:

- what to expect before, during and after surgery, including length of hospital stay, recovery and rehabilitation
- who to contact if they have questions or concerns before or after surgery
- preparing for surgery, including steps they can take to optimise their recovery (see [preoperative rehabilitation for hip replacement](#), [knee replacement](#) and [shoulder replacement](#))
- pain after surgery and how it can be managed
- wound care
- returning to work

- returning to usual activities, for example playing sports, driving and sexual activity.

See the NICE guideline to find out [why we made these recommendations and how they might affect practice](#).

NICE has written [information for the public on joint replacement](#).

Decision aids

See the NICE guideline to find out [why we were unable to make recommendations on decision aids for elective joint replacement](#).

3 Hip replacement

[See Joint replacement / Hip replacement](#)

4 Knee replacement

[See Joint replacement / Knee replacement](#)

5 Shoulder replacement

[See Joint replacement / Shoulder replacement](#)

6 Follow-up and referral from primary care after surgery

Follow-up

See the NICE guideline to find out [why we were unable to make recommendations on follow-up](#).

Referral from primary care after surgery

Primary care practitioners should refer people who develop new or worsening pain, limp or loss of function related to their joint replacement to an orthopaedic surgical service.

See the NICE guideline to find out [why we made this recommendation and how it might affect practice](#).

7 Joint replacement other than hip, knee or shoulder

Interventional procedures

NICE has published guidance on the following procedures with **normal arrangements** for consent, audit and clinical governance:

- [total prosthetic replacement of the temporomandibular joint](#)
- [metatarsophalangeal joint replacement of the hallux](#)
- [artificial trapeziometacarpal joint replacement for end-stage osteoarthritis](#)
- [artificial metacarpophalangeal and interphalangeal joint replacement for end-stage arthritis](#).

NICE has published guidance on the following procedures with **special arrangements** for consent, audit and clinical governance:

- [total distal radioulnar joint replacement for symptomatic joint instability or arthritis](#)
- [total wrist replacement](#).

NICE has published guidance that [midcarpal hemiarthroplasty for wrist arthritis](#) should only be used in the context of **research**.

HemaClear for bloodless surgical field during limb surgery

NICE has published a [medtech innovation briefing on HemaClear for bloodless surgical field during limb surgery](#).

Sources

Joint replacement (primary): hip, knee and shoulder (2020) NICE guideline NG157

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and

their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.