

Online LROI annual report 2017

10 years of registration, a wealth of information

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Introduction

This online annual report 2017 of the Dutch Arthroplasty Register (LROI) contains information on orthopaedic prosthesis procedures in the Netherlands in 2016. This concerns primary hip, knee, ankle, shoulder and elbow arthroplasties and revision procedures.

You will find data on:

- Prosthesis characteristics
- Surgical techniques
- Survival of prostheses
- Patient characteristics of patients who underwent an arthroplasty procedure
- Patients' experiences in the form of PROMs (Patient Reported Outcome Measures)
- Information on the data quality, like completeness and validity of the register

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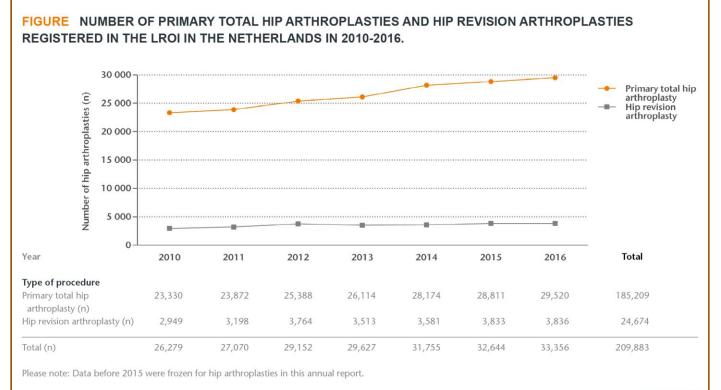
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Hip arthroplasty

Numbers

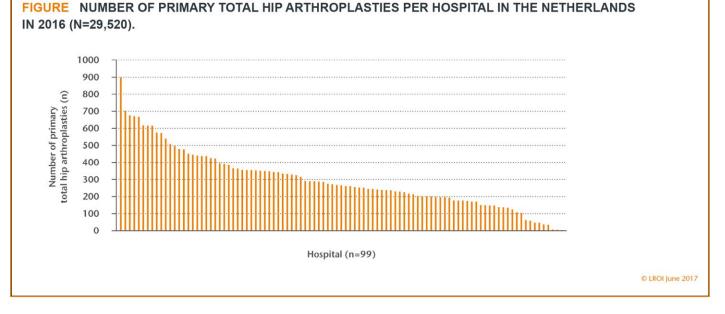
Procedures 2010-2016



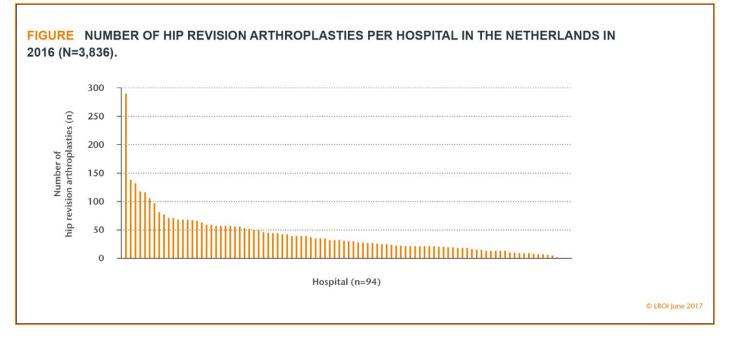
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Out of 29,520 primary total hip arthroplasties that were performed in 2016, 2.8% (n=834) was performed bilaterally.

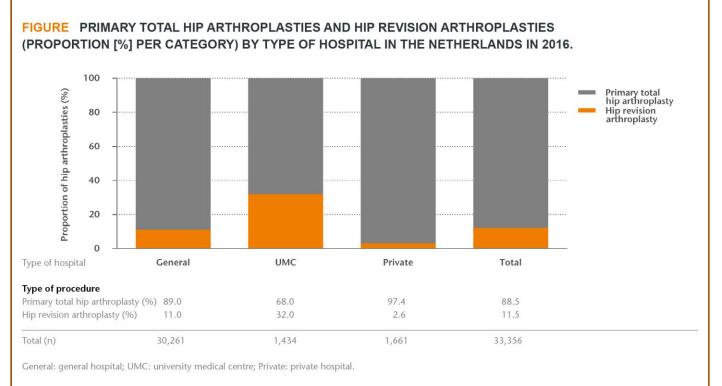
THA per hospital



Revisions per hospital



Type of procedure by type of hospital



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Total hip arthroplasty

Demographics

Patient characteristics by diagnosis

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY TOTAL HIPARTHROPLASTY BY DIAGNOSIS IN THE NETHERLANDS IN 2016.

Ν	Osteoarthritis 24,654 (85.9%)	Fracture 1,380 (4.8%)		Late post-traumatic 691 (2.4%)	Dysplasia 599 (2.1%)		Post-Perthes' disease 85 (0.3%)	Tumour 74 (0.3%)	Total 28,686
Completeness (%)									99
Mean age (years) (SD)	69.6 (9.7)	69.7 (9.1)	62.7 (15.4)	66.9 (11.8)	54.7 (13.8)	64.6 (12.6)	46.3 (15.1)	61.0 (11.0)	68.8 (10.5)
Age (years) (%)	0710 (717)		02.0 (101.1)	0000 (1110)	0 117 (1010)	0.110 (1210)		0.110 (1.110)	
<50	3	2	19	8	32	14	51	16	4
50-59	12	11	20	16	31	14	27	27	13
60-69	33	37	26	35	21	30	16	35	33
70-79	37	37	22	26	13	35	6	19	35
≥80	15	13	13	15	3	7	0	3	15
Gender (%)									
Men	34	31	46	42	29	27	71	42	35
Women	66	69	54	58	71	73	29	58	65
ASA score (%)									
1	18	14	14	18	40	8	48	8	18
11	66	60	53	55	54	71	47	38	65
- V	16	26	33	27	6	21	5	54	17
Type of hospital (%)									
General	92	95	85	89	82	90	89	72	91
UMC	2	5	12	8	8	9	5	28	3
Private	6	0	3	3	10	1	6	0	6
Charnley-score (%)									
A One hip joint affec	ted 46	81	65	87	54	36	74	77	48
B1 Both hip joints affe	cted 31	8	18	4	28	29	20	6	29
B2 Contralateral hip jo									
with a total hip									
prosthesis	21	7	4	6	16	15	6	11	20
C Multiple joints affe	cted								
or chronic disease	that								
affects quality of lif	e 2	4	3	3	2	20	0	6	3
Body Mass Index (kg/m	²) (%)								
Underweight (≤18,5)	1	3	2	5	1	1	0	2	1
Normal weight (>18,5	-25) 31	50	42	45	40	36	32	47	33
Overweight (>25-30)	43	36	36	36	37	35	36	27	42
Obesity (>30-40)	24	10	18	14	21	27	32	23	23
Morbid obesity (>40)	1	1	2	0	1	1	0	1	1
Smoking (%)									
No	89	85	80	81	85	91	73	75	88
Yes	11	15	20	19	15	9	27	25	12

Please note: In 2016, 34 (0.1%) patients received a primary total hip arthroplasty after a diagnosis that is not listed in the table. The diagnosis of 159 (0.6%) patients was not registered.

Please note: In 2016, 80 general hospitals, 8 UMCs and 11 private hospitals performed primary total hip arthroplasties.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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Patient characteristics of patients who underwent a primary THA in 2016 strongly depend on the primary diagnosis.

TABLEPREVIOUS SURGERIES TO THE SAME JOINT IN PATIENTS WHO UNDERWENT A PRIMARYTOTAL HIP ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=28,594).

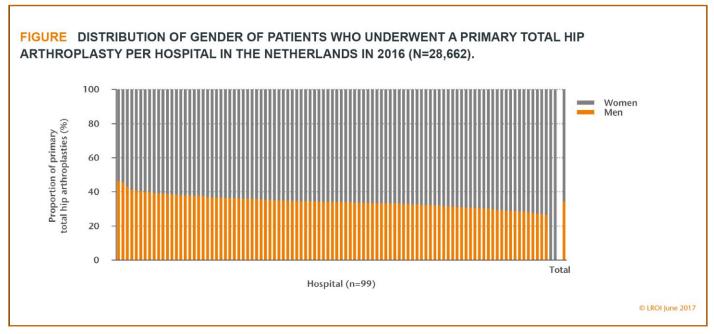
	Proportion ¹ (%)
Previous surgery to the relevant hip (total)	5.0
Osteosynthesis	3.7
Osteotomy	0.9
Arthrodesis	0.1
Girdlestone situation	0.1
Other	1.3

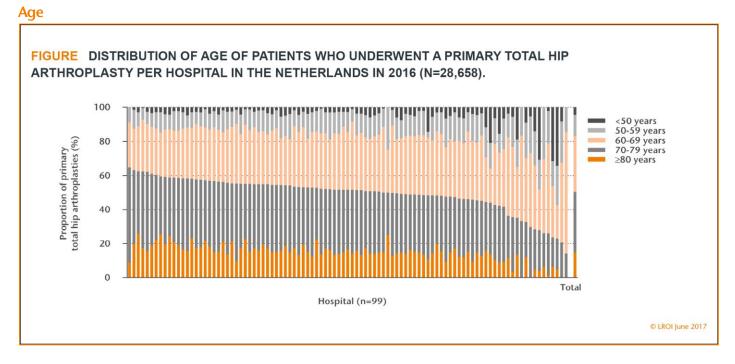
¹ A patient may have undergone multiple previous surgeries to the same joint. As such, the total proportion is more than the total proportion of patients with one or more previous surgeries to the same joint.

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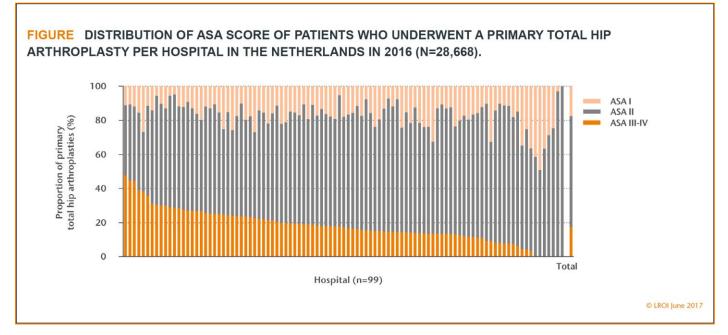
Practice variation

Gender



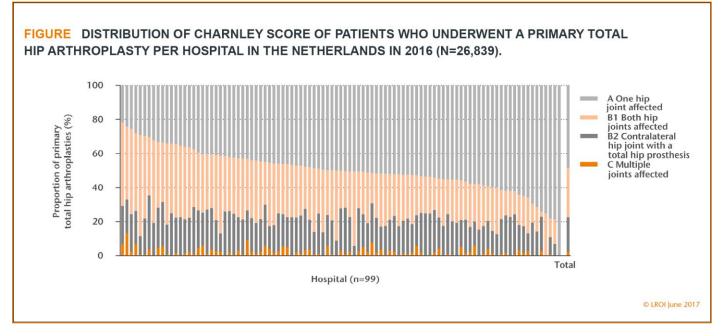


ASA score

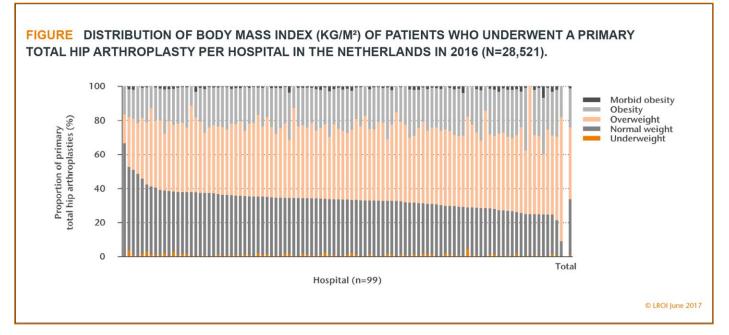


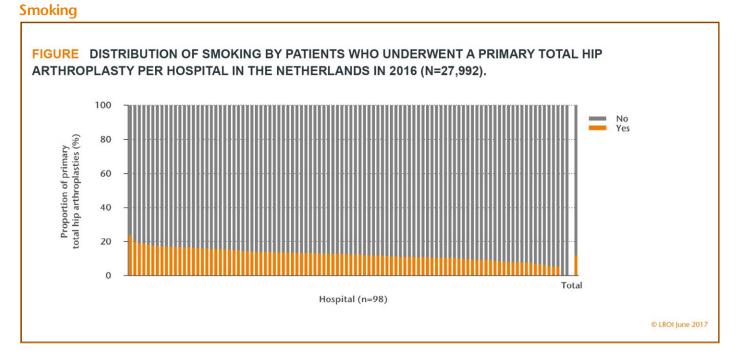
16

Charnley score



Body Mass Index

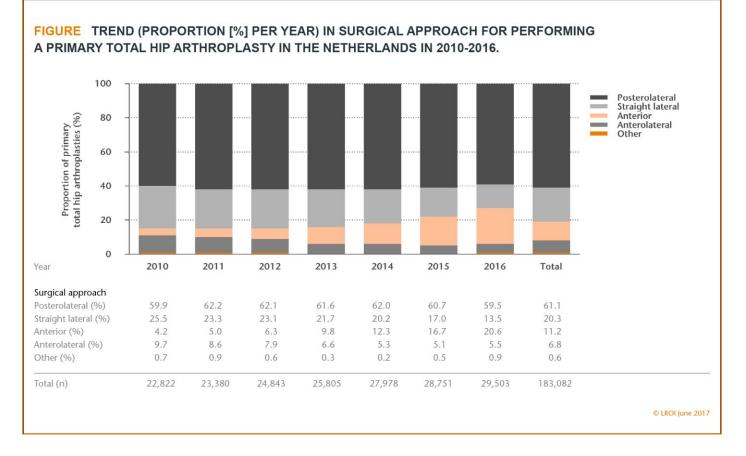




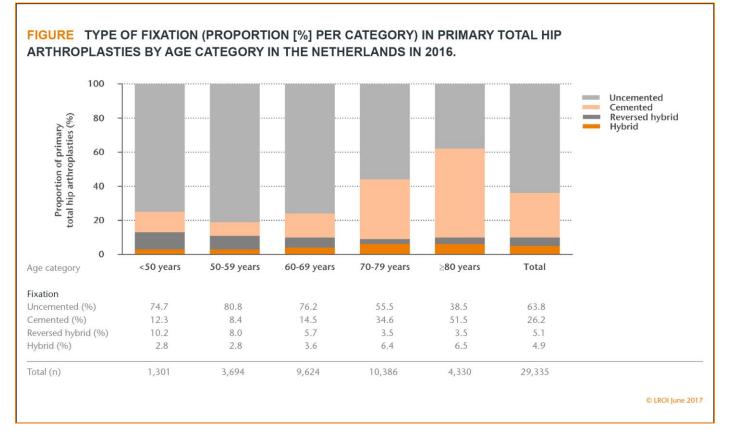
Surgery

Surgical techniques

Surgical approach 2010-2016



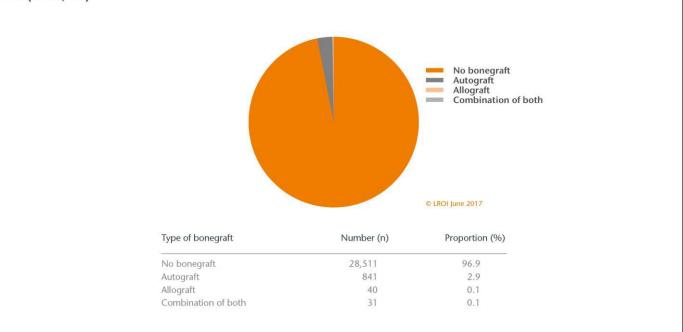
Fixation by age category



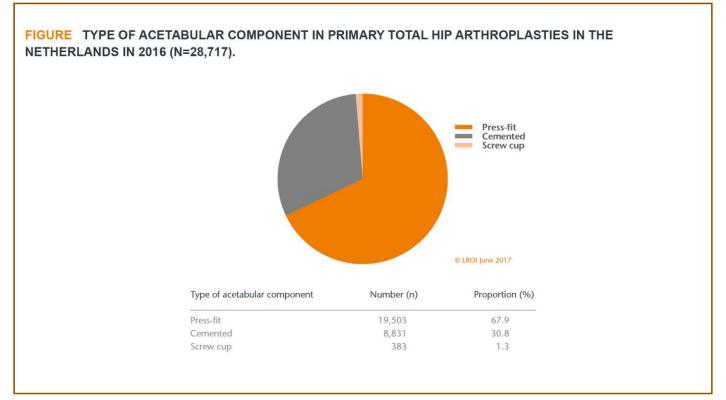
Prosthesis characteristics

Type of bonegraft

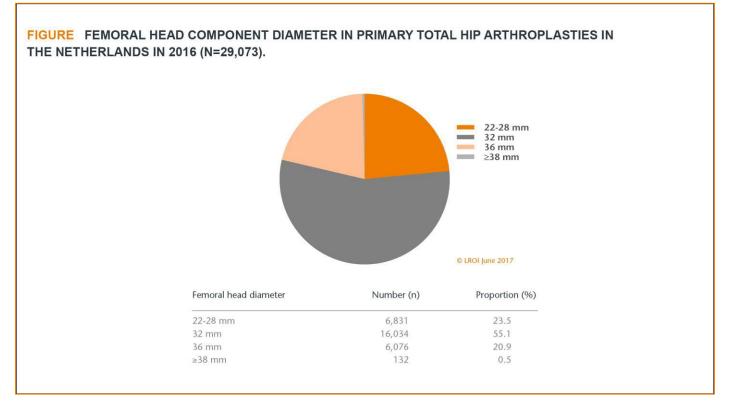
FIGURE TYPE OF BONEGRAFT IN PRIMARY TOTAL HIP ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=29,423).



Type of acetabular component

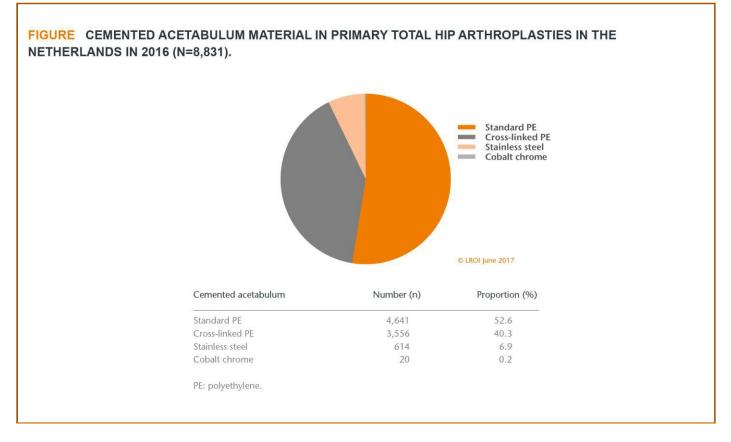


Femoral head diameter



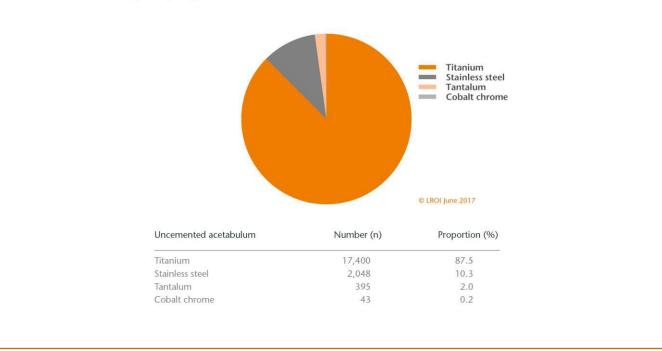
Materials

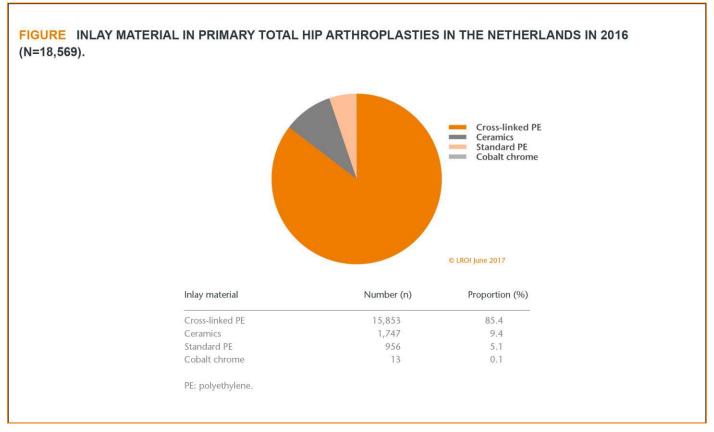
Cemented acetabular component



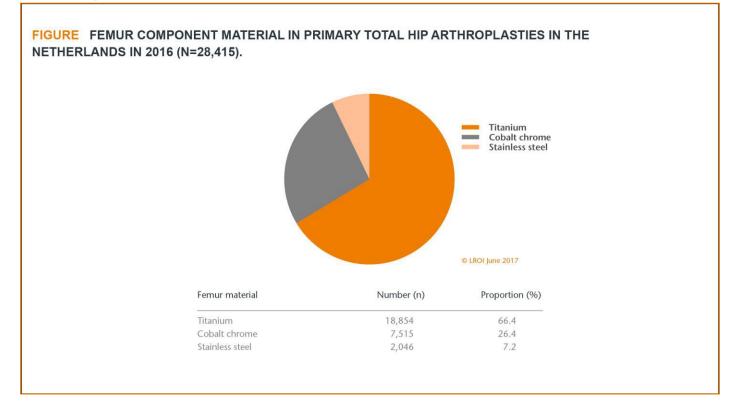
Uncemented acetabular component

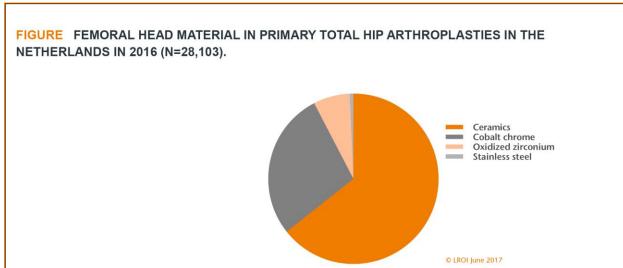
FIGURE UNCEMENTED ACETABULUM MATERIAL IN PRIMARY TOTAL HIP ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=19,886).





Femur component

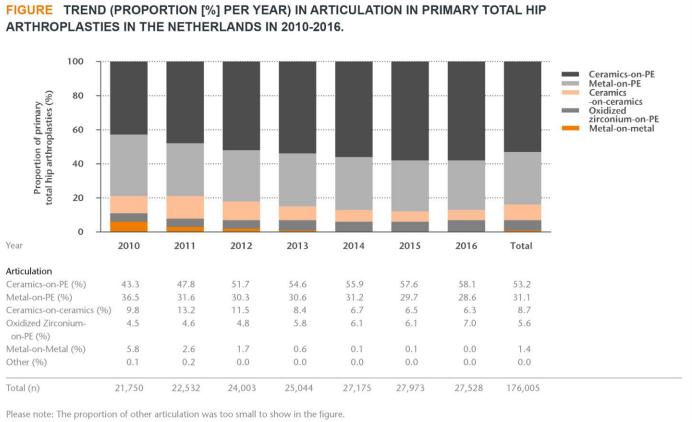




Femoral head material	Number (n)	Proportion (%)
Ceramics	18,081	64.4
Cobalt chrome	7,875	28.0
Oxidized zirconium	1,948	6.9
Stainless steel	197	0.7

Please note: In 2 (0.01%) primary total hip arthroplasties a titanium femoral head component was implanted.

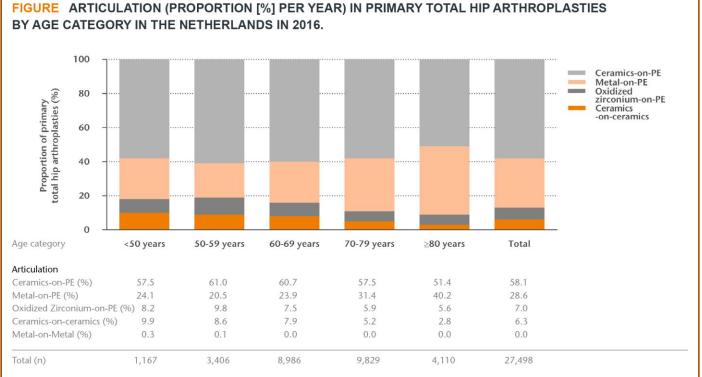




PE: polyethylene.

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Articulation by age category



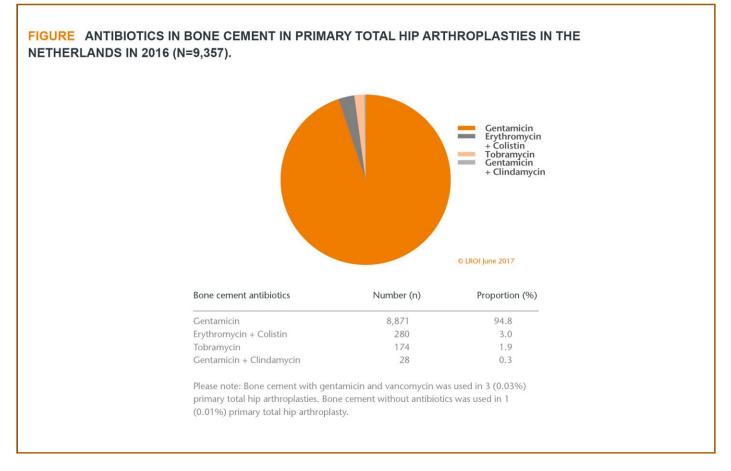
Please note: In 2 (<0.01%) primary total hip arthroplasties, another type of articulation was registered. The proportion metal-on-metal primary total hip arthroplasties was too small to show in this figure.

PE: polyethylene.

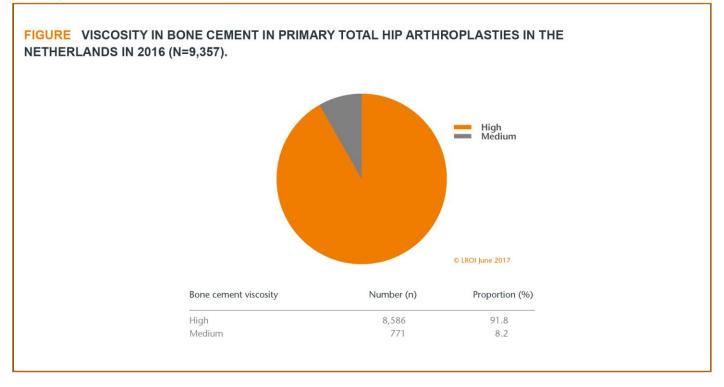
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Bone cement

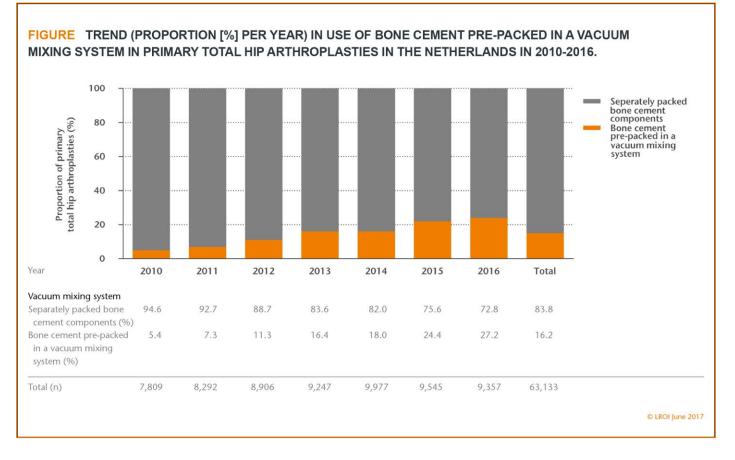
Antibiotics



Viscosity



Vacuum mixing system 2010-2016



Most frequently registered components

TABLETHE TEN MOST FREQUENTLY REGISTERED ACETABULUM (BOTH CEMENTED AND
UNCEMENTED) AND FEMUR (BOTH CEMENTED AND UNCEMENTED) COMPONENTS IN PRIMARY
TOTAL HIP ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Acetabulum				
Cemented (n=9,005)		Uncemented (n=20,018)		
Name	Proportion (%)	Name	Proportion (%)	
Müller low profile	23.2	Pinnacle	22.5	
IP Cup	16.3	Allofit	22.0	
Reflection All Poly XLPE	9.1	Mallory Head	10.9	
FAL Cup	8.7	Exceed ABT	8.8	
Exeter Rimfit	7.6	R3	5.3	
Avantage	5.3	Trident	4.9	
Stanmore	4.5	Reflection	4.1	
Contemporary Hooded	3.2	Trident Tritinium	3.9	
CCB cup Low Profile	3.1	RM Pressfit Vitamys cup	3.7	
Exeter Contemporary Flanged	2.8	RM Pressfit cup	2.5	

Femur

Cemented (n=9,039)		Uncemented (n=19,854)	
Name	Proportion (%)	Name	Proportion (%)
Lubinus SPII	30.8	Corail	22.2
Original ME Muller	19.8	Taperloc Complete	20.9
Exeter	18.2	CLS Spotorno	8.9
Spectron EF	10.7	Alloclassic Zweymuller SL	8.5
Stanmore	10.0	Accolade	8.4
CCA stem	2.1	SL Plus	4.7
C-Stem AMT	1.6	Twinsys stem Cementless	4.5
Taperloc Complete	1.4	Mallory Head	3.5
MS30	0.8	M/L Taper	3.0
Twinsys stem Cementless	0.7	Synergy	2.9

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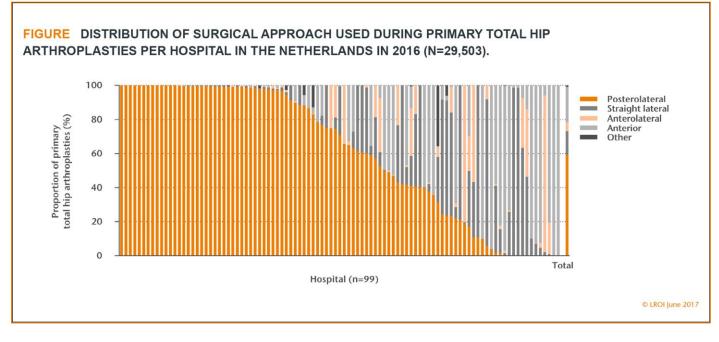
Most frequently registered types of bone cement

TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING PRIMARY TOTAL HIP ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

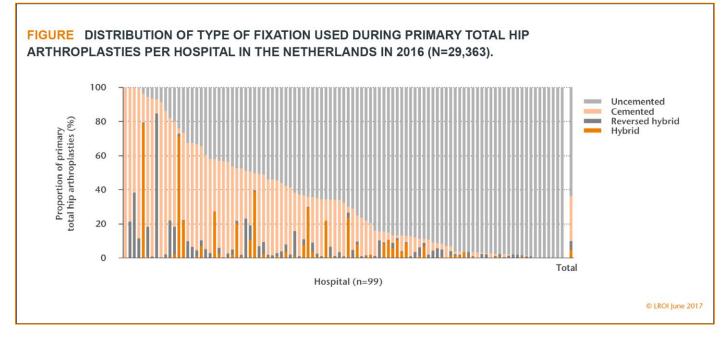
Separately packed bone cement components (n=6,816)		Bone cement pre-packed in a vacuum mixing system (n=2,541)		
Name	Proportion (%)	Name	Proportion (%)	
Palacos R+G	79.6	Refobacin Bone Cement R	30.5	
Refobacin Bone Cement R	5.0	Palacos Pro	29.0	
Palacos MV+G	4.6	Optipac	24.5	
Simplex ABC EC	4.1	Refobacin Plus Bone Cement	11.7	
Simplex HV	2.7	Cemex	3.9	
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Practice variation

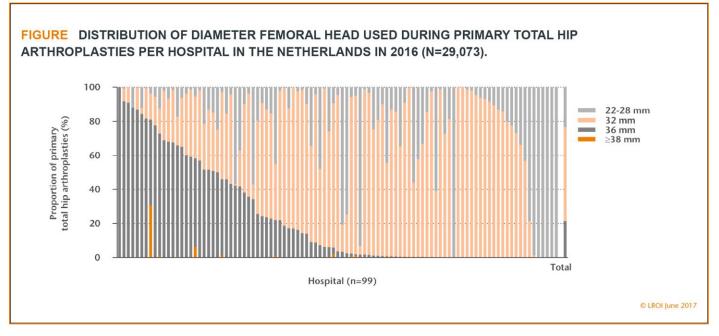
Surgical approach



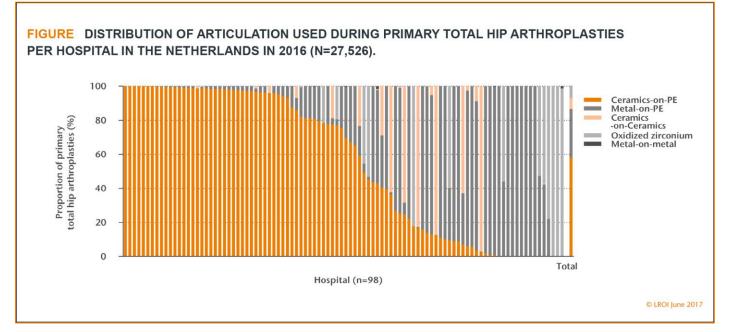
Fixation



Femoral head diameter



Articulation



Hip hemiarthroplasty

Demographics

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY HIPHEMIARTHROPLASTY BY SPECIALISM IN THE NETHERLANDS IN 2016.

Ν	Orthopaedic surgeon 4,103 (78.2%)	Trauma surgeon 1,146 (21.8%)	Total 5,249	
Completeness (%)	95	50	78	
Mean age (years) (SD)	82.3 (8.6)	82.0 (8.1)	82.2 (8.5)	
Age (years) (%)				
<50	1	0	0	
50-59	1	1	1	
60-69	5	7	6	
70-79	23	27	24	
≥80	70	65	69	
Gender (%)				
Men	33	33	33	
Women	67	67	67	
ASA score (%)				
1	2	3	2	
II.	33	34	33	
111-IV	65	63	65	
Type of hospital (%)				
General	97	92	96	
UMC	3	8	4	
Private	0	0	0	
Diagnosis (%)				
Fracture (acute)	95	98	96	
Osteoarthritis	3	1	2	
Late post-traumatic	1	1	1	
Tumour	1	0	1	
Osteonecrosis	0	0	0	
Dysplasia	0	0	0	
Rheumatoid arthritis	0	0	0	
Post-Perthes' disease	0	0	0	
Inflammatory arthritis	0	0	0	
Charnley-score (%)				
A One hip joint affected	78	80	79	
B1 Both hip joints affected	7	9	7	
B2 Contralateral hip joint with a t	otal			
hip prosthesis	10	5	9	
C Multiple joints affected or chro				
that affects quality of life	5	6	5	
Body Mass Index (kg/m ²) (%)		170	-	
Underweight (≤18,5)	6	6	6	
Normal weight (>18,5-25)	55	56	55	
Overweight (>25-30)	31	31	31	
Obesity (>30-40)	8	7	8	
Morbid obesity (>40)	0	0	0	
Smoking (%)	680 G			
No	91	91	91	
Yes	9	9	9	

Please note: In 2016, 77 general hospitals and 8 UMCs performed primary hip hemiarthroplasties.

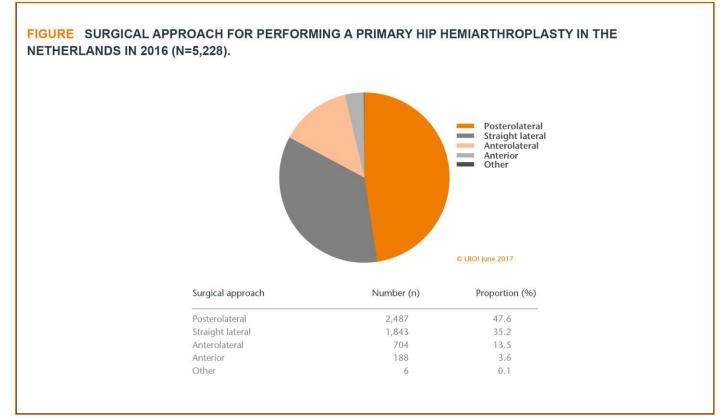
General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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Surgery

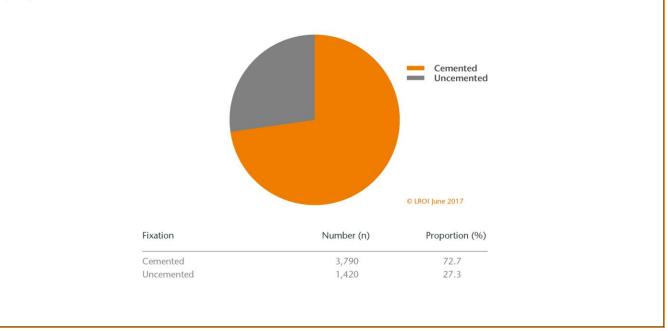
Surgical techniques

Surgical approach



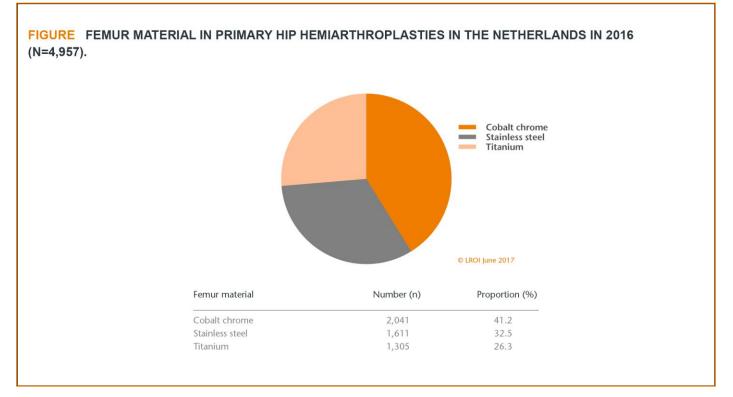
Fixation

FIGURE TYPE OF FIXATION IN PRIMARY HIP HEMIARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=5,210).

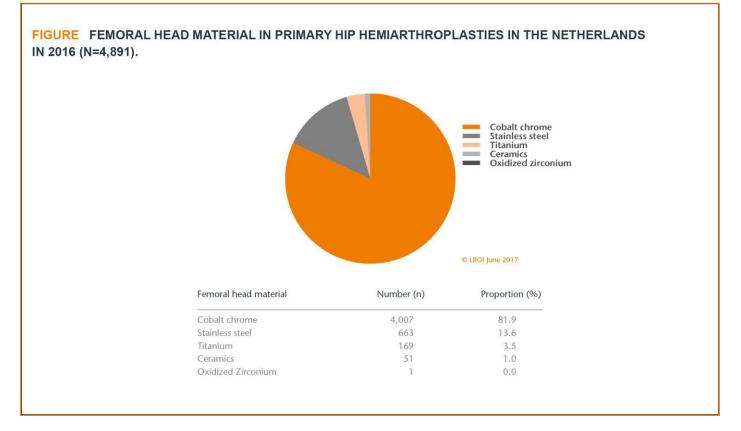


Materials

Femur component



Femoral head component



TABLETHE TEN MOST FREQUENTLY REGISTERED FEMORAL AND FEMORAL HEAD COMPONENTSIN PRIMARY HIP HEMIARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Femur component (n=5,061)		Femoral head component (n=4,996)	
Proportion (%)	Name	Proportion (%)	
22.1	Unipolar Head	26.2	
10.0	Stainless Steel head	11.6	
9.8	CoCr head	10.8	
7.8	UHR Unitrax	10.6	
6.0	Hemi Heads	10.6	
5.6	Uni-polar	9.9	
5.5	Modular Cathcard Unipolar head	5.1	
4.5	COCR Modular Heads	4.4	
4.4	V40 Exeter Heads	2.4	
2.6	Bipolar Hip	1.3	
		© LROI June	
	22.1 10.0 9.8 7.8 6.0 5.6 5.5 4.5 4.5 4.4	Proportion (%)Name22.1Unipolar Head10.0Stainless Steel head9.8CoCr head7.8UHR Unitrax6.0Hemi Heads5.6Uni-polar5.5Modular Cathcard Unipolar head4.5COCR Modular Heads4.4V40 Exeter Heads	

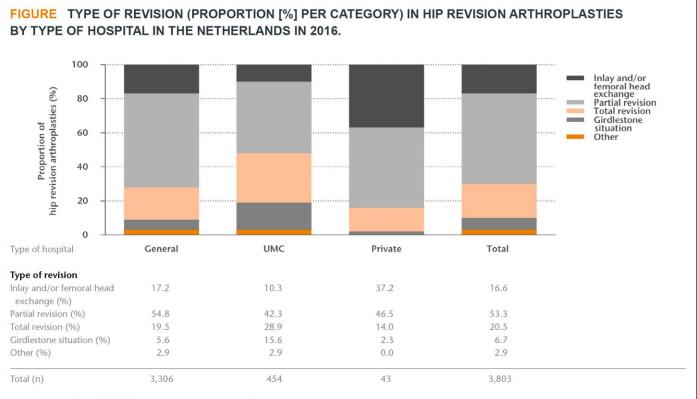
Most frequently registered types of bone cement

TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING PRIMARY HIP HEMIARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Separately packed bone cement components (n=2,065)		Bone cement pre-packed in a vacuum mixing system (n=1,326)	
Name	Proportion (%)	Name	Proportion (%)
Palacos R+G	73.6	Palacos Pro	38.5
Refobacin Bone Cement R	8.2	Optipac	28.8
Simplex HV	5.1	Refobacin Plus Bone Cement	14.9
Palacos MV+G	4.3	Refobacin Bone Cement R	10.3
Simplex ABC EC	3.7	Cemex	7.0
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Hip revision arthroplasty

Type of revision



General: general hospital; UMC: university medical centre; Private: private hospital.

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In 1,321 (65.2%) partial hip revision arthroplasties the acetabulum component was revised and in 657 (32.4%) partial hip revision arthroplasties the femur component was revised in 2016.

Reasons for revision

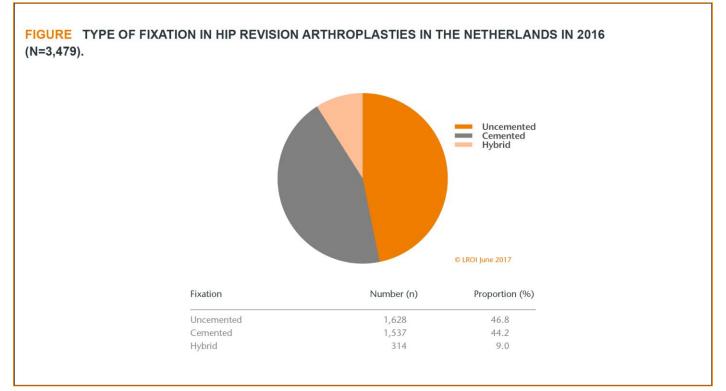
TABLEREASONS FOR REVISION OR RE-SURGERY IN PATIENTS WHO UNDERWENT A HIP REVISIONARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=3,836).

Reasons for revision	Proportion ¹ (%)
Loosening of acetabulum component	22.4
Dislocation	19.3
Infection	19.3
Loosening of femur component	18.7
Inlay wear	18.5
Peri-prosthetic fracture	12.3
Girdlestone situation	6.1
Symptomatic MoM inlay	4.0
Peri-articular ossification	2.3
Other	10.6
¹ One patient may have more than one reaso	n for revision or
re-surgery. As such, the total proportion is ov	er 100%.

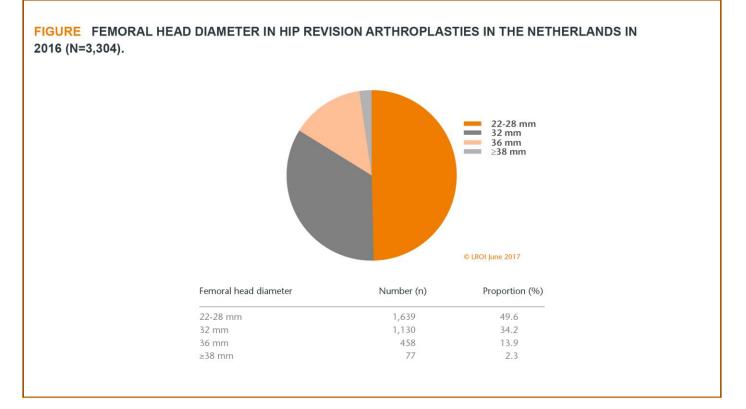
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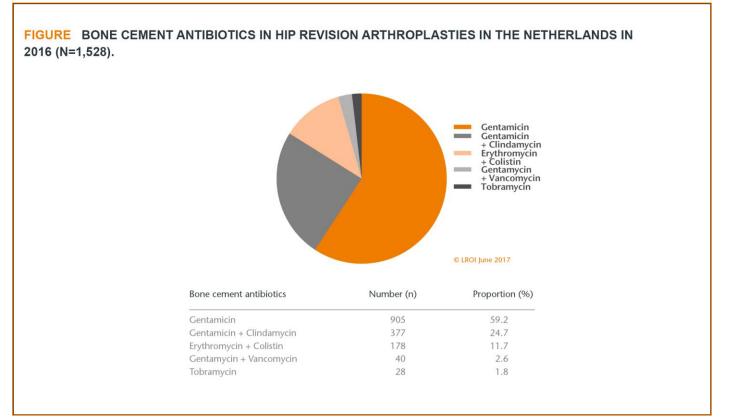
Surgery

Fixation



Femoral head diameter





Most frequently registered components

TABLETHE TEN MOST FREQUENTLY REGISTERED ACETABULUM (BOTH CEMENTED AND
UNCEMENTED) AND FEMUR COMPONENTS (BOTH CEMENTED AND UNCEMENTED) IN HIP REVISION
ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Acetabulum			
Cemented (n=1,481)		Uncemented (n=617)	
Name	Proportion (%)	Name	Proportion (%)
Avantage	43.8	Continuum	20.9
Saturne Dual Mobility	9.2	Pinnacle	10.2
Müller low profile	7.6	Trident	8.8
Polarcup	7.6	Allofit	7.0
Reflection All Poly XLPE	5.1	Delta-One TT	6.8
FAL Cup	4.9	Delta-TT	4.9
Exeter Contemporary Flanged	4.4	Saturne Dual Mobility	4.9
Exeter Rimfit	4.1	Reflection	4.5
Contemporary Hooded	1.8	Avantage Reload	3.4
IP Cup	1.6	Mallory Head	2.8

Femur

Cemented (n=583)		Uncemented (n=847)	
Name	Proportion (%)	Name	Proportion (%)
Exeter	32.1	Restoration Modular	13.9
Lubinus SPII	21.6	MP Reconstruction Prosthesis	10.7
Spectron EF	10.6	Revitan	9.8
Original ME Muller	7.7	Arcos	7.0
Stanmore	6.5	SLR Plus	5.7
C-Stem AMT	3.9	Corail	4.8
MP Reconstruction Prosthesis	2.2	MRS stem	4.5
Taperloc Complete	1.7	Corail Revision	4.3
Synergy	1.5	Alloclassic SLL	3.0
CCA stem	1.0	Alloclassic Zweymuller SL	2.5

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Most frequently registered types of bone cement

TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING HIP REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Separately packed bone cement components (n=1,142)		Bone cement pre-packed in a vacuum mixing system (n=386)		
Name	Proportion (%)	Name	Proportion (%)	
Palacos R+G	43.9	Refobacin Bone Cement R	23.6	
Copal G+C	20.8	Optipac	23.1	
Simplex ABC EC	15.6	Refobacin Revision	21.8	
Palacos MV+G	5.3	Palacos Pro	19.7	
Refobacin Revision	4.7	Refobacin Plus Bone Cement	6.2	
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Survival

Revision within 1 year

By type of revision

TABLECUMULATIVE 1-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL HIP ARTHROPLASTIES BYTYPE OF REVISION IN THE NETHERLANDS IN 2011-2015 (N=131,066).

	Cumulative 1-year r Competing Risk (95% CI)	Kaplan Meier (95% CI)	
	Competing Kisk (95% CI)	Rapial Meler (55% CI)	
Any type of revision	1.5 (1.4-1.5)	1.5 (1.4-1.6)	
Small revision ¹	0.4 (0.4-0.4)	0.4 (0.4-0.4)	
Substantial revision ²	1.0 (1.0-1.1)	1.1 (1.0-1.1)	

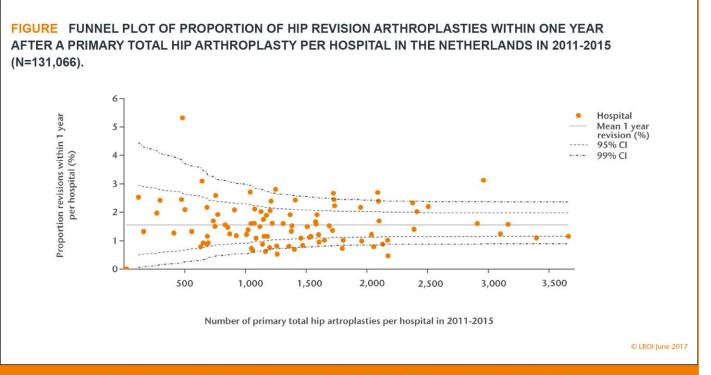
² Including acetabulum or femur.

THA: total hip arthroplasty; CI: confidence interval.

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In 2011-2015, 1,728 (1.3%) primary total hip arthroplasties were implanted in patients who died within one year after the primary procedure.

Per hospital



The mean 1-year revision percentage is 1.5 (95% CI: 1.4-1.5) in the Netherlands in 2011-2015. Confidence intervals are the boundaries within one would expect the outcome if only chance is of influence.

TABLEREASONS FOR REVISION WITHIN ONE YEAR IN PATIENTS THAT UNDERWENT A HIP REVISIONARTHROPLASTY BY TYPE OF REVISION IN THE NETHERLANDS IN 2011-2015.

Reason for revision	Small revision ¹ (n=592) Proportion ³ (%)	Substantial revision ² (n=1,443) Proportion ³ (%)	Any type of revision (n=2,035) Proportion ³ (%)
Dislocation	30.1	36.3	34.5
Infection	41.0	11.2	19.9
Peri-prosthetic fracture	1.7	24.4	17.8
Loosening of femur component	1.2	22.2	16.1
Loosening of acetabulum component	0.3	13.1	9.4
Girdlestone situation	0.8	3.3	2.6
Inlay wear	1.4	1.2	1.2
Peri-articular ossification	0.8	1.0	1.0
Symptomatic MoM inlay	0.0	0.1	0.0
Other	16.2	15.1	15.4

¹ Only inlay and/or femoral head exchange.

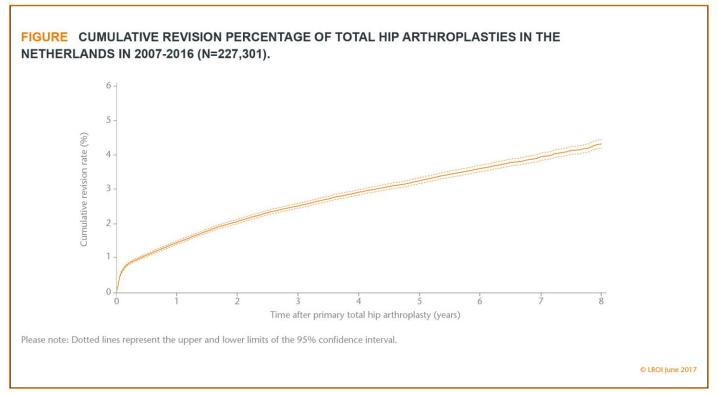
² Including acetabulum or femur.

³ One patient may have more than one reason for revision or re-surgery. As such, the total proportion is over 100%.

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Revision within 8 years

Overall



By type of revision

TABLECUMULATIVE 8-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL HIP ARTHROPLASTIES BYTYPE OF REVISION IN THE NETHERLANDS IN 2007-2016 (N=227,301).

	Cumulative 8-year revision percentage		
	Competing Risk (95% CI)	Kaplan Meier (95% Cl)	
Any type of revision	4.3 (4.2-4.5)	4.6 (4.4-4.7)	
Small revision ¹	0.9 (0.9-1.0)	1.0 (0.9-1.0)	
Substantial revision ²	3.4 (3.3-3.6)	3.6 (3.4-3.7)	

¹ Only inlay and/or femoral head exchange.

² Including acetabulum or femur.

THA: total hip arthroplasty; CI: confidence interval.

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In 2007-2016, 13,809 (6.1%) primary total hip arthroplasties were implanted in patients who died within eight years after the primary procedure.

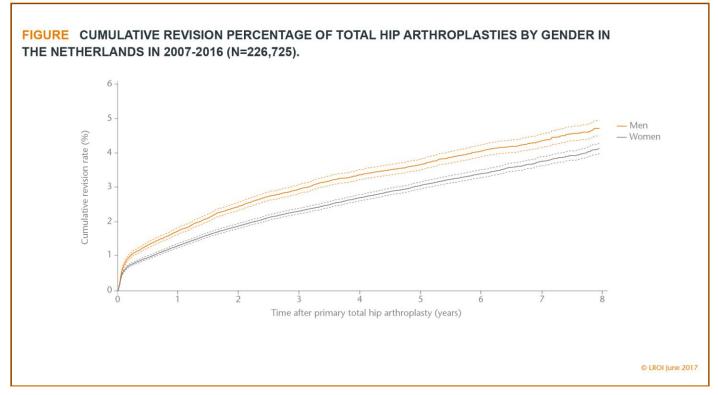
By demographics

TABLECUMULATIVE 8-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL HIP ARTHROPLASTIES BYDEMOGRAPHICS IN THE NETHERLANDS IN 2007-2016.

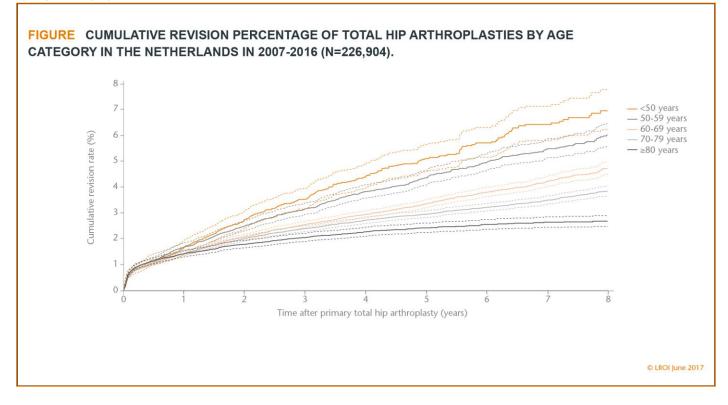
		Cumulative 8-year r	evision percentage
	Number (n)	Competing Risk (95% CI)	Kaplan Meier (95% CI)
Total	227,301	4.3 (4.2-4.5)	4.6 (4.4-4.7)
Gender			
Men	75,135	4.7 (4.5-5.0)	5.0 (4.8-5.3)
Women	151,590	4.1 (4.0-4.3)	4.4 (4.2-4.5)
Age (years)			
<50	10,165	7.0 (6.2-7.8)	7.1 (6.3-7.9)
50-59	27,931	6.0 (5.6-6.5)	6.1 (5.7-6.6)
60-69	72,516	4.7 (4.5-5.0)	5.0 (4.6-5.2)
70-79	82,027	3.8 (3.6-4.0)	4.1 (3.8-4.3)
≥80	34,265	2.7 (2.5-2.9)	2.9 (2.7-3.2)
Diagnosis			
Osteoarthritis	196,057	4.2 (4.1-4.4)	4.4 (4.3-4.6)
Other	29,111	5.1 (4.7-5.4)	5.5 (5.1-5.9)
ASA score			
£	50,658	4.7 (4.4-4.9)	4.8 (4.5-5.1)
0	137,191	4.3 (4.1-4.4)	4.5 (4.3-4.7)
111-1V	30,071	4.2 (3.9-4.5)	4.6 (4.2-5.0)

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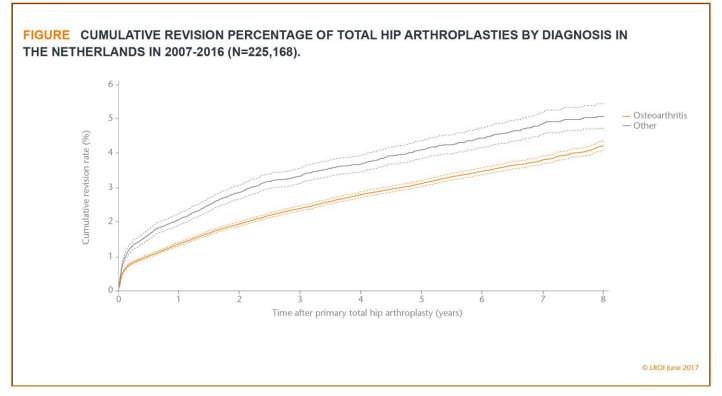
By gender



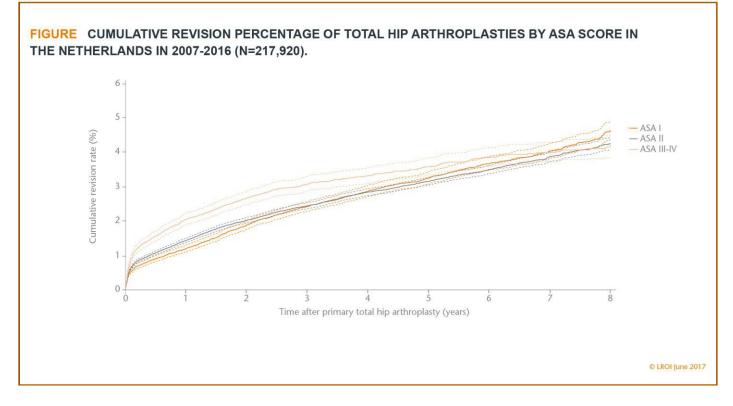
By age category



By diagnosis



By ASA score



Revision within 1, 3 and 5 years per THA component

Cemented acetabular component

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE TEN MOST FREQUENTLYREGISTERED CEMENTED ACETABULAR COMPONENTS IN 2016, IN PRIMARY TOTAL HIPARTHROPLASTIES IN THE NETHERLANDS IN 2007-2016 (N=74,357).

Cemented acetabular component	n	Cumulative 1-year revision percentage (95% Cl)	Cumulative 3-year revision percentage (95% Cl)	Cumulative 5-year revision percentage (95% CI)
IP Cup	12,354	1.1 (0.9-1.3)	2.0 (1.7-2.2)	2.5 (2.2-2.8)
Müller low profile	12,055	1.2 (1.0-1.4)	1.9 (1.7-2.2)	2.3 (2.0-2.6)
Reflection All Poly XLPE	5,942	0.9 (0.7-1.2)	1.6 (1.3-2.0)	1.9 (1.6-2.4)
Stanmore	4,444	0.7 (0.5-1.0)	1.5 (1.2-2.0)	1.9 (1.5-2.4)
FAL Cup	4,038	1.5 (1.1-1.9)	2.8 (2.2-3.4)	3.3 (2.7-4.1)
Contemporary Hooded	3,581	1.2 (0.9-1.6)	2.2 (1.7-2.7)	3.1 (2.6-3.8)
Exeter Rimfit	3,479	1.5 (1.1-1.9)	2.3 (1.7-2.9)	3.2 (2.3-4.3)
Exeter Contemporary Flanged	2,844	0.9 (0.6-1.4)	1.9 (1.4-2.5)	2.5 (1.9-3.2)
CCB cup Low Profile	2,182	1.3 (0.9-1.9)	2.2 (1.6-2.9)	2.7 (2.0-3.6)
Avantage	1,835	2.7 (2.0-3.6)	3.4 (2.6-4.5)	4.0 (3.0-5.3)

Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered cemented acetabular components, 96 components were not part of this top ten. These components represented 27% of all registered cemented acetabular components in 2007-2016.

Uncemented acetabular component

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE TEN MOST FREQUENTLYREGISTERED UNCEMENTED ACETABULAR COMPONENTS IN 2016, IN PRIMARY TOTAL HIPARTHROPLASTIES IN THE NETHERLANDS IN 2007-2016 (N=150,300).

Uncemented acetabular component	n	Cumulative 1-year revision percentage (95% CI)	Cumulative 3-year revision percentage (95% CI)	Cumulative 5-year revision percentage (95% CI)
component		(93% CI)	(93% CI)	(93% CI)
Allofit	28,373	1.7 (1.5-1.8)	2.4 (2.3-2.6)	3.0 (2.8-3.2)
Pinnacle	21,953	1.4 (1.3-1.6)	2.4 (2.2-2.7)	3.1 (2.8-3.4)
Mallory Head	15,327	1.6 (1.4-1.8)	2.7 (2.4-3.0)	3.2 (2.9-3.5)
Exceed ABT	11,508	1.2 (1.0-1.4)	2.1 (1.8-2.4)	2.4 (2.1-2.8)
Trident	10,247	1.7 (1.5-2.0)	3.1 (2.8-3.5)	4.1 (3.7-4.6)
Reflection	6,705	1.6 (1.3-2.0)	2.4 (2.1-2.9)	2.9 (2.4-3.3)
Trident Tritanium	5,992	1.7 (1.4-2.0)	2.9 (2.5-3.4)	3.3 (2.8-3.9)
R3	5,094	1.7 (1.4-2.1)	2.4 (2.0-2.9)	3.4 (2.7-4.2)
RM Pressfit cup	3,750	2.5 (2.0-3.0)	3.4 (2.9-4.1)	4.0 (3.4-4.8)
RM Pressfit Vitamys cup	3,622	1.7 (1.3-2.2)	2.6 (2.1-3.3)	3.3 (2.6-4.2)

Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered cemented acetabular components, 105 components were not part of this top ten. These components represented 23% of all registered cemented acetabular components in 2007-2016.

Cemented femur component

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE TEN MOST FREQUENTLYREGISTERED CEMENTED FEMUR COMPONENTS IN 2016, IN PRIMARY TOTAL HIP ARTHROPLASTIES INTHE NETHERLANDS IN 2007-2016 (N=74,937).

Cemented femur component	n	Cumulative 1-year revision percentage (95% CI)	Cumulative 3-year revision percentage (95% CI)	Cumulative 5-year revision percentage (95% CI)
Lubinus SPII	22,880	1.1 (1.0-1.2)	1.9 (1.8-2.1)	2.5 (2.3-2.7)
Exeter	13,229	1.5 (1.3-1.7)	2.3 (2.1-2.6)	2.9 (2.6-3.2)
Original ME Muller	11,560	1.3 (1.1-1.5)	1.9 (1.6-2.1)	2.2 (1.9-2.5)
Spectron EF	9,125	0.8 (0.6-1.0)	1.5 (1.3-1.8)	1.9 (1.6-2.3)
Stanmore	8,803	0.8 (0.6-1.0)	1.5 (1.3-1.8)	1.9 (1.6-2.3)
CCA stem	1,673	1.9 (1.3-2.6)	2.4 (1.8-3.3)	2.8 (2.1-3.9)
Taperloc Complete	605	1.1 (0.5-2.5)	2.0 (1.0-4.0)	2.5 (1.3-4.8)
MS30	507	1.0 (0.4-2.4)	1.7 (0.9-3.5)	2.4 (1.3-4.4)
C-Stem AMT ¹	187	n.a.	n.a.	n.a.
Twinsys stem Cementless ¹	83	n.a.	n.a.	n.a.

¹ Only registered in recent years. As such, no revision percentage could be determined.

Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis.

CI: confidence interval.

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Of the registered cemented femur components, 76 components were not part of this top ten. These components represented 7% of all registered cemented femur components in 2007-2016.

Uncemented femur component

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE TEN MOST FREQUENTLYREGISTERED UNCEMENTED FEMUR COMPONENTS IN 2016, IN PRIMARY TOTAL HIP ARTHROPLASTIESIN THE NETHERLANDS IN 2007-2016 (N=149,720).

Uncemented femur component	n	Cumulative 1-year revision percentage (95% CI)	Cumulative 3-year revision percentage (95% Cl)	Cumulative 5-year revision percentage (95% Cl)
component		()))()))	(55% CI)	(3576 CI)
Alloclassic Zweymuller SL	22,082	1.3 (1.1-1.4)	2.1 (2.0-2.4)	2.8 (2.6-3.1)
Corail	21,868	1.5 (1.3-1.7)	2.5 (2.3-2.8)	3.3 (3.0-3.6)
Taperloc Complete	20,601	1.4 (1.2-1.6)	2.7 (2.4-2.9)	3.4 (3.1-3.8)
CLS Spotorno	15,542	2.1 (1.9-2.4)	3.2 (2.9-3.5)	4.1 (3.7-4.4)
SL Plus	9,622	1.6 (1.4-1.9)	3.3 (3.0-3.7)	4.3 (3.9-4.8)
Mallory Head	9,283	1.3 (1.1-1.6)	2.2 (1.9-2.5)	2.6 (2.3-3.0)
Accolade	8,739	1.4 (1.2-1.7)	3.0 (2.6-3.5)	4.1 (3.5-4.7)
Synergy	5,346	1.9 (1.6-2.4)	2.8 (2.4-3.3)	3.3 (2.8-3.9)
Twinsys stem Cementless	4,524	1.8 (1.4-2.2)	2.4 (1.9-2.9)	2.7 (2.2-3.4)
M/L Taper	2,314	2.2 (1.7-2.9)	3.2 (2.5-4.2)	4.3 (3.2-5.7)

Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered uncemented femur components, 107 components were not part of this top ten. These components represented 18% of all registered uncemented femur components in 2007-2016.

Bone cement

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE FIVE MOST FREQUENTLYREGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXING SYSTEM IN 2016, IN PRIMARY TOTAL HIPARTHROPLASTIES IN THE NETHERLANDS IN 2007-2016.

Bone cement	n	Cumulative 1-year revision percentage (95% Cl)	Cumulative 3-year revision percentage (95% CI)	Cumulative 5-year revision percentage (95% CI)
Separately packed bone ceme	nt componer	nts (n=64,081)		
Palacos R+G	47,739	1.3 (1.2-1.4)	2.2 (2.0-2.3)	2.7 (2.5-2.8)
Refobacin Bone Cement R	4,666	0.6 (0.4-0.9)	1.4 (1.1-1.8)	1.7 (1.4-2.2)
Palacos MV+G	2,729	0.6 (0.4-1.0)	1.3 (0.9-1.8)	1.9 (1.4-2.7)
Simplex ABC EC	2,061	2.2 (1.6-2.9)	3.4 (2.6-4.3)	4.6 (3.6-5.8)
Simplex HV	426	0.5 (0.1-2.0)	0.5 (0.1-2.0)	n.a.
Bone cement pre-packed in a	vacuum mixi	ng system (n=10,563)		
Refobacin Bone Cement R	5,234	1.1 (0.9-1.5)	2.0 (1.6-2.5)	2.7 (2.2-3.5)
Refobacin Plus Bone Cement	2,811	0.9 (0.6-1.3)	1.5 (1.1-2.1)	1.9 (1.4-2.7)
Palacos Pro	1,075	1.3 (0.7-2.5)	n.a.	n.a.
Optipac	908	3.1 (2.0-4.9)	3.1 (2.0-4.9)	n.a.
Cemex	437	1.5 (0.7-3.3)	2.2 (1.1-4.3)	3.0 (1.4-6.2)

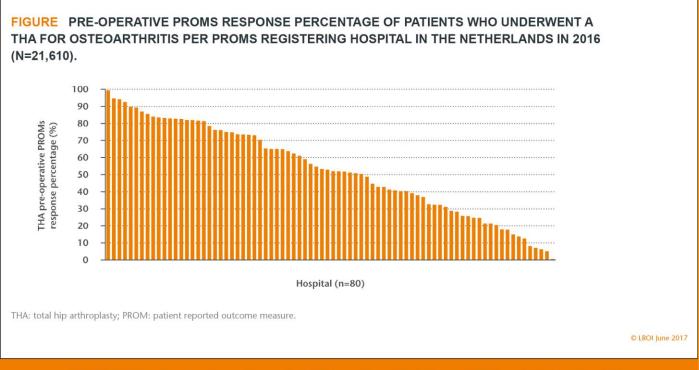
Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered types of bone cement, 19 types were not part of these top fives. These types represented 7% of all registered types of bone cement in 2007-2016.

PROMs

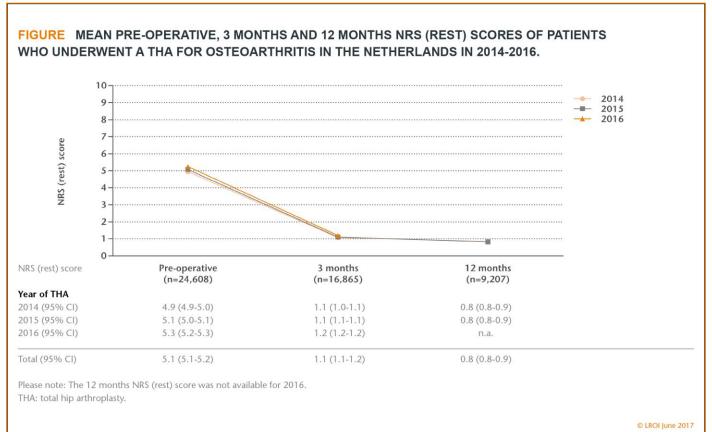
Response



Of all 21,610 patients who underwent a THA for osteoarthritis in a PROMs registering hospital, the mean pre-operative response score was 54.1% (n=11,695).

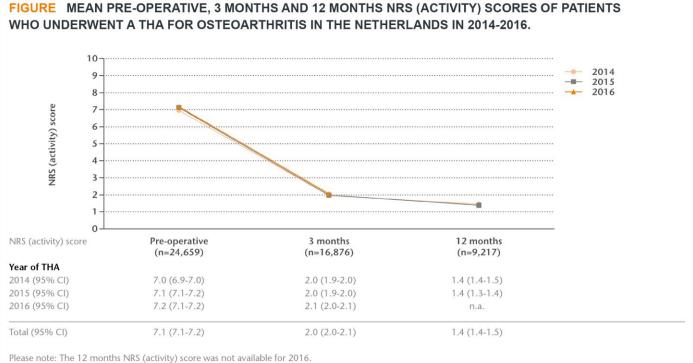
Mean scores (preoperative, 3 months and 12 months)





The NRS (rest) score measures pain during rest. The score has a range of 0.0 to 10.0, with 0.0 representing no pain and 10.0 representing the most possible pain.

NRS (activity)

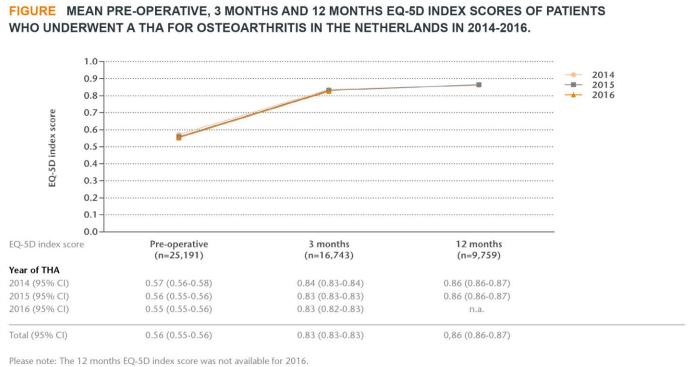


Please note: The 12 months NRS (activity) score was not available for 2016 THA: total hip arthroplasty.

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The NRS (activity) score measures pain during activity. The score has a range of 0.0 to 10.0, with 0.0 representing no pain and 10.0 representing the most possible pain.

EQ-5D index score

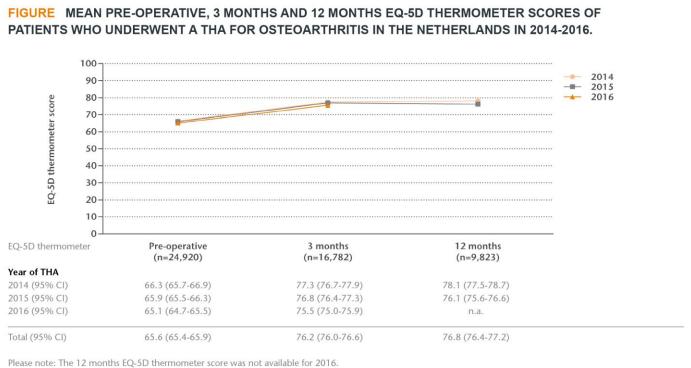


THA: total hip arthroplasty.

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The EQ-5D index score measures quality of life. The score has a range of -0.329 to 1.0, with 1.0 representing the best possible quality of life.

EQ-5D thermometer

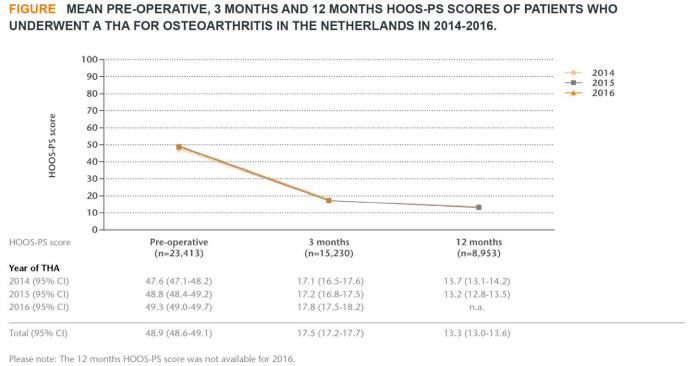


Please note: The 12 months EQ-5D thermometer score was not available for 2 THA: total hip arthroplasty.

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The EQ-5D thermometer score measures the health situation. The score has a range of 0.0 to 100.0, with 0.0 representing the worst possible health situation and 100.0 the best possible health situation.

HOOS-PS score

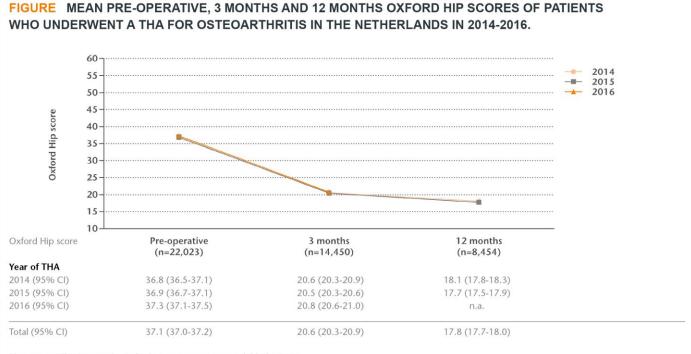


THA: total hip arthroplasty.

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The HOOS-PS score measures the physical functioning of patients with osteoarthritis to the hip. The score has a range of 0.0 to 100.0, with 0.0 representing no effort and 100.0 the most possible effort.

Oxford Hip score



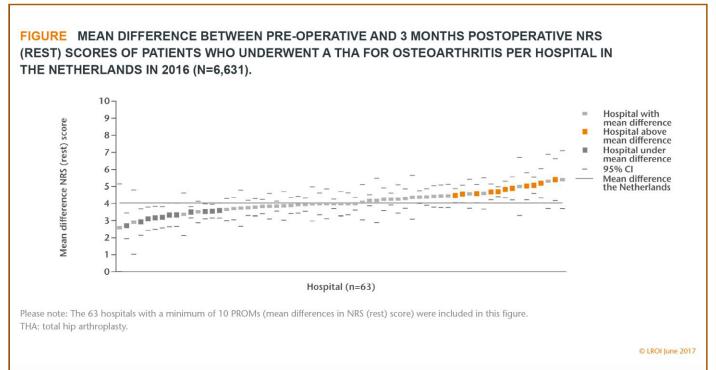
Please note: The 12 months Oxford Hip score was not available for 2016. THA: total hip arthroplasty.

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The Oxford Hip score measures the physical functioning and pain of patients with osteoarthritis to the hip. The score has a range of 12.0 to 60.0, with 12.0 representing no functional disability and 60.0 the most possible functional disability.

Mean differences (preoperative and 3 months) per hospital

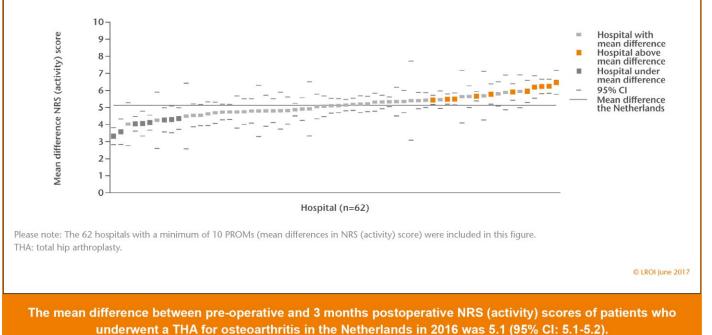
NRS (rest)



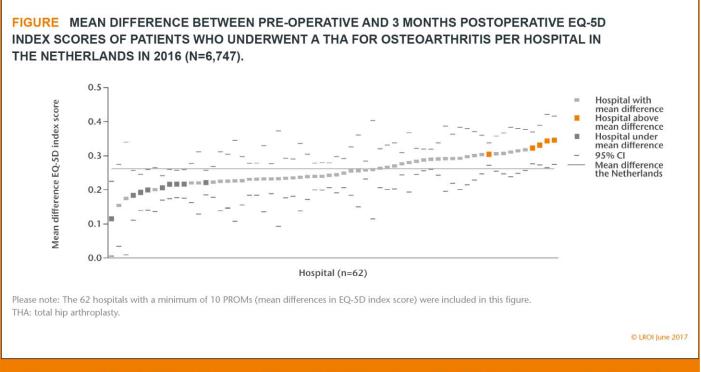
The mean difference between pre-operative and 3 months postoperative NRS (rest) scores of patients who underwent a THA for osteoarthritis in the Netherlands in 2016 was 4.0 (95% CI: 4.0-4.1).

NRS (activity)

FIGURE MEAN DIFFERENCE BETWEEN PRE-OPERATIVE AND 3 MONTHS POSTOPERATIVE NRS (ACTIVITY) SCORES OF PATIENTS WHO UNDERWENT A THA FOR OSTEOARTHRITIS PER HOSPITAL IN THE NETHERLANDS IN 2016 (N=6,625).

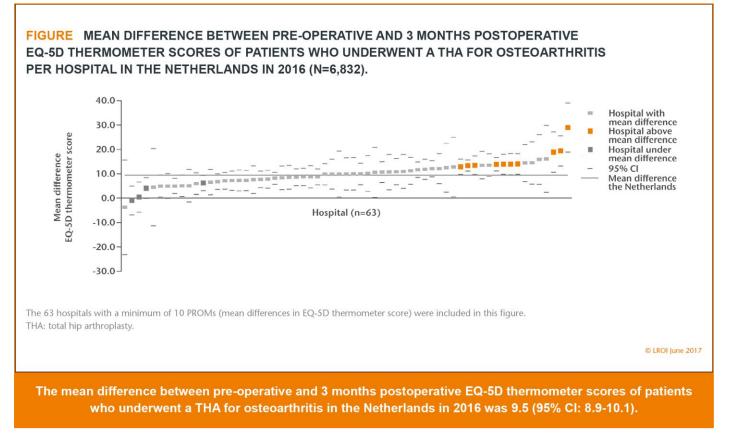


EQ-5D index score

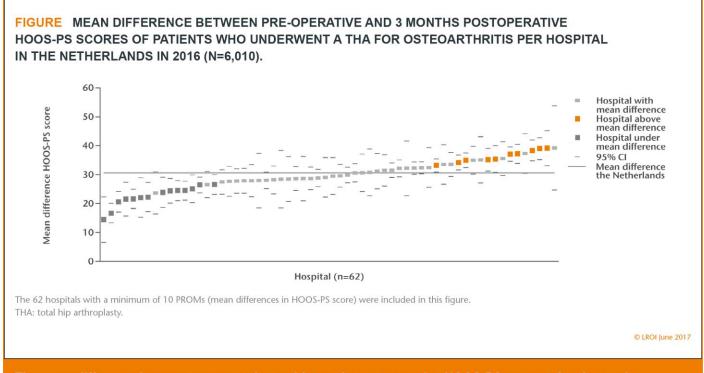


The mean difference between pre-operative and 3 months postoperative EQ-5D index scores of patients who underwent a THA for osteoarthritis in the Netherlands in 2016 was 0.26 (95% CI: 0.26-0.27).

EQ-5D thermometer



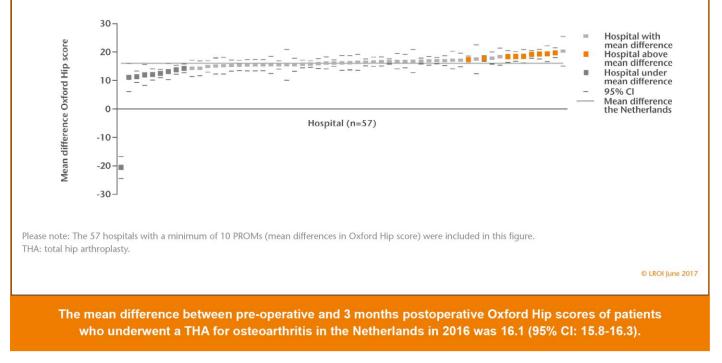
HOOS-PS score



The mean difference between pre-operative and 3 months postoperative HOOS-PS scores of patients who underwent a THA for osteoarthritis in the Netherlands in 2016 was 30.6 (95% CI: 30.1-31.1).

Oxford Hip score

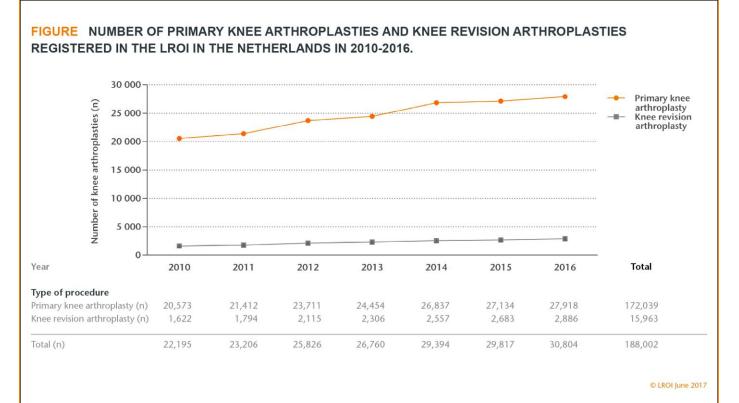
FIGURE MEAN DIFFERENCE BETWEEN PRE-OPERATIVE AND 3 MONTHS POSTOPERATIVE OXFORD HIP SCORES OF PATIENTS WHO UNDERWENT A THA FOR OSTEOARTHRITIS PER HOSPITAL IN THE NETHERLANDS IN 2016 (N=5,981).



Knee arthroplasty

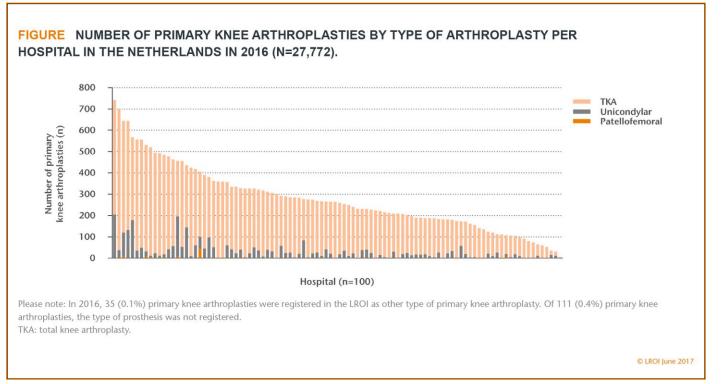
Numbers

Procedures 2010-2016

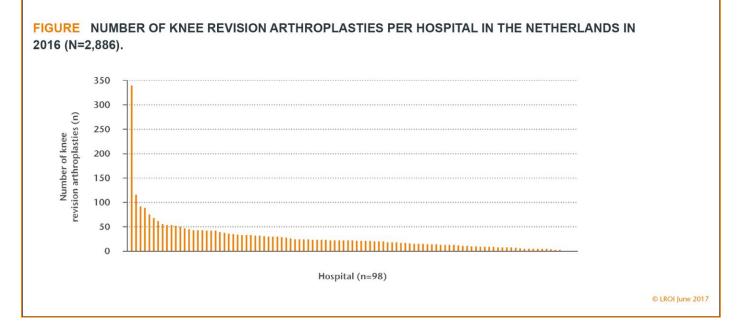


Out of 27,918 primary knee arthroplasties that were performed in 2016, 3% (n=811) was performed bilaterally.

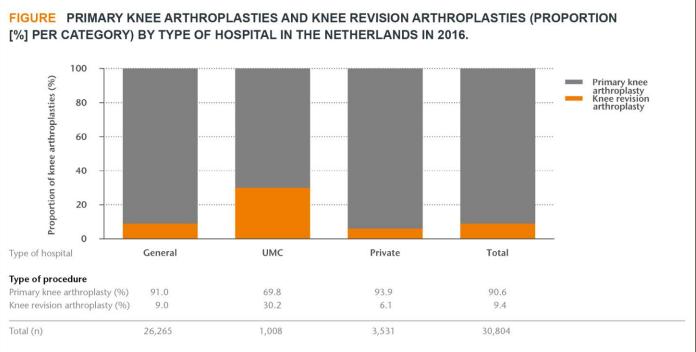
Type of primary knee prosthesis per hospital



Revisions per hospital



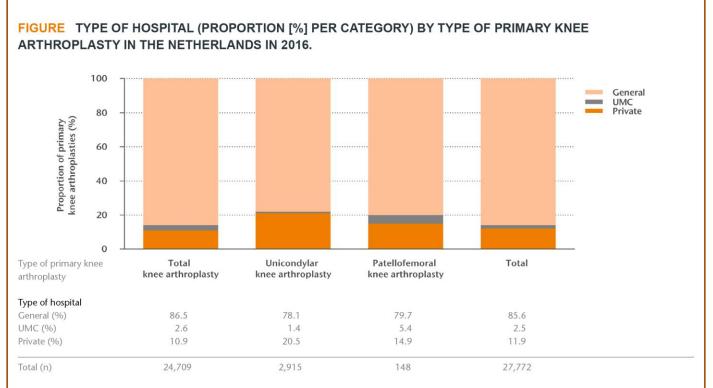
Type of procedure by type of hospital



General: general hospital; UMC: university medical centre; Private: private hospital.

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Type of primary knee prosthesis by type of hospital

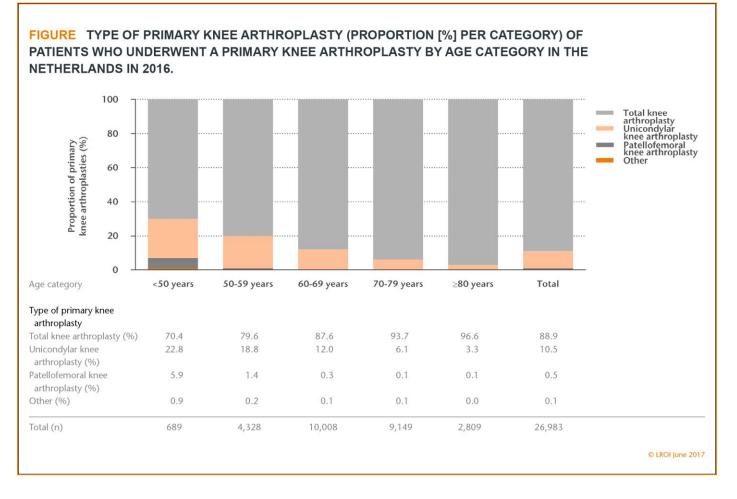


Please note: In 2016, 35 (0.1%) primary knee arthroplasties were registered in the LROI as other type of primary knee arthroplasty. Of 111 (0.4%) primary knee arthroplasties, the type of prosthesis was not registered.

General: general hospital; UMC: university medical centre; Private: private hospital.

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Type of primary knee prosthesis by age category



Primary knee arthroplasty

Demographics

Patient characteristics

By type of knee prosthesis

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY KNEEARTHROPLASTY BY TYPE OF PRIMARY KNEE ARTHROPLASTY IN THE NETHERLANDS IN 2016.

1	Fotal knee arthroplasty (n=24,014)	Unicondylar knee arthroplasty (n=2,822)	Patellofemoral knee arthroplasty (n=139)	Total ¹ (n=27,107)
Completeness (%)				99
Mean age (years) (SD)	68.6 (9.1)	63.2 (8.8)	54.5 (10.1)	68.0 (9.3)
Age (years) (%)				
<50	2	5	29	3
50-59	14	29	42	16
60-69	37	43	22	37
70-79	36	20	8	34
≥80	11	3	2	10
Gender (%)				
Men	36	43	20	37
Women	64	57	80	63
ASA score (%)				
1	13	26	34	15
II	69	64	60	68
III-I∨	18	10	6	17
Type of hospital ² (%)				
General	87	78	80	86
UMC	2	2	6	2
Private	11	20	14	12
Diagnosis (%)				
Osteoarthrosis	96	99	98	97
Post-traumatic	2	0	1	1
Rheumatoid arthritis	1	0	1	1
Osteonecrosis	1	1	0	1
Other	0	0	0	0
Charnley score (%)				
A One knee joint affecte	d 44	60	52	45
B1 Both knee joints affect		26	36	34
, B2 Contralateral knee joir				
total knee prosthesis	19	13	8	18
C Multiple joints affected	d or chronic			
disease that affects qu		1	4	3
Body Mass Index (kg/m²) (· · · · · · · · · · · · · · · · · · ·			
Underweight (≤18.5)	0	0	1	0
Normal weight (>18,5-25		17	29	17
Overweight (>25-30)	41	44	39	42
Obesity (>30-40)	38	37	30	38
Morbid obesity (>40)	4	2	1	3
Smoking (%)		-		-
No	90	88	81	90
Yes	10	12	19	10

¹ Also contains 32 (0.1%) primary knee arthroplasties that were registered as other and 100 primary knee arthroplasties of which the type of prosthesis had not been registered.

² In 2016, 80 general hospitals, 8 UMCs and 12 private hospitals performed knee arthroplasties.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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By diagnosis

	Osteoarthritis (n=26,028)	Post-traumatic (n=367)	Rheumatoid arthritis (n=352)	Osteonecrosis (n=153)	Total (n=27,107)
Mean age (years) (SD)	68.1 (9.2)	62.3 (10.6)	65.6 (10.1)	69.1 (10.9)	68.0 (9.3)
Age (years) (%)					
<50	2	11	7	4	3
50-59	16	31	19	15	16
60-69	37	34	39	33	37
70-79	34	19	28	29	34
≥80	11	5	7	19	10
Gender (%)					
Men	37	43	22	29	37
Women	63	57	78	71	63
ASA score (%)					
1	15	22	5	12	15
II	68	64	68	59	68
III-IV	17	14	27	29	17
Type of hospital (%)					
General	86	73	88	86	86
UMC	2	7	8	7	2
Private	12	20	4	7	12
Charnley score (%)					
A One knee joint affected	45	76	26	73	45
B1 Both knee joints affected	34	16	33	15	34
B2 Contralateral knee joint with a	total				
knee prosthesis	18	5	22	8	18
C Multiple joints affected or chro	onic				
disease that affects quality of I		3	19	4	3
Body Mass Index (kg/m ²) (%)					
Underweight (≤18.5)	0	1	0	0	0
Normal weight (>18,5-25)	17	25	27	25	17
Overweight (>25-30)	41	44	41	37	42
Obesity (>30-40)	38	28	28	37	38
Morbid obesity (>40)	4	2	4	1	3
Smoking (%)		1734			172
No	90	79	89	89	90
Yes	10	21	11	11	10
	200	1077717			170720

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY KNEEARTHROPLASTY BY DIAGNOSIS IN THE NETHERLANDS IN 2016.

Please note: In 2016, 92 (0.3%) patients had a primary knee arthroplasty after a diagnosis that is not listed in the table. Of 115 primary knee arthroplasties the diagnosis was not registered.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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TABLEPREVIOUS SURGERIES TO THE SAME JOINT IN PATIENTS WHO UNDERWENT A PRIMARYKNEE ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=26,847).

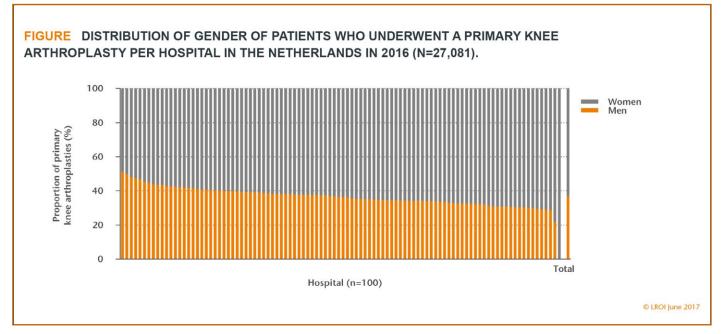
	Proportion ¹ (%)
Previous surgery to the relevant knee (total)	33.6
Meniscectomy	27.0
Arthroscopy	19.7
Osteotomy	2.8
Osteosynthesis	1.5
ACL reconstruction	1.4
Synovectomy	1.1
Other	3.2

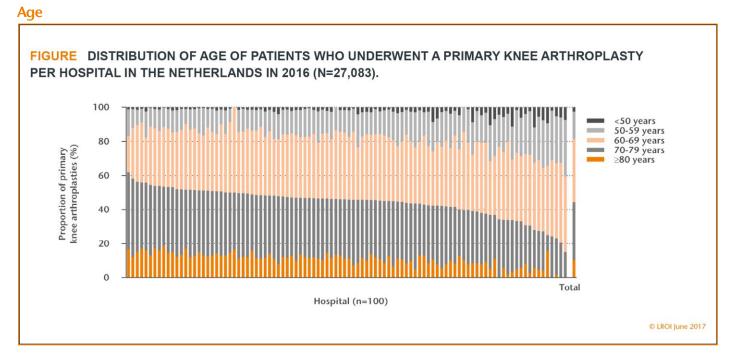
¹ A patient may have undergone multiple previous surgeries to the same joint. As such, the total proportion is more than the total proportion of patients with one or more previous surgeries to the same joint.

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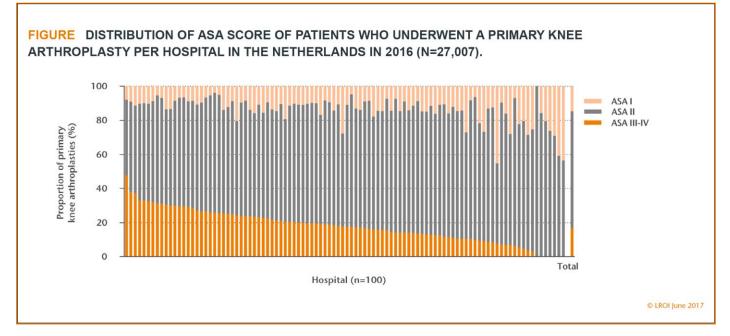
Practice variation

Gender

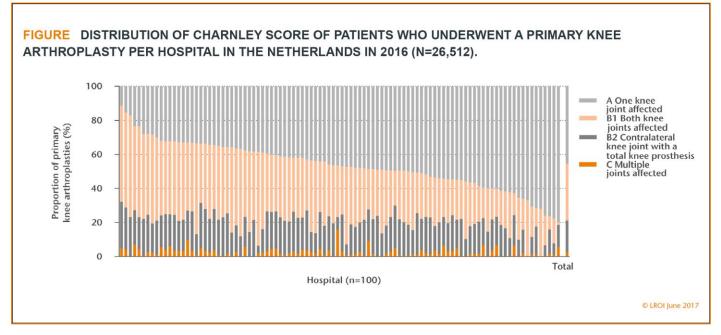




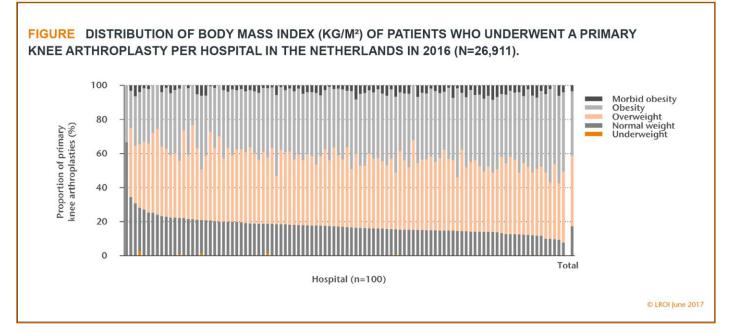
ASA score

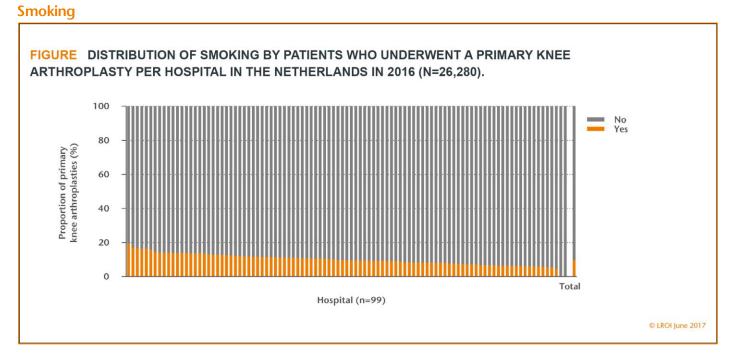


Charnley score



Body Mass Index





Total knee arthroplasty

Surgical techniques

Surgical approach

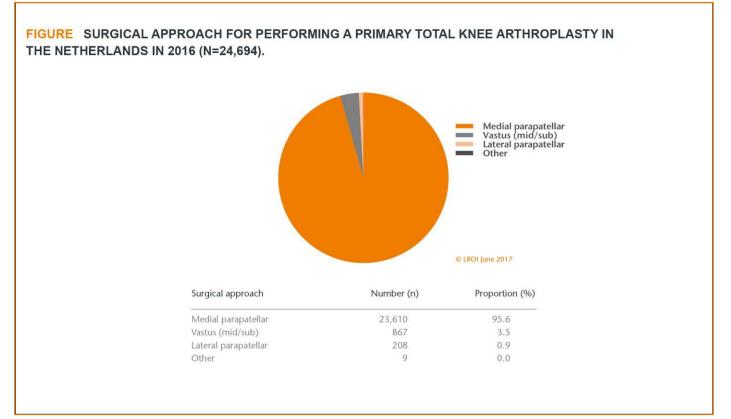
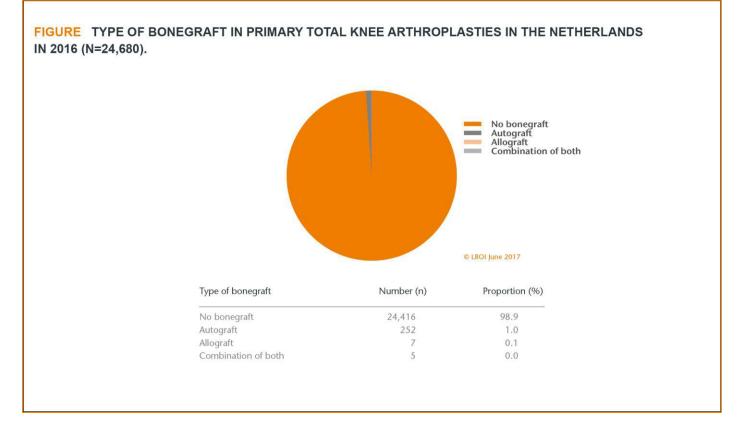


FIGURE TYPE OF FIXATION IN PRIMARY TOTAL KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=24,599). Cemented Uncemented Hybrid: tibia Hybrid: femur Hybrid: patella _ © LROI June 2017 Fixation Number (n) Proportion (%) Cemented 22,906 93.1 Uncemented 942 3.9 741 Hybrid: tibia 3.0 Hybrid: femur 6 0.0 Hybrid: patella 0.0 4

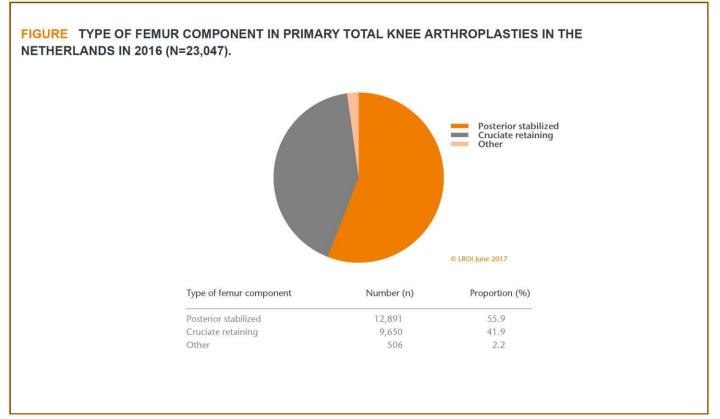
Prosthesis characteristics

Type of bonegraft

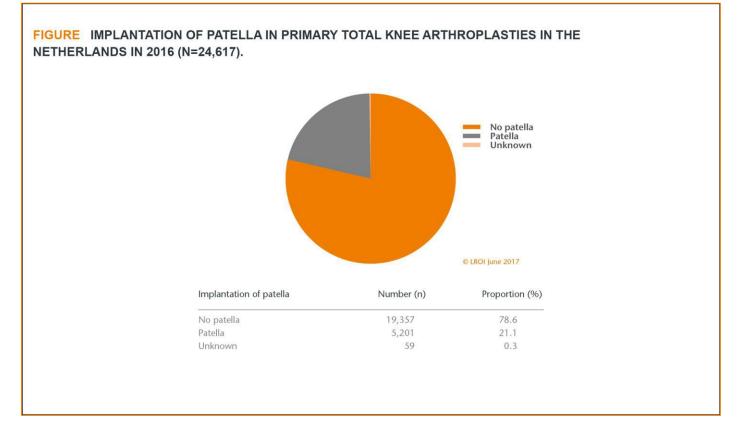
Fixation



Type of femur component

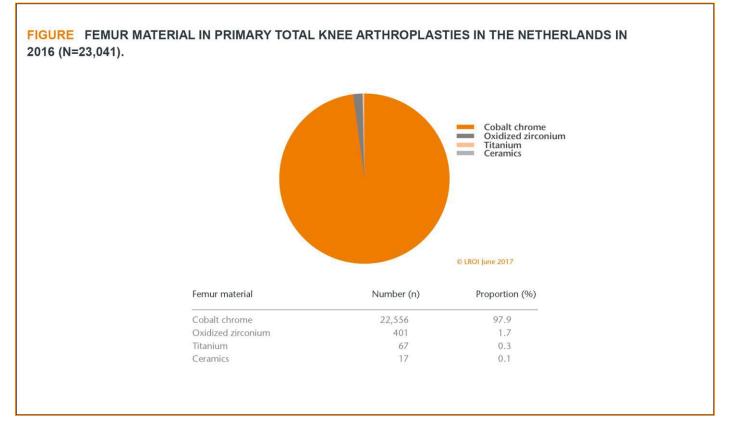


Implantation of patella

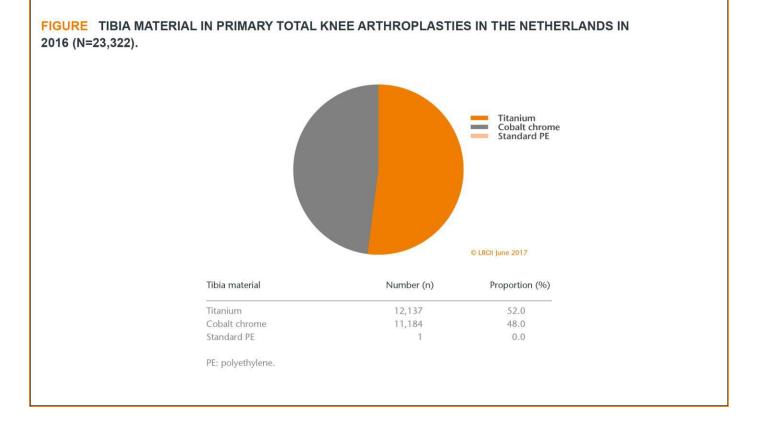


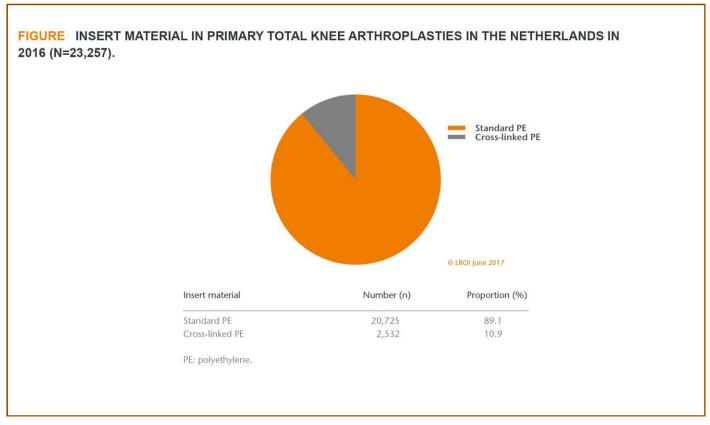
Materials

Femur component

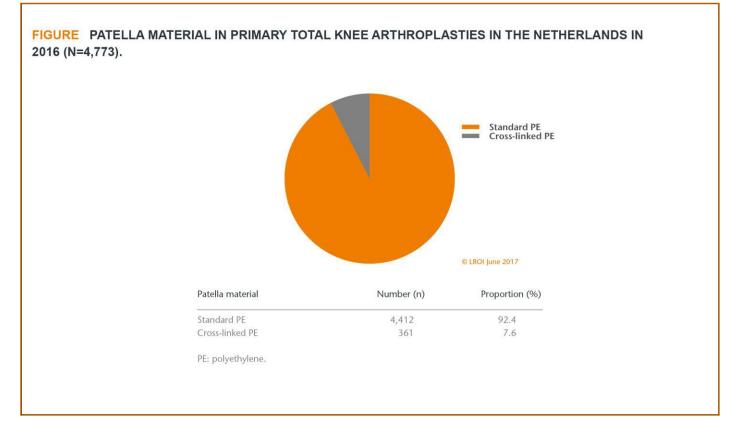


Tibia component





Patella component

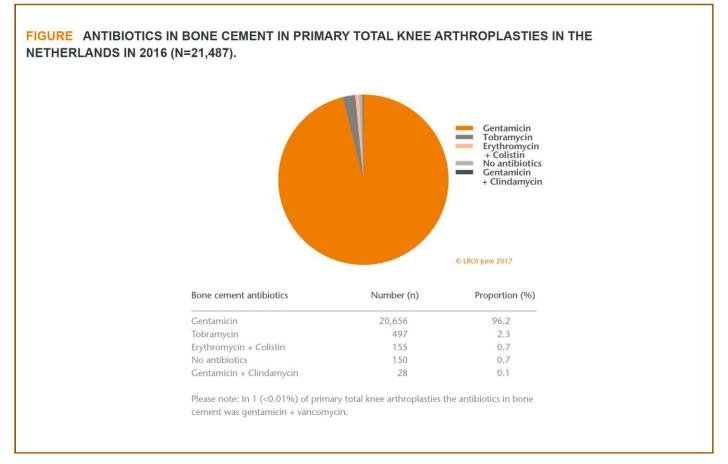


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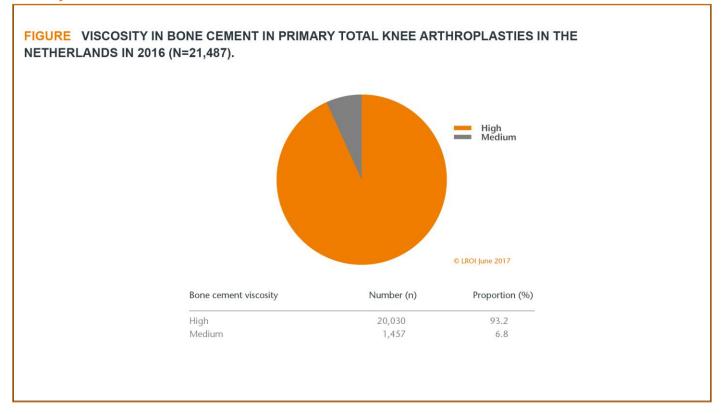
Insert

Bone cement

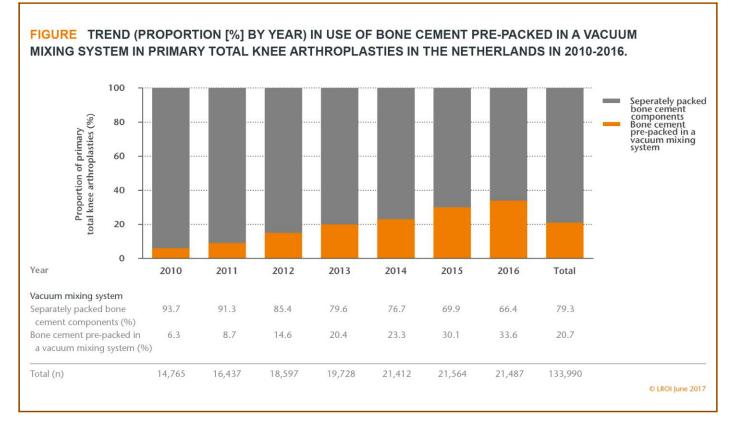
Antibiotics



Viscosity



Vacuum mixing system 2010-2016



Most frequently registered total knee prostheses

TABLETHE FIVE MOST FREQUENTLY REGISTERED PRIMARY TOTAL KNEE ARTHROPLASTIES IN THENETHERLANDS IN 2016 (N=24,709).

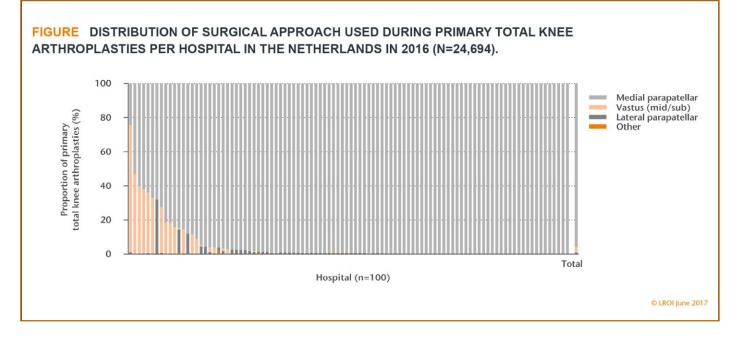
Name	Proportion (%)
NexGen	21.7
Vanguard Complete Knee	20.0
Genesis II	18.9
PFC / SIGMA	11.6
LCS	8.4
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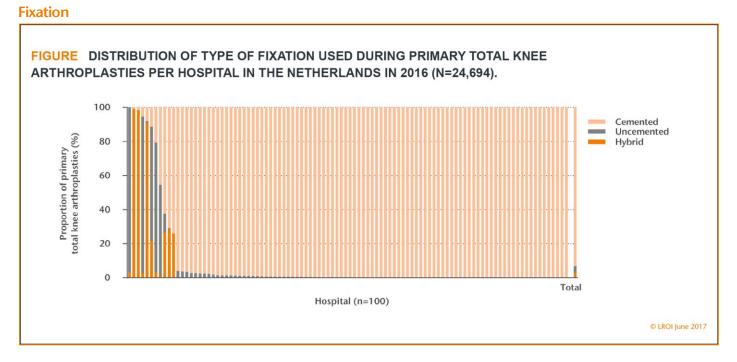
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING PRIMARY TOTAL KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Separately packed bone cement components (n=16,553)		Bone cement pre-packed in a vacuum mixing system (n=7,214)	
Name	Proportion (%)	Name	Proportion (%)
Palacos R+G	68.8	Optipac	32.2
Refobacin Bone Cement R	5.8	Palacos Pro	27.3
Palacos MV+G	4.8	Refobacin Bone Cement R	23.8
Simplex ABC Tobra	3.0	Refobacin Plus Bone Cement	12.3
Refobacin Plus Bone Cement	1.7	Cemex	4.1
			© LROI June 2017

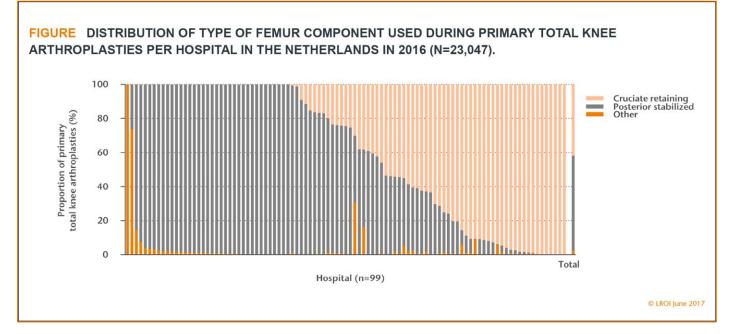
Practice variation

Surgical approach

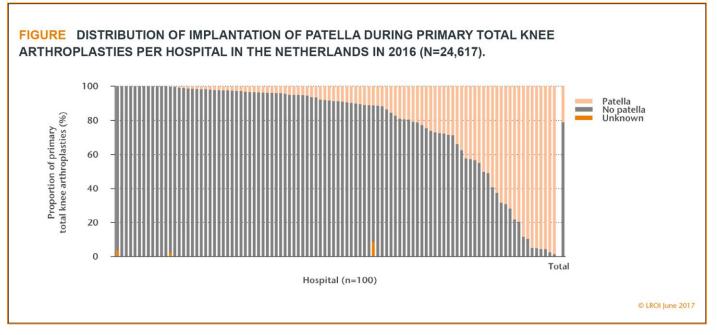




Type of femur component



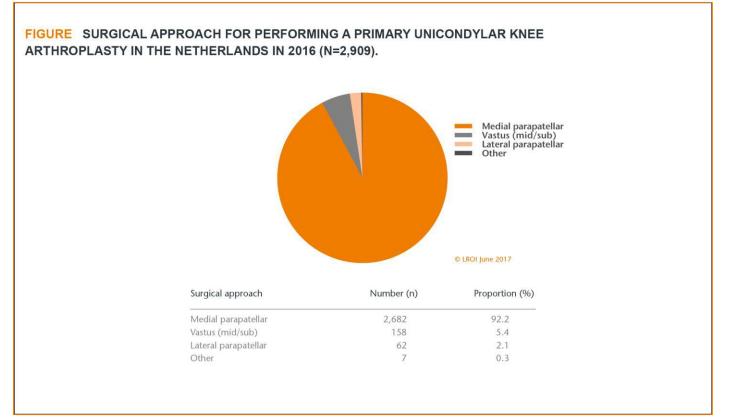
Implantation of patella



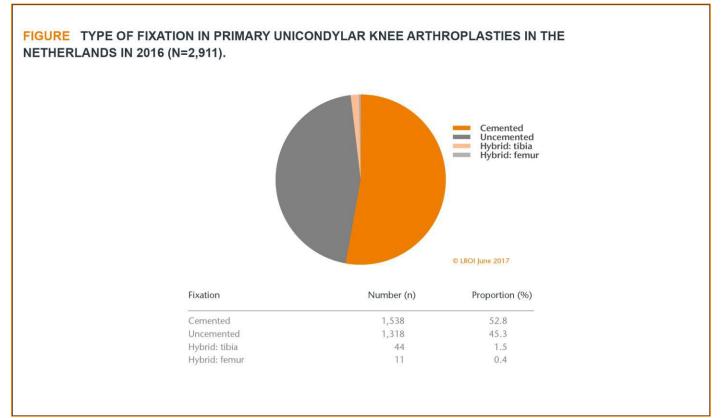
Unicondylar knee arthroplasty

Surgical techniques

Surgical approach

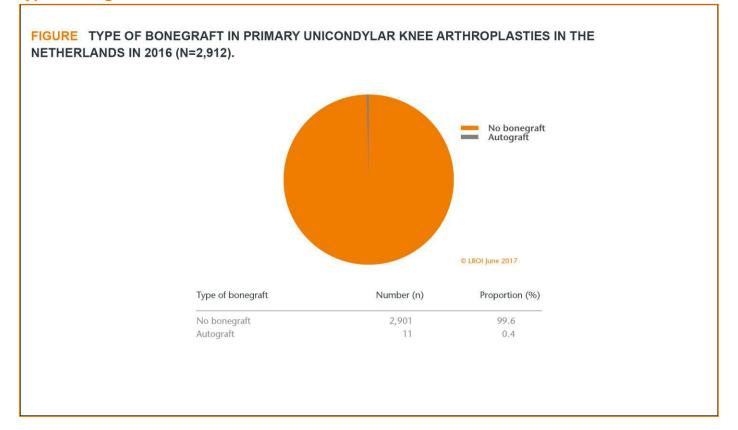


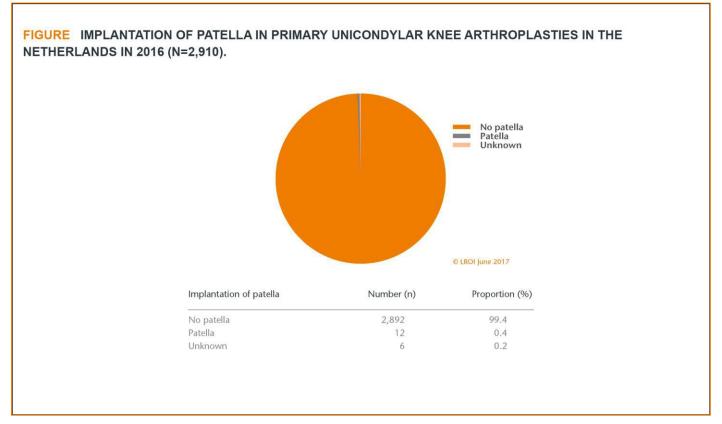




Prosthesis characteristics

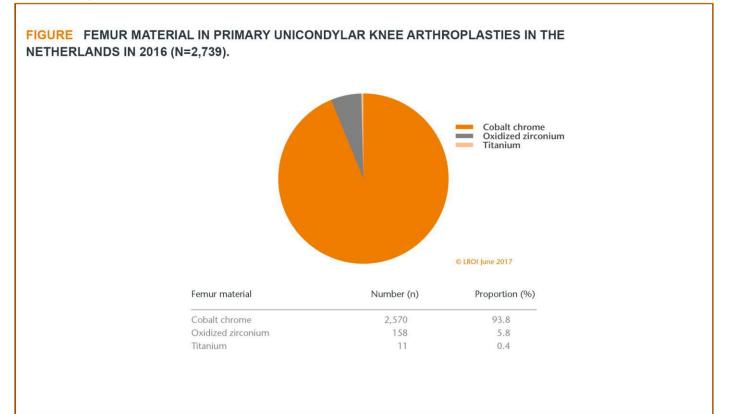
Type of bonegraft



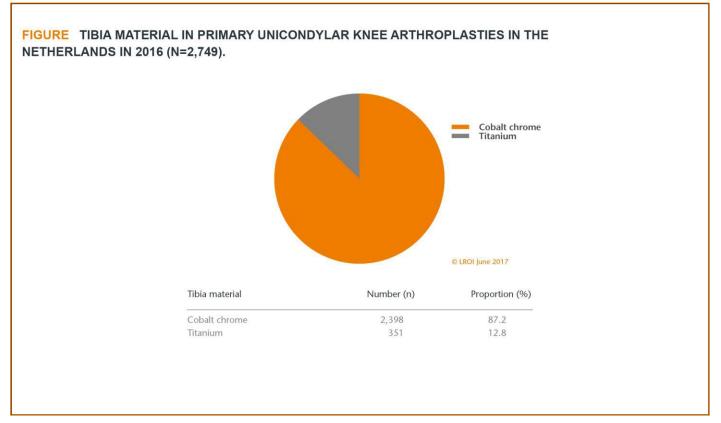


Materials

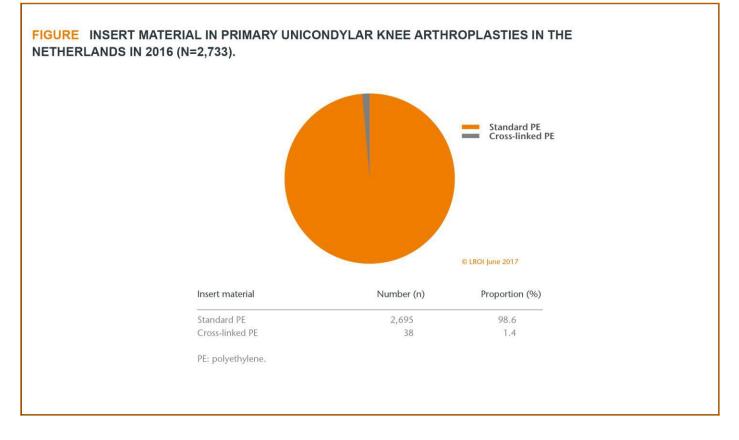
Femur component

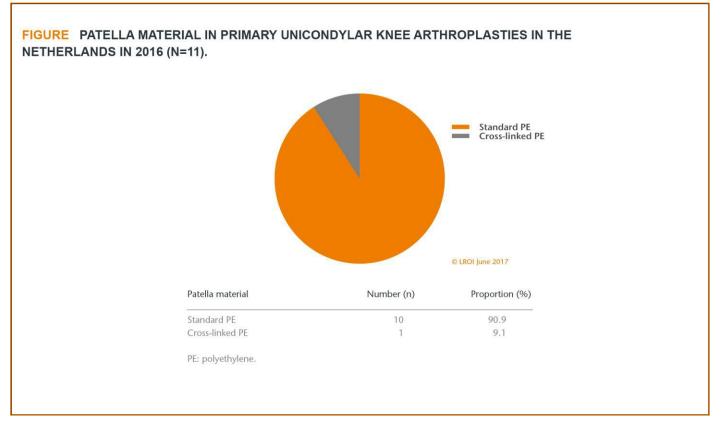


Tibia component



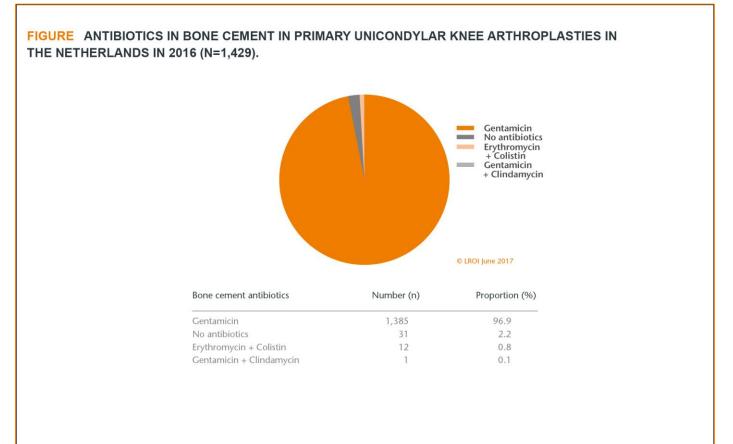
Insert



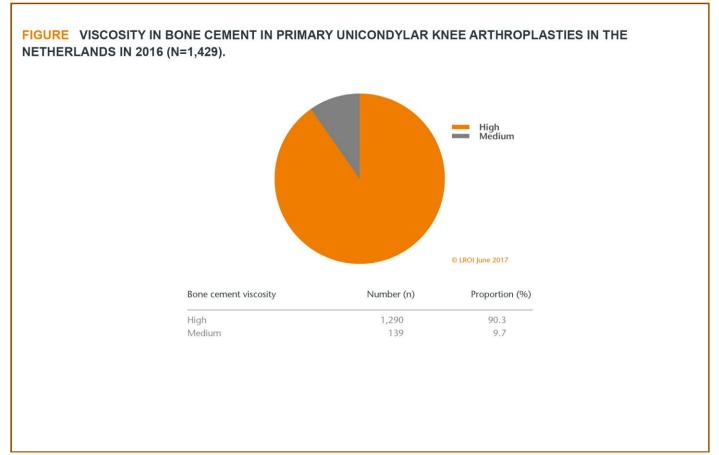


Bone cement

Antibiotics

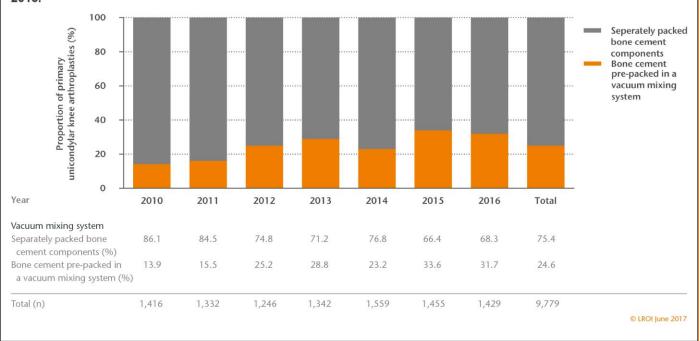


Viscosity



Vacuum mixing system 2010-2016

FIGURE TREND (PROPORTION [%] BY YEAR) IN USE OF BONE CEMENT PRE-PACKED IN A VACUUM MIXING SYSTEM IN PRIMARY UNICONDYLAR KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2010-2016.



TABLETHE FIVE MOST FREQUENTLY REGISTERED UNICONDYLAR KNEE ARTHROPLASTIES IN THENETHERLANDS IN 2016 (N=2,915).

Name	Proportion (%)
Oxford PKR	80.1
Unicompartmental High Flex Knee	5.0
Genesis Uni	3.5
Journey Uni	1.9
BalanSys	0.9
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Most frequently registered types of bone cement

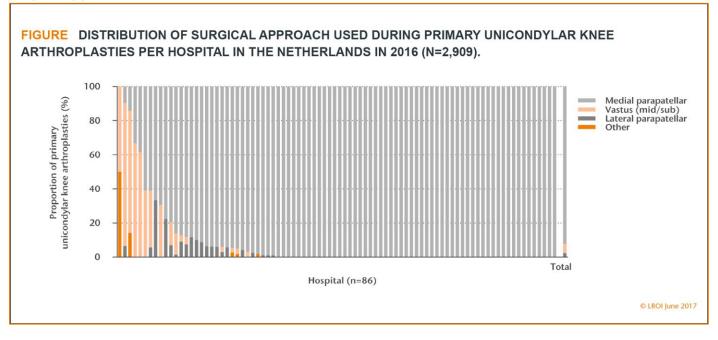
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING UNICONDYLAR KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

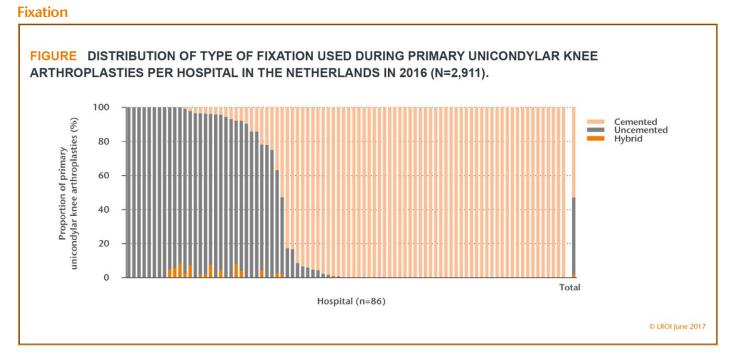
Separately packed bone cement components (n=976)		Bone cement pre-packed in a vacuum mixing system (n=453)	
Name	Proportion (%)	Name	Proportion (%)
Palacos R+G	75.0	Refobacin Bone Cement R	34.4
Palacos MV+G	13.0	Optipac	29.6
Refobacin Bone Cement R	4.6	Palacos Pro	18.5
Biomet Plus Bone Cement	3.2	Cemex	9.5
Simplex HV	1.4	Refobacin Plus Bone Cement	7.9

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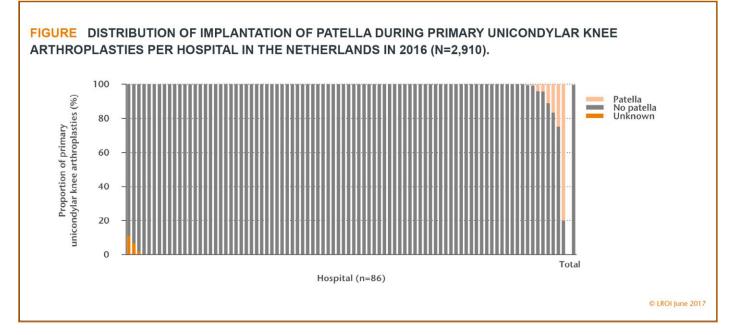
Practice variation

Surgical approach





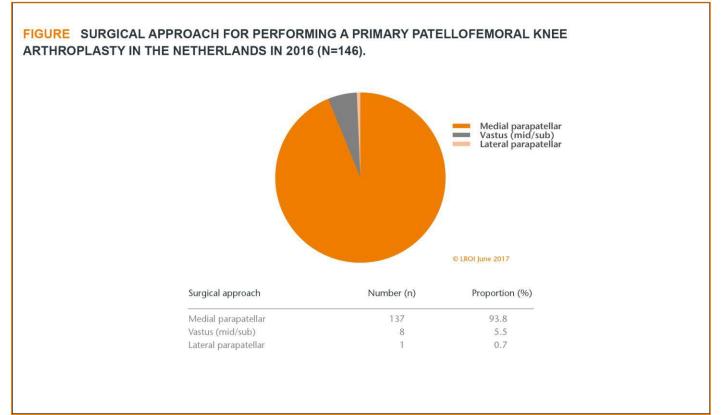
Implantation of patella



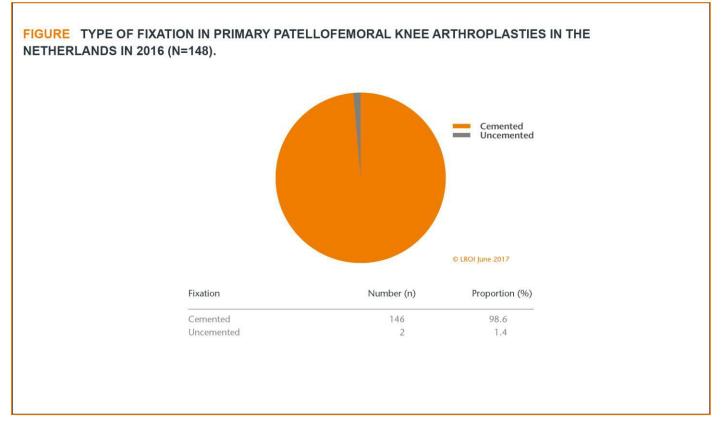
Patellofemoral knee arthroplasty

Surgical techniques

Surgical approach

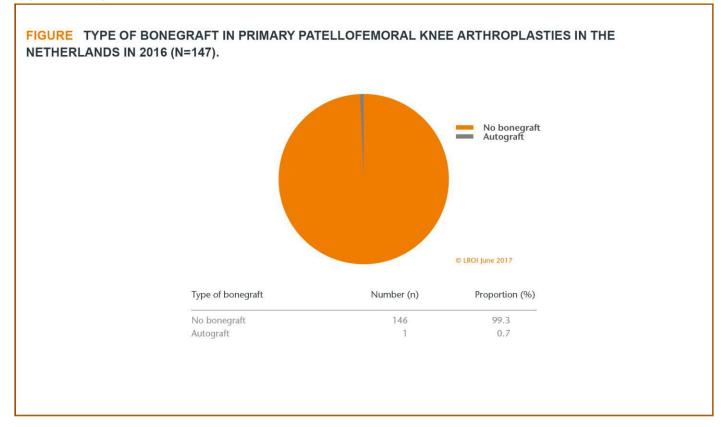


Fixation

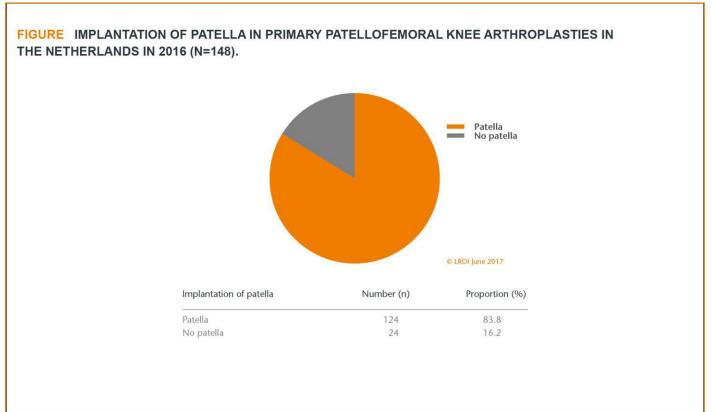


Prosthesis characteristics

Type of bonegraft

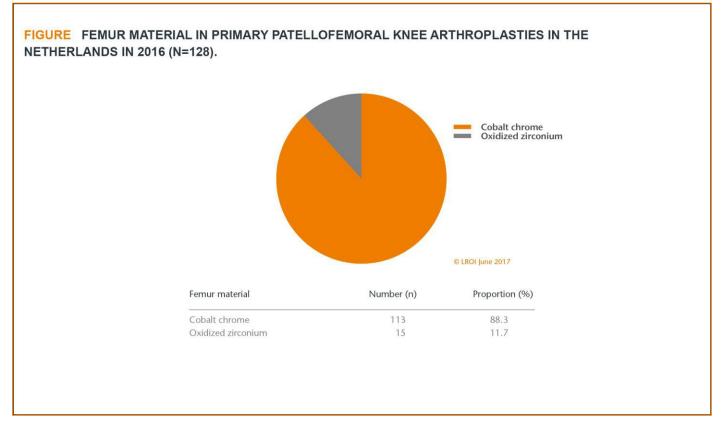


Implantation of patella

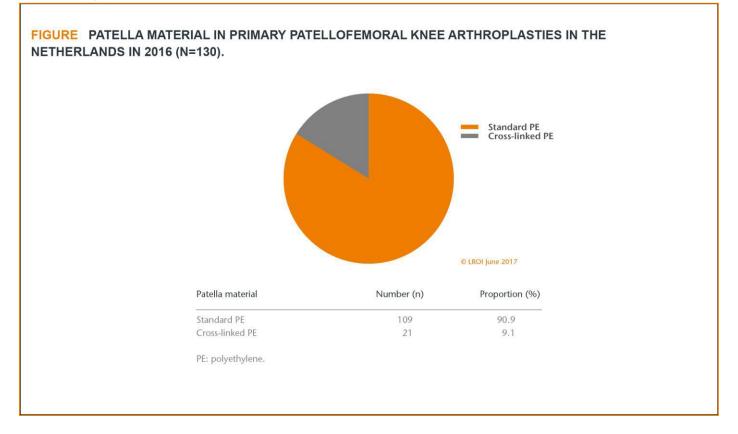


Materials

Femur component

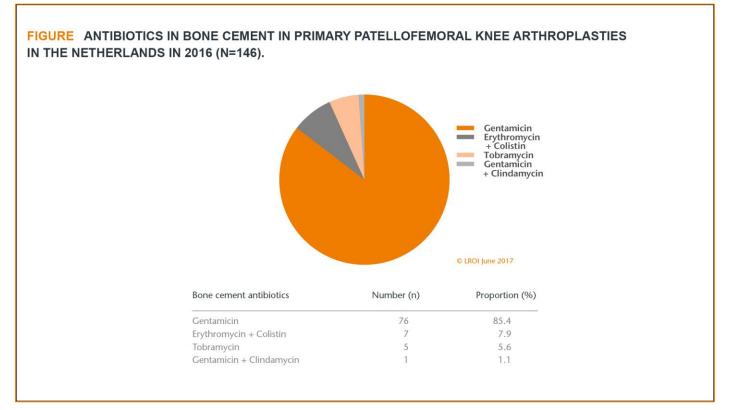


Patella component

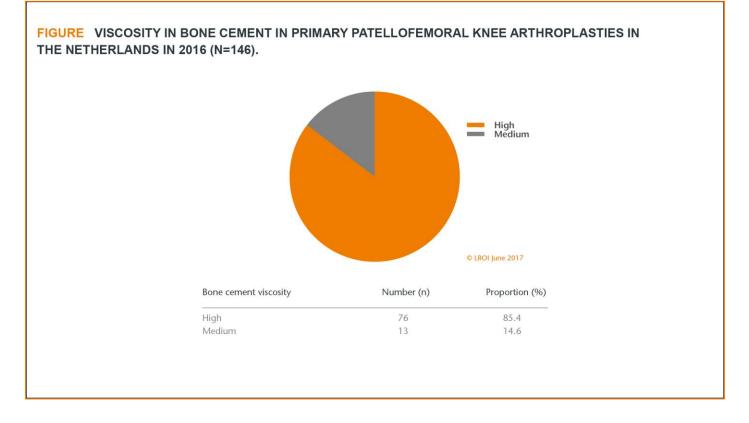


Bone cement

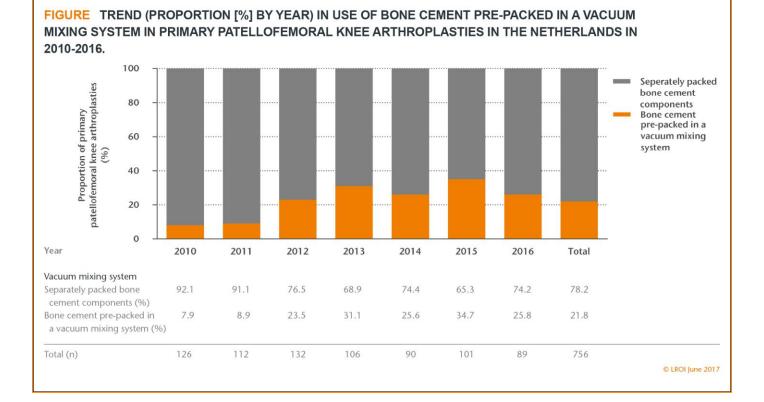
Antibiotics



Viscosity



Vacuum mixing system 2010-2016



Most frequently registered patellofemoral knee prostheses

TABLE THE FIVE MOST FREQUENTLY REGISTERED PATELLOFEMORAL KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=148).

Name	Proportion (%)
Gender Solutions® Patello-Femoral Joint	48.0
Avon	13.5
Journey PFJ	10.1
PFC / Sigma	6.8
IBalance PFJ	4.7
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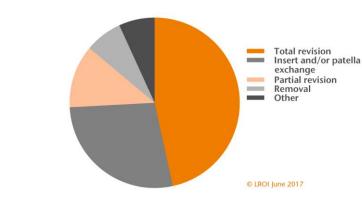
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT USED DURINGPATELLOFEMORAL KNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=121).

Name	Proportion (%)
Palacos R+G	39.7
Refobacin Bone Cement R	12.4
Palacos Pro	5.8
Simplex ABC EC	5.8
Simplex ABC Tobra	4.1
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Knee revision arthroplasty

Type of revision

FIGURE TYPE OF REVISION ARTHROPLASTY OF KNEE REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=2,832).



Type of knee revision	Number (n)	Proportion (%)
Total revision	1,319	46.6
Insert and/or patella exchange	781	27.6
Partial revision	338	11.9
Removal	201	7.1
Other	193	6.8

In 130 partial knee revision arthroplasties the femur component was revised and in 196 partial knee revision arthroplasties the tibia component was revised in 2016.

Reasons for revision

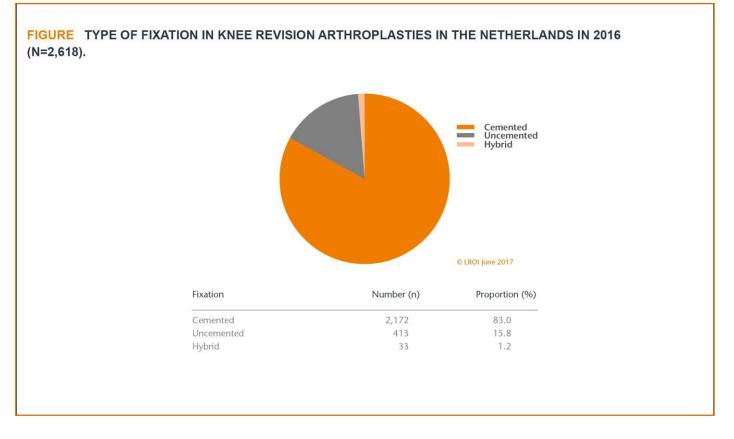
TABLEREASONS FOR REVISION OR RE-SURGERY IN PATIENTS WHO UNDERWENT A KNEE REVISIONARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=2,886).

Reasons for revision	Proportion ¹ (%)
Instability	25.1
Loosening of tibia component	22.0
Patellar pain	21.1
Infection	19.8
Malalignment	14.0
Progression of osteoarthritis	9.4
Loosening of femur component	9.0
Insert wear	7.4
Revision after knee removal	6.3
Arthrofibrosis	4.3
Patellar dislocation	2.0
Loosening of patella component	1.9
Periprosthetic fracture	1.7
¹ One patient may have more than one rea	son for revision or
re-surgery. As such, the total proportion is o	over 100%.

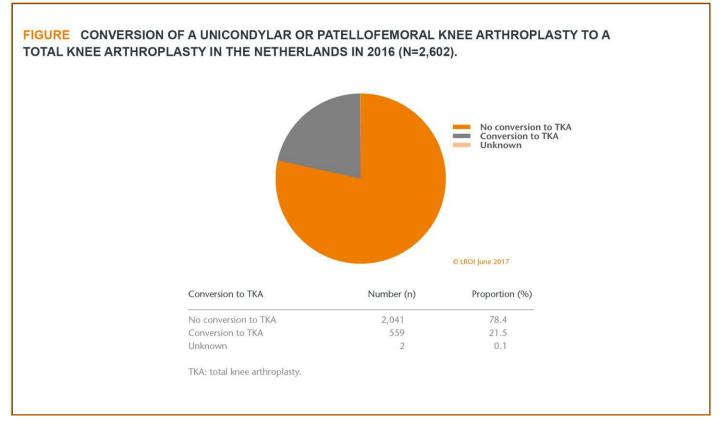
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Surgery

Fixation



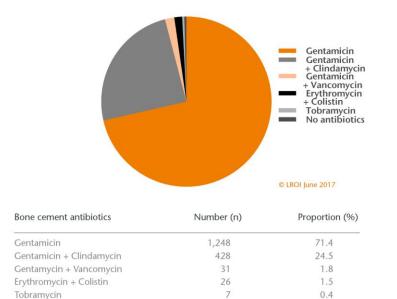
Conversion to TKA



Bone cement antibiotics



No antibiotics



7

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TABLETHE TEN MOST FREQUENTLY REGISTERED FEMUR, TIBIA, INSERT AND PATELLACOMPONENTS IN KNEE REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

emur (n=1,461)		Tibia (n=1,562)	
lame	Proportion (%)	Name	Proportion (%)
egion	18.3	Legion	19.3
NexGen	17.7	NexGen	16.8
PFC / Sigma	7.5	S-Rom	11.3
Genesis II	6.8	Vanguard 360	5.6
anguard Complete Knee	6.6	Vanguard Complete Knee	5.4
CS	5.6	Genesis II	4.5
/anguard 360	4.0	PFC / Sigma	4.0
egion Hinged	3.9	Legion Hinged	3.6
riathlon	3.1	Triathlon	2.8
ACS SC	1.8	Scorpio	1.6
nsert (n=2,143)		Patella (n=1,170)	
Jame	Proportion (%)	Name	Proportion (%)
Genesis II	24.6	Genesis II	31.3
NexGen	17.0	NexGen	13.8
anguard Complete Knee	8.9	Vanguard	11.9
PFC / Sigma	8.0	PFC / Sigma	10.9
CS	6.9	LCS	4.1
ACS	3.2	Triathlon	4.0
((0)			
	3.1	ACS	2.1
/anguard SSK	3.1 3.1	ACS AGC	2.1 1.9
/anguard SSK .egion Hinged Dxford PKR			

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Most frequently registered types of bone cement

TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING KNEE REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Separately packed bone cement components (n=1,235)		Bone cement pre-packed in a vacuum mixing system (n=504)	
Name	Proportion (%)	Name	Proportion (%)
Palacos R+G	56.3	Optipac	37.3
Copal G+C	24.7	Palacos Pro	19.2
Refobacin Revision	4.3	Refobacin Bone Cement R	14.9
Refobacin Bone Cement R	3.5	Refobacin Revision	13.5
Palacos MV+G	3.5	Cemex	7.7
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Survival

Revision within 1 year

By type of revision

TABLECUMULATIVE 1-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL KNEE ARTHROPLASTIESBY TYPE OF REVISION IN THE NETHERLANDS IN 2011-2015 (N=110,033).

	Cumulative 1-year r Competing Risk (95% CI)	Kaplan Meier (95% Cl)	
Any type of revision	1.0 (0.9-1.0)	1.0 (1.0-1.0)	
Small revision ¹	0.5 (0.5-0.6)	0.6 (0.5-0.6)	
Substantial revision ²	0.4 (0.4-0.5)	0.4 (0.4-0.5)	

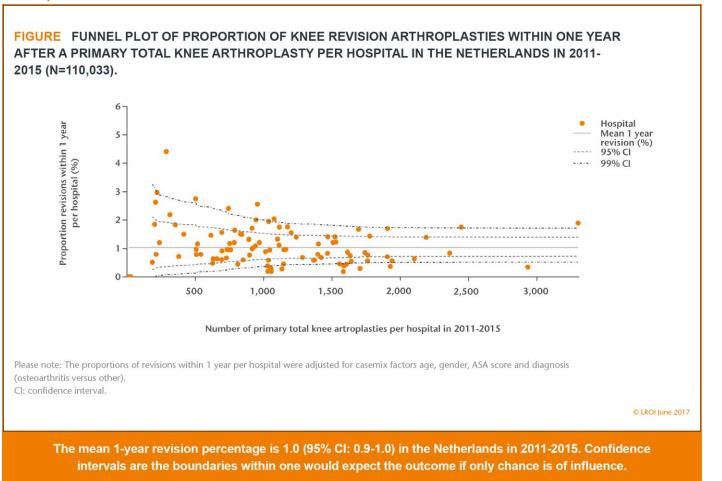
² Including femur or tibia.

TKA: total knee arthroplasty; CI: confidence interval.

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In 2011-2015, 797 (0.7%) primary total knee arthroplasties were implanted in patients who died within one year after the primary procedure.

Per hospital



TABLEREASONS FOR REVISION WITHIN ONE YEAR IN PATIENTS THAT UNDERWENT A KNEEREVISION ARTHROPLASTY BY TYPE OF REVISION IN THE NETHERLANDS IN 2011-2015.

Reason for revision	Small revision ¹ (n=634) Proportion ³ (%)	Substantial revision² (n=510) Proportion³ (%)	Any type of revision (n=1,147) Proportion ³ (%)
Infection	28.5	22.7	26.1
Patellar pain	29.8	8.2	20.1
Instability	16.1	23.7	19.4
Malalignment	1.3	27.6	13.0
Loosening of tibia component	0.8	22.5	10.5
Periprosthetic fracture	0.8	10.8	5.2
Arthrofibrosis	4.9	5.5	5.1
Patellar dislocation	5.0	2.9	4.1
Revision after knee removal	0.5	8.0	3.8
Loosening of femur component	0.5	6.3	3.1
Insert wear	2.4	0.4	1.5
Progression of osteoarthritis	0.3	0.8	0.5
Loosening of patella component	0.9	0.0	0.5

¹ Only insert and/or patella exchange.

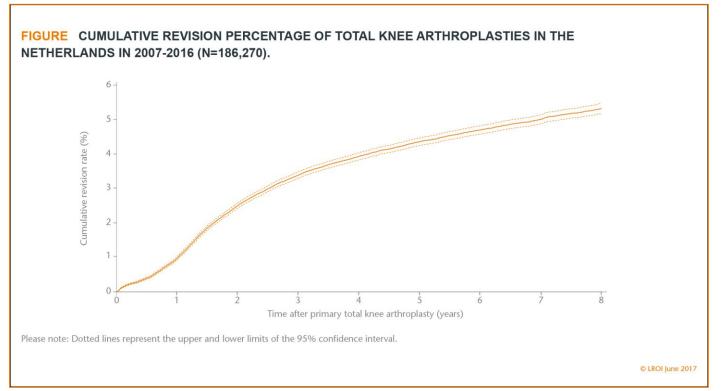
² Including femur or tibia.

³ One patient may have more than one reason for revision or re-surgery. As such, the total proportion is over 100%.

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Revision within 8 years

Overall



By type of revision

TABLE CUMULATIVE 8-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL KNEE ARTHROPLASTIES BY TYPE OF REVISION IN THE NETHERLANDS IN 2007-2016 (N=186,270).

	Cumulative 8-year revision percentage	
	Competing Risk (95% CI)	Kaplan Meier (95% Cl)
Any type of revision	5.3 (5.2-5.5)	5.5 (5.4-5.7)
Small revision ¹	2.6 (2.5-2.7)	2.7 (2.6-2.8)
Substantial revision ²	2.8 (2.7-2.9)	2.9 (2.8-3.0)

¹ Only insert and/or patella exchange.

² Including femur or tibia.

TKA: total knee arthroplasty; CI: confidence interval.

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By demographics

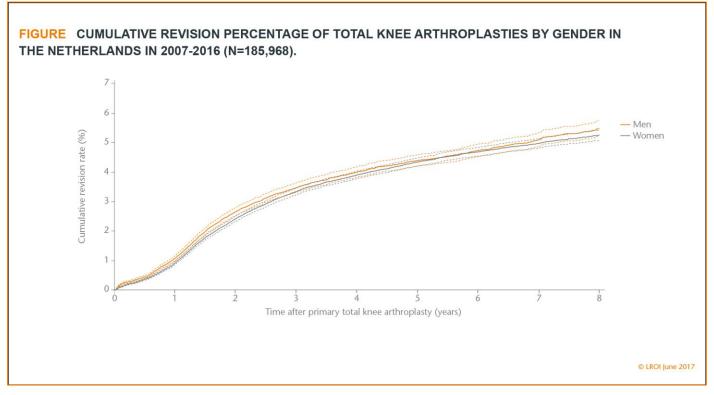
TABLE CUMULATIVE 8-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL KNEE ARTHROPLASTIES BY DEMOGRAPHICS IN THE NETHERLANDS IN 2007-2016.

		Cumulative 8-year r	evision percentage
	Number (n)	Competing Risk (95% CI)	Kaplan Meier (95% CI)
īotal	186,270	5.3 (5.2-5.5)	5.5 (5.4-5.7)
Gender			
Men	63,419	5.5 (5.2-5.7)	5.7 (5.4-6.0)
Women	122,470	5.2 (5.1-5.4)	5.4 (5.2-5.6)
Age (years)			
<50	4,762	12.9 (11.5-14.4)	13.0 (12.9-13.1)
50-59	27,656	8.9 (8.4-9.4)	9.0 (8.5-9.5)
60-69	65,938	5.6 (5.4-5.9)	5.8 (5.5-6.0)
70-79	64,442	4.1 (3.9-4.3)	4.3 (4.1-4.5)
≥80	23,170	2.1 (1.9-2.3)	2.2 (2.0-2.5)
Diagnosis			
Osteoarthritis	177,154	5.3 (5.2-5.5)	5.5 (5.4-5.7)
Other	7,126	5.9 (5.2-6.7)	6.2 (5.4-7.1)
ASA score			
L	33,912	5.9 (5.6-6.3)	6.1 (5.7-6.4)
11	119,939	5.2 (5.0-5.4)	5.4 (5.2-5.6)
III-IV	24,931	5.0 (4.6-5.4)	5.4 (4.9-5.8)

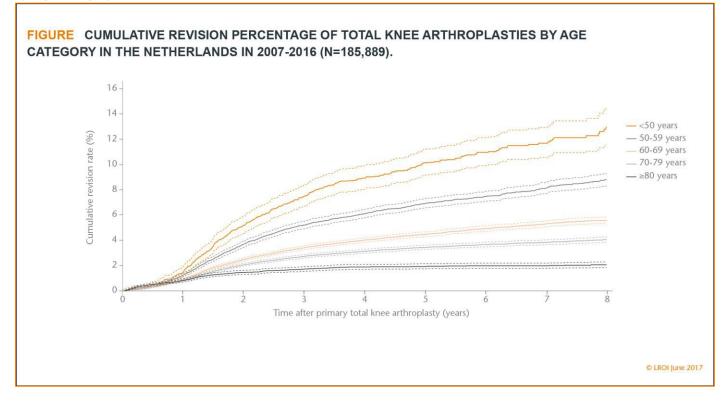
ence interval

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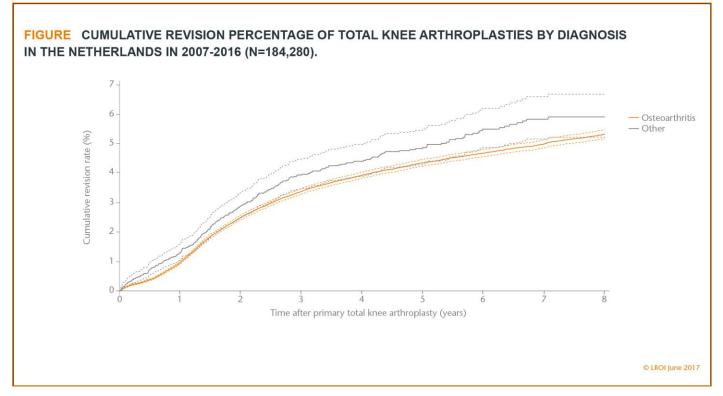




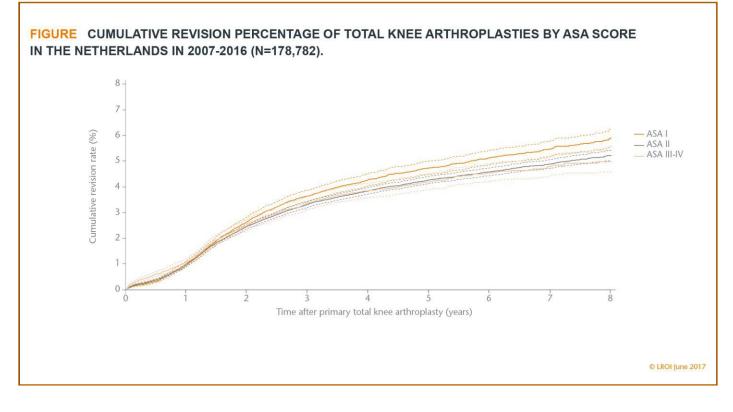
By age category



By diagnosis



By ASA score



Revision within 1, 3 and 5 years per type of knee prosthesis

Total knee arthroplasty

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE FIVE MOST FREQUENTLYREGISTERED TOTAL KNEE ARTHROPLASTIES IN 2016, IN THE NETHERLANDS IN 2007-2016(N=186,270).

Total knee arthroplasty	n	Cumulative 1-year revision percentage (95% CI)	Cumulative 3-year revision percentage (95% CI)	Cumulative 5-year revision percentage (95% CI)
Genesis II	37,915	1.2 (1.1-1.3)	4.0 (3.8-4.2)	5.0 (4.8-5.3)
NexGen	36,881	0.9 (0.8-1.0)	2.9 (2.7-3.1)	4.0 (3.8-4.3)
Vanguard Complete Knee	29,167	1.0 (0.9-1.1)	3.2 (3.0-3.5)	4.2 (3.9-4.5)
PFC / Sigma	22,712	0.8 (0.7-0.9)	3.0 (2.8-3.3)	3.8 (3.5-4.1)
LCS	21,586	0.9 (0.7-1.0)	3.3 (3.1-3.6)	4.2 (3.9-4.5)

Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered total knee arthroplasties, 68 femur components were not part of this top five. These components represented 19% of all registered total knee arthroplasties in 2007-2016.

Bone cement

TABLECUMULATIVE 1-, 3- AND 5-YEAR REVISION PERCENTAGES OF THE FIVE MOST FREQUENTLYREGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXING SYSTEM IN 2016, IN PRIMARY TOTALKNEE ARTHROPLASTIES IN THE NETHERLANDS IN 2007-2016.

Bone cement	n	Cumulative 1-year revision percentage (95% Cl)	Cumulative 3-year revision percentage (95% CI)	Cumulative 5-year revision percentage (95% Cl)
Separately packed bone cemer	nt componer	nts (n=124,244)		
Palacos R+G	90,719	0.9 (0.9-1.0)	3.4 (3.3-3.5)	4.4 (4.3-4.6)
Refobacin Bone Cement R	7,839	0.9 (0.7-1.2)	3.2 (2.8-3.6)	4.2 (3.7-4.7)
Palacos MV+G	6,392	0.9 (0.7-1.2)	3.1 (2.7-3.7)	4.0 (3.4-4.6)
Simplex ABC Tobra	4,916	0.8 (0.6-1.2)	2.5 (2.0-3.0)	3.2 (2.7-3.8)
Refobacin Plus Bone Cement	2,787	1.3 (1.0-1.9)	4.9 (4.1-5.8)	5.8 (5.0-6.8)
Bone cement pre-packed in a v	/acuum mixi	ing system (n=28,700)		
Refobacin Bone Cement R	10,945	1.2 (1.0-1.4)	3.5 (3.2-4.0)	4.5 (4.0-5.1)
Refobacin Plus Bone Cement	9,278	0.8 (0.7-1.0)	3.4 (3.0-3.8)	4.5 (3.9-5.1)
Optipac	3,476	1.2 (0.8-1.8)	3.5 (1.9-6.4)	n.a.
Palacos Pro	3,381	1.3 (0.9-1.9)	5.2 (3.4-7.8)	n.a.
Cemex	1,434	1.3 (0.8-2.1)	4.9 (3.8-6.4)	5.2 (4.0-6.8)

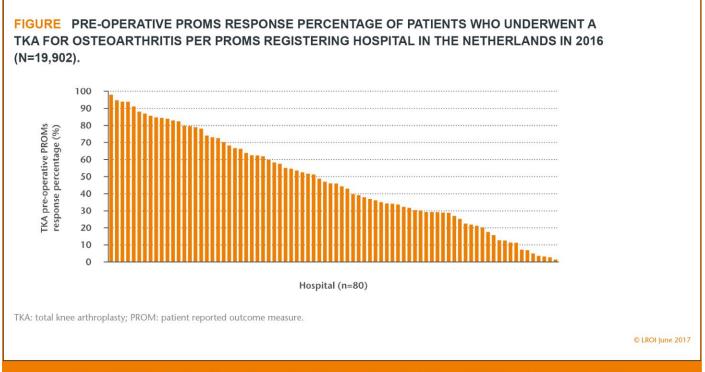
Please note: Revision is defined as any change (insertion, replacement and/or removal) of one or more components of the prosthesis. CI: confidence interval.

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Of the registered types of bone cement, 24 types were not part of these top fives. These types represented 6% of all registered types of bone cement in 2007-2016.

PROMs

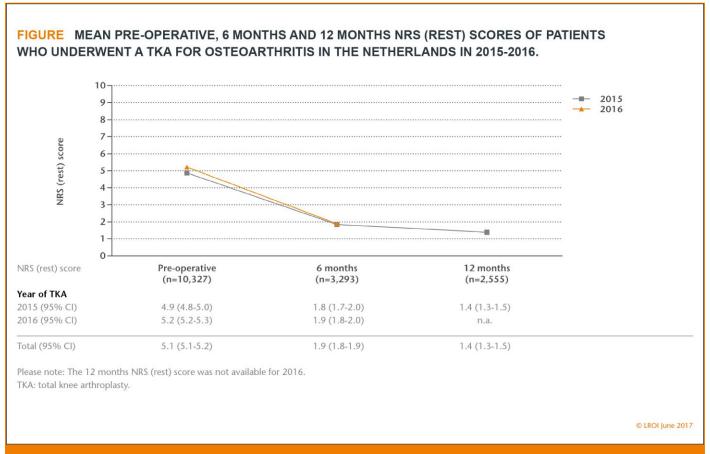
Response



Of all 19,902 patients who underwent a TKA for osteoarthritis in a PROMs registering hospital, the mean pre-operative response score was 48.2% (n=9,585).

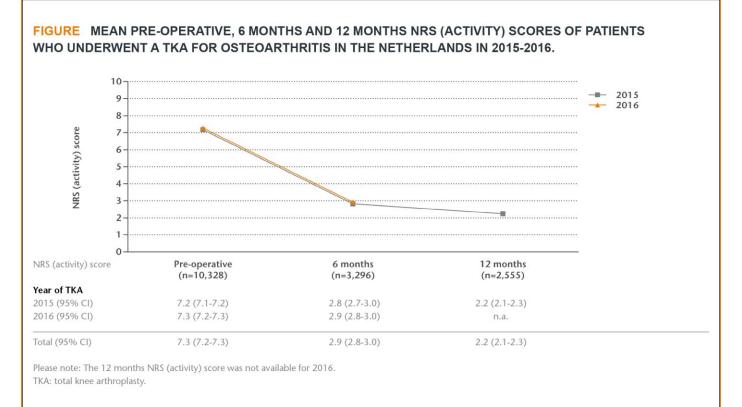
Mean scores (preoperative, 6 months and 12 months)





The NRS (rest) score measures pain during rest. The score has a range of 0.0 to 10.0, with 0.0 representing no pain and 10.0 representing the most possible pain.

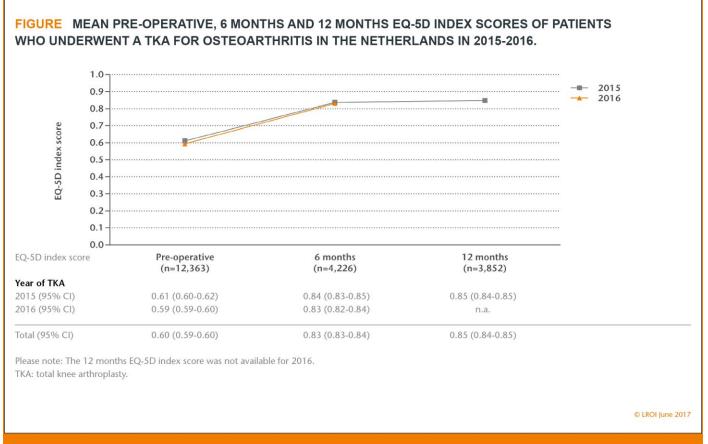
NRS (activity)



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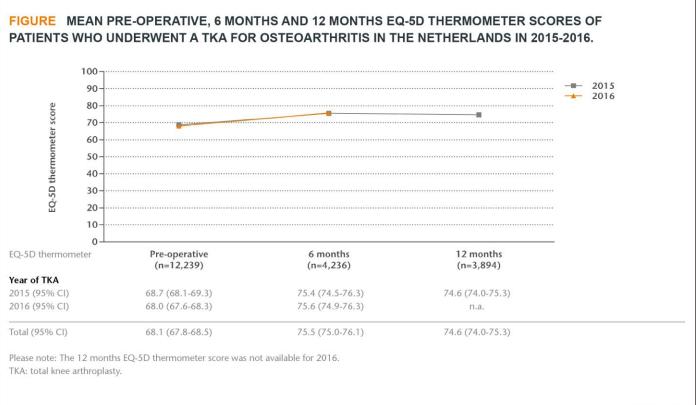
The NRS (activity) score measures pain during activity. The score has a range of 0.0 to 10.0, with 0.0 representing no pain and 10.0 representing the most possible pain.

EQ-5D index score



The EQ-5D index score measures quality of life. The score has a range of -0.329 to 1.0, with 1.0 representing the best possible quality of life.

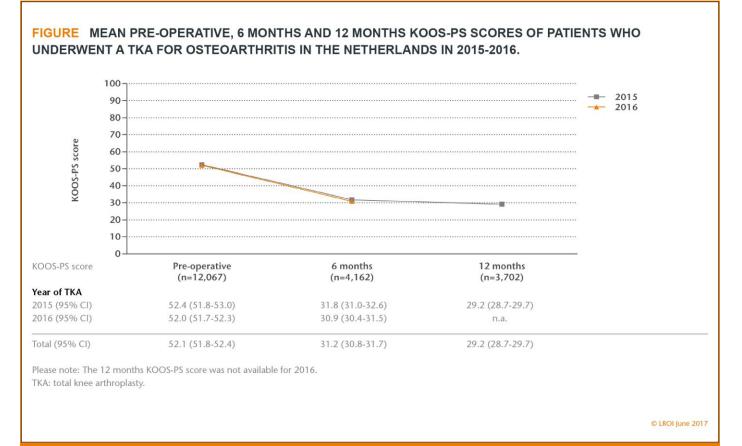
EQ-5D thermometer



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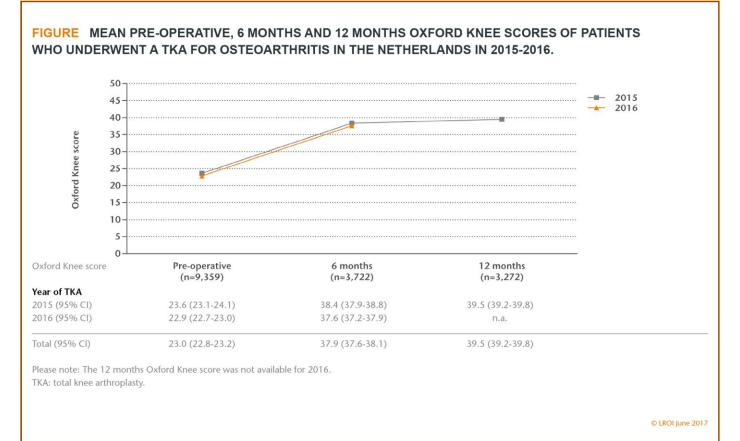
The EQ-5D thermometer score measures the health situation. The score has a range of 0.0 to 100.0, with 0.0 representing the worst possible health situation and 100.0 the best possible health situation.

KOOS-PS score



The KOOS-PS score measures the physical functioning of patients with osteoarthritis to the knee. The score has a range of 0.0 to 100.0, with 0.0 representing no effort and 100.0 the most possible effort.

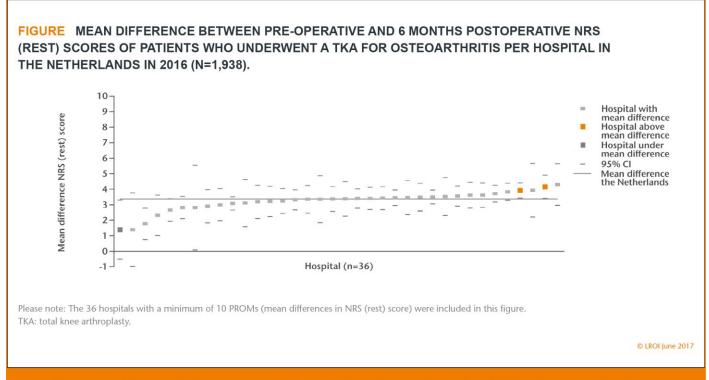
Oxford Knee score



The Oxford Knee score measures the physical functioning and pain of patients with osteoarthritis to the knee. The score has a range of 0.0 to 48.0, with 0.0 representing the most possible functional disability and 48.0 no functional disability.

Mean differences (preoperative and 6 months) per hospital

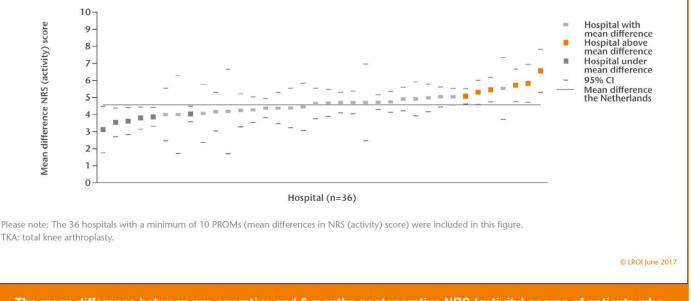




The mean difference between pre-operative and 6 months postoperative NRS (rest) scores of patients who underwent a TKA for osteoarthritis in the Netherlands in 2016 was 3.4 (95% CI: 3.2-3.5).

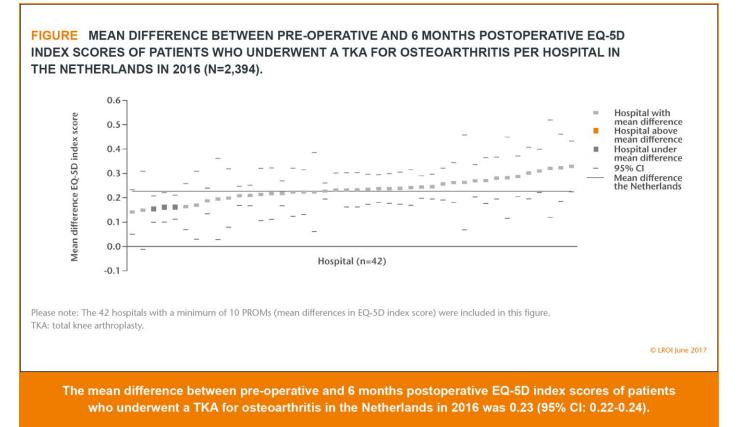
NRS (activity)





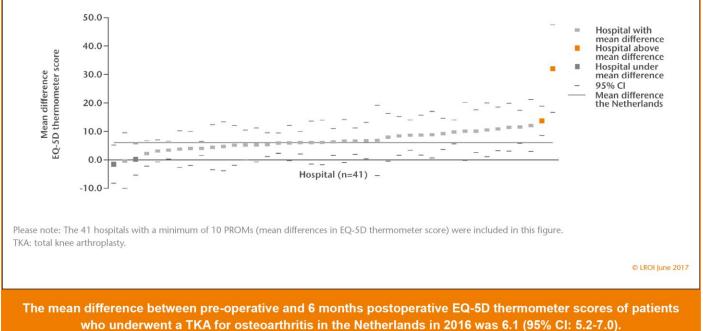
The mean difference between pre-operative and 6 months postoperative NRS (activity) scores of patients who underwent a TKA for osteoarthritis in the Netherlands in 2016 was 4.6 (95% CI: 4.4-4.7).

EQ-5D index score

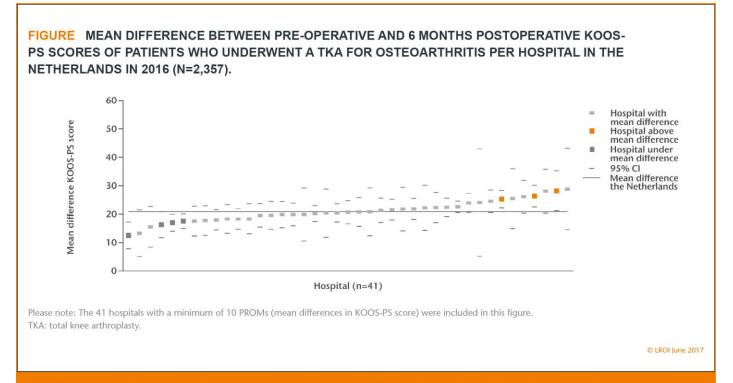


EQ-5D thermometer

FIGURE MEAN DIFFERENCE BETWEEN PRE-OPERATIVE AND 6 MONTHS POSTOPERATIVE EQ-5D THERMOMETER SCORES OF PATIENTS WHO UNDERWENT A TKA FOR OSTEOARTHRITIS PER HOSPITAL IN THE NETHERLANDS IN 2016 (N=2,385).



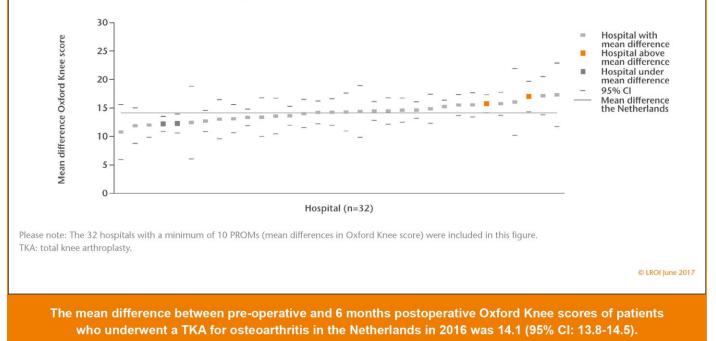
KOOS-PS score



The mean difference between pre-operative and 6 months postoperative KOOS-PS scores of patients who underwent a TKA for osteoarthritis in the Netherlands in 2016 was 20.9 (95% CI: 20.2-21.6).

Oxford Knee score

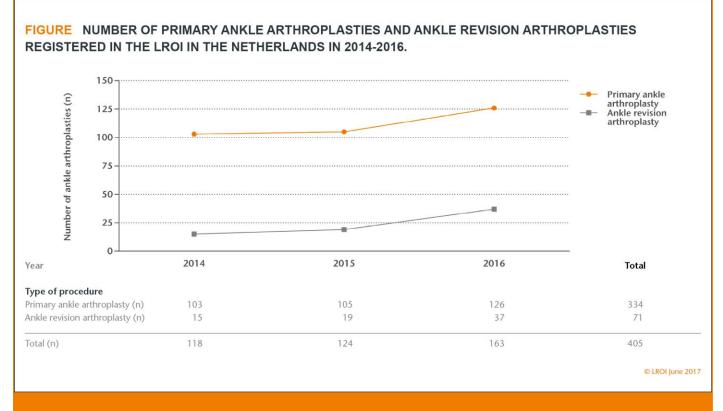
FIGURE MEAN DIFFERENCE BETWEEN PRE-OPERATIVE AND 6 MONTHS POSTOPERATIVE OXFORD KNEE SCORES OF PATIENTS WHO UNDERWENT A TKA FOR OSTEOARTHRITIS PER HOSPITAL IN THE NETHERLANDS IN 2016 (N=2,072).



Ankle arthroplasty

Numbers

Procedures 2014-2016



One (0.8%) of the primary ankle arthroplasties that were performed in 2016 was performed bilaterally.

Type of procedure per hospital

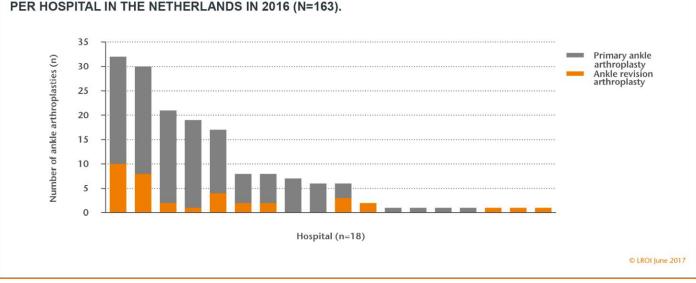
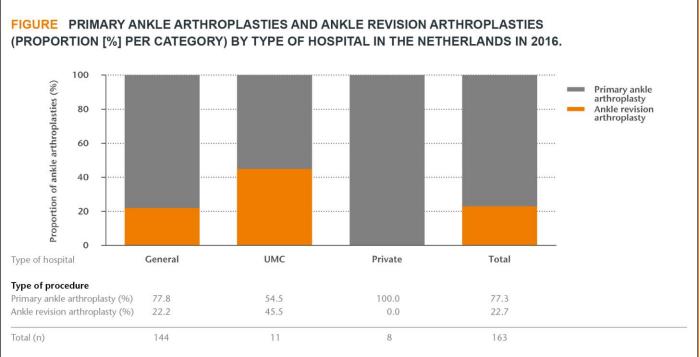


FIGURE NUMBER OF PRIMARY ANKLE ARTHROPLASTIES AND ANKLE REVISION ARTHROPLASTIES PER HOSPITAL IN THE NETHERLANDS IN 2016 (N=163).

Type of procedure by type of hospital



General: general hospital; UMC: university medical centre; Private: private hospital.

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Primary ankle arthroplasty

Demographics

Patient characteristics by diagnosis

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY ANKLEARTHROPLASTY BY DIAGNOSIS IN THE NETHERLANDS IN 2016.

	Osteoarthritis (n=95)	No osteoarthritis ¹ (n=29)	Total ² (n=125)	
Completeness (%)			92	
Mean age (years) (SD)	66.2 (8.2)	61.0 (8.4)	65.0 (8.5)	
Age (years) (%)				
<50	1	7	3	
50-59	23	38	26	
60-69	43	38	42	
70-79	27	17	24	
≥80	6	0	5	
Gender (%)				
Men	66	24	56	
Women	34	76	44	
ASA score (%)				
1	24	10	21	
II.	67	86	72	
III-IV	9	4	7	
Type of hospital ³ (%)				
General	93	83	89	
UMC	5	3	5	
Private	2	14	6	
Body Mass Index (kg/m²) (%)				
Underweight (≤18.5)	0	0	0	
Normal weight (>18.5-25)	17	18	17	
Overweight (>25-30)	54	39	51	
Obesity (>30-40)	29	39	31	
Morbid obesity (>40)	0	4	1	
Charnley score (%)				
A One ankle joint affected	76	73	75	
B1 Both ankle joints affected	15	9	14	
, B2 Contralateral ankle joint with a				
ankle prosthesis	4	9	5	
C Multiple joints affected or chro		6		
that affects quality of life	5	9	6	
Smoking (%)	-	F 0		
No	91	100	93	
Yes	9	0	7	
1.00		~		

¹ Another diagnosis than osteoarthritis registered as primary diagnosis, specifically post-traumatic (13%), rheumatoid arthritis (7%) or other primary diagnosis (3%). ² The primary diagnosis of 1 (1%) patient was not registered.

³ In 2016, 11 general hospitals, 1 UMC and 2 ZBCs performed primary ankle arthroplasties.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

TABLEPREVIOUS SURGERIES TO THE SAME JOINT IN PATIENTS WHO UNDERWENT A PRIMARYANKLE ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=125).

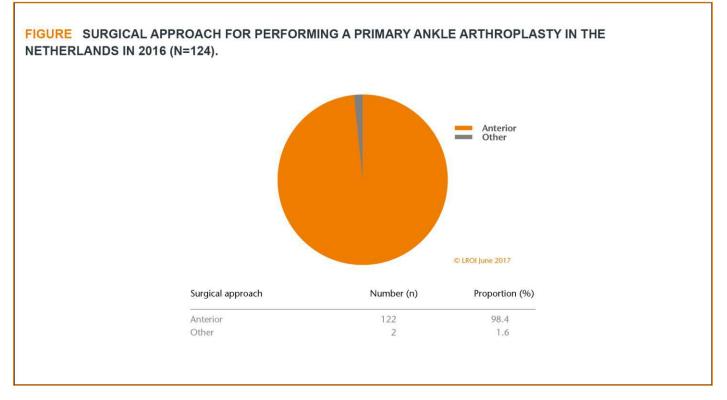
	Proportion ¹ (%)
Previous surgery to the relevant ankle (total)	31.2
Osteosynthesis	13.6
Arthroscopy	11.2
Hindfoot surgery	6.4
Arthrodesis	4.0
Forefoot surgery	2.4
Osteotomy	2.4
Ligament reconstruction	1.6
Treatment of osteochondral bone defect	1.6
Synovectomy	1.6
Other	4.8

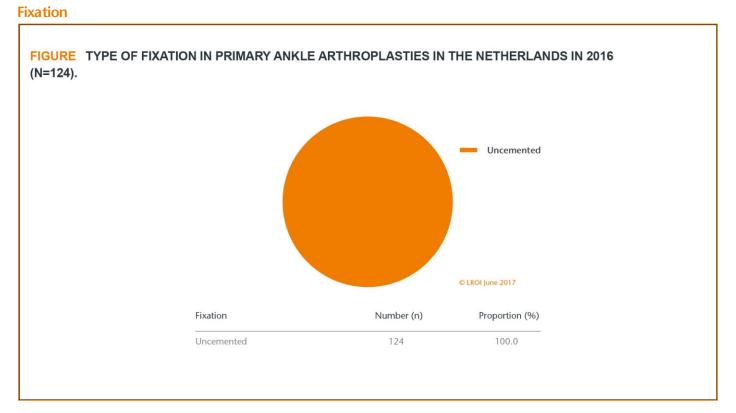
¹ A patient may have undergone multiple previous surgeries to the same joint. As such, the total proportion is more than the total proportion of patients with one or more previous surgeries to the same joint.

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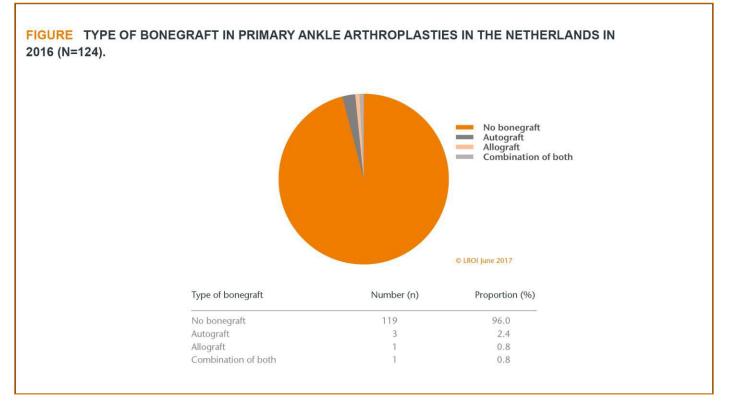
Surgery

Surgical approach

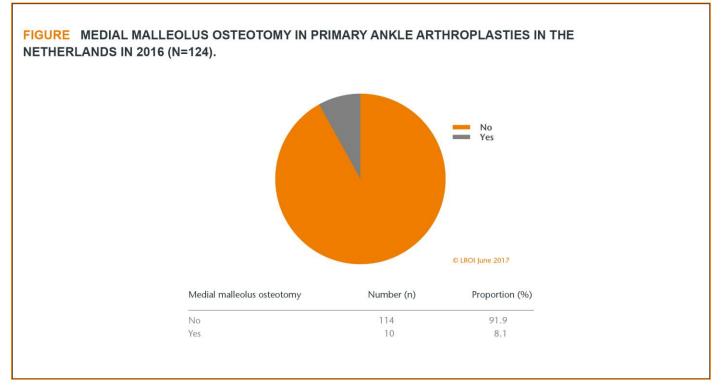




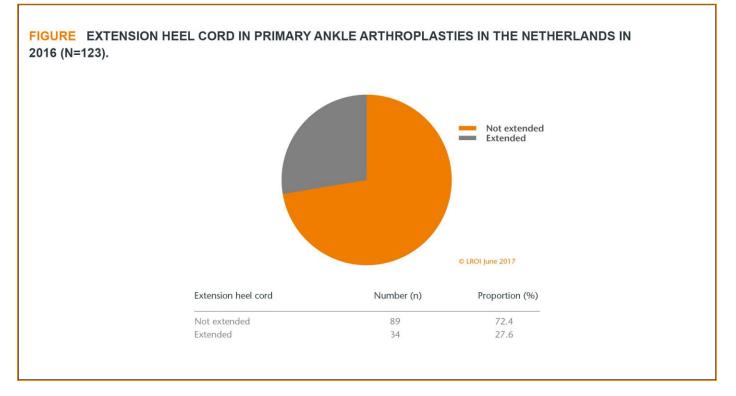
Type of bonegraft



Medial malleolus osteotomy



Extension heel cord



Most frequently registered ankle prostheses

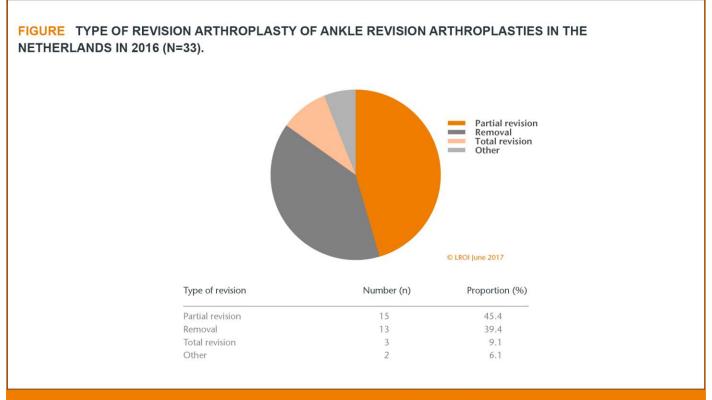
TABLETHE SIX REGISTERED PRIMARY TOTAL ANKLE ARTHROPLASTIES IN THE NETHERLANDS IN2016 (N=124).

Name	Proportion (%)
Salto	45.2
AAA OSG	17.7
CCI	9.7
Box	4.8
Mobility	1.6
Hintegra Regular	0.8
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In one primary ankle arthroplasty, the type of prosthesis was registered as 'other'. The type of prosthesis of one patient was not registered.

Ankle revision arthroplasty

Type of revision



In partial ankle revision arthroplasties, the inlay was always revised. In two (13%) partial ankle revision arthroplasties, the talus component was revised. The tibia component was never revised.

Reasons for revision

TABLEREASONS FOR REVISION OR RE-SURGERY IN PATIENTS WHO UNDERWENT AN ANKLEREVISION ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=37).

Reasons for revision	Proportion ¹ (%)
Inlay wear	35.1
Loosening of talus component	29.7
Loosening of tibia component	18.9
Infection	13.5
Malalignment	8.1
Instability	8.1
Arthrofibrosis	5.4
Dislocation	5.4
Peri-prosthetic fracture	0.0
Other	5.4

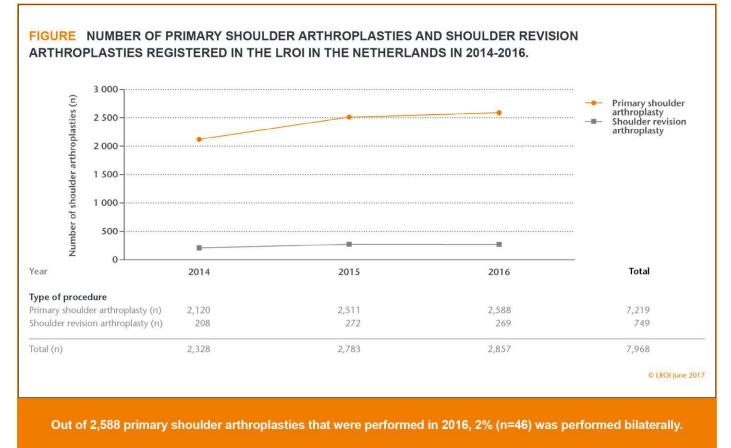
¹A patient may have more than one reason for revision or re-surgery. As such, the total proportion is over 100%.

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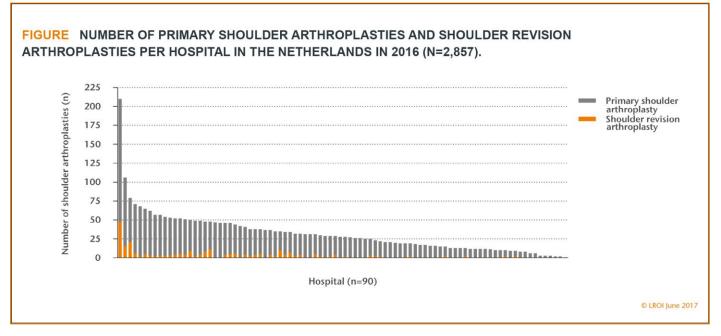
Shoulder arthroplasty

Numbers

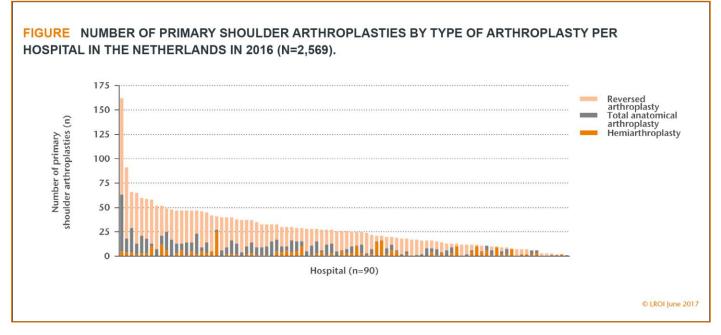
Procedures 2014-2016



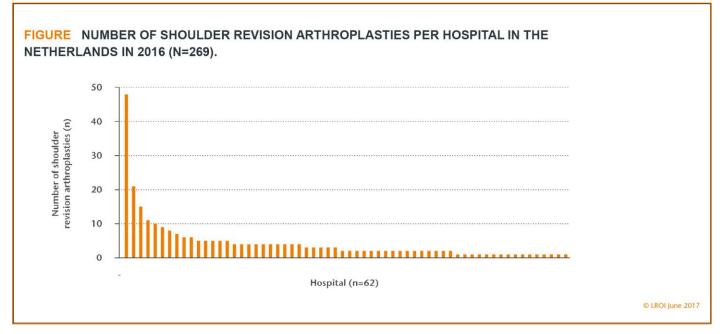
Type of procedure per hospital



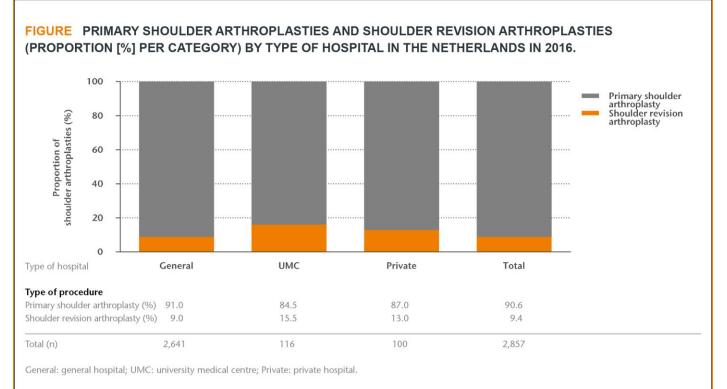
Type of primary shoulder prosthesis per hospital



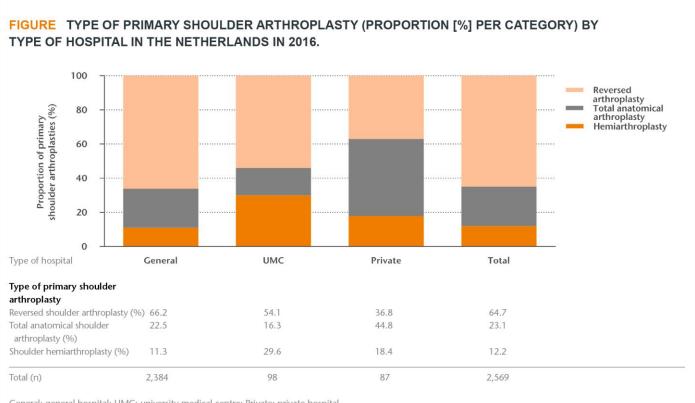
Revisions per hospital



Type of procedure by type of hospital

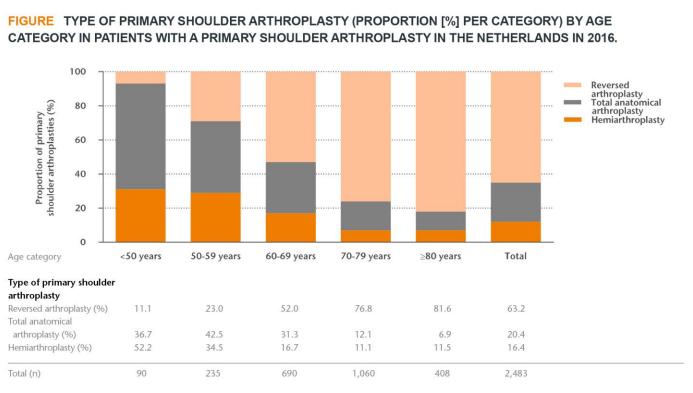


Type of primary shoulder prosthesis by type of hospital



General: general hospital; UMC: university medical centre; Private: private hospital.

Type of primary shoulder prosthesis by age category



General: general hospital; UMC: university medical centre; Private: private hospital.

Primary shoulder arthroplasty

Demographics

Patient characteristics by type of shoulder prosthesis

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY SHOULDERARTHROPLASTY BY TYPE OF PRIMARY SHOULDER ARTHROPLASTY IN THE NETHERLANDS IN 2016.

Reversed	shoulder arthroplasty (n=1,638)	Total anatomical shoulder arthroplasty (n=576)	Shoulder hemiarthroplasty (n=310)	Total ¹ (n=2,542)
Completeness (%)				94
Mean age (years) (SD)	73.8 (7.6)	66.1 (10.7)	65.4 (11.1)	71.0 (9.6)
Age (years) (%)				
<50	0	8	7	3
50-59	4	15	20	8
60-69	23	37	38	28
70-79	50	32	24	43
≥80	23	8	11	18
Gender (%)				
Men	22	27	32	24
Women	78	73	68	76
ASA score (%)		, .		
	5	14	11	8
II	62	69	62	64
	33	17	27	28
Type of hospital ² (%)			Ann 7	20
General	95	91	86	93
UMC	3	3	9	4
Private	2	6	5	3
Diagnosis (%)	2	5	5	5
Osteoarthrosis	28	82	43	42
Cuff arthropathy	34	2	1	23
Fracture	15	3	31	14
Post-traumatic	11	4	9	10
Osteonecrosis	3	4	10	4
Rheumatoid arthritis	2	4	3	3
Cuff rupture	4	0	0	2
Other	3	1	4	2
Walch score (%)	5	1	4	2
A1 Humeral head centered, minor erosion glenoid	57	46	74	56
	23	27	12	23
A2 Humeral head centered, major erosion glenoid	25	27	1Z	25
B1 Humeral head subluxed posteriorly, posterior joint space narrow, subchondrial sclerosis and osteophyte	11	18	8	13
B2 Humeral head subluxed posteriorly retroverted,		16	0	15
alenoid with posterior rim erosion	6	7	2	6
	D	/	Z	0
B3 Humeral head subluxed posteriorly more than 70	2	1	2	1
percent and glenoid retroversion more than 10 degr		1	2	1
C Glenoid retroversion more than 25 degrees regardles		1	2	1
of erosion	1	1	2	1
Body Mass Index (kg/m²) (%)	1		0	1
Underweight (≤18.5)	1 29	1	0	1
Normal weight (>18,5-25)		29	23	27
Overweight (>25-30)	37	39	41	39
Obesity (>30-40)	27	28	33	29
Morbid obesity (>40)	6	3	3	4
Smoking (%)				0.5
No	89	87	81	87
Yes	11	13	19	13

¹ Also contains 18 (0.7%) primary shoulder arthroplasties of which the type of prosthesis had not been registered.

² In 2016, 75 general hospitals, 6 UMCs and 9 private hospitals performed shoulder arthroplasties.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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The number of registered shoulder hemiarthroplasties in the LROI is not complete, since these procedures are also performed by trauma surgeons. For 2016, only shoulder hemiarthroplasties that were carried out by orthopaedic surgeons

were registered in the LROI.

TABLEPREVIOUS SURGERIES TO THE SAME JOINT IN PATIENTS WHO UNDERWENT A PRIMARYSHOULDER ARTHROPLASTY IN THE NETHERLANDS IN 2016.

	Reversed shoulder arthroplasty (n=1,638) Proportion ¹ (%)	Total anatomical shoulder arthroplasty (n=576) Proportion ¹ (%)	Shoulder hemiarthroplasty (n=310) Proportion ¹ (%)
Previous surgery to the relevant shoulder (total)	17.3	15.5	11.9
Acromioplasty	7.1	5.9	3.2
Osteosynthesis	5.3	3.3	6.1
Rotator cuff repair	9.0	1.6	1.0
Stabilisation procedure	0.9	2.8	2.3
Distal clavicle resection	1.6	2.3	1.3
Other	2.9	4.3	1.6

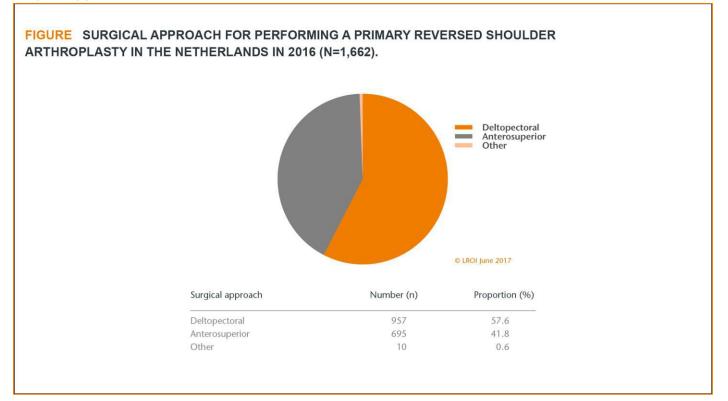
¹ A patient may have undergone multiple previous surgeries to the same joint. As such, the total proportion is more than the total proportion of patients with one or more previous surgeries to the same joint.

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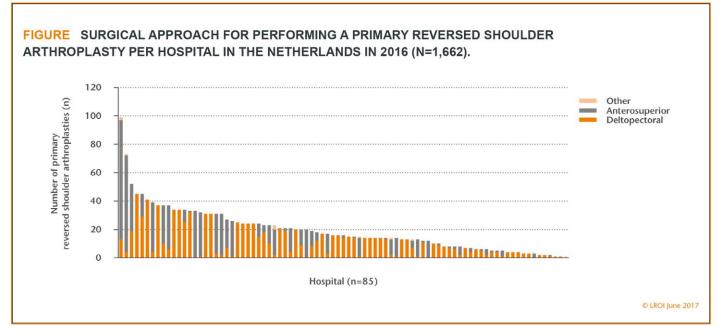
Reversed shoulder arthroplasty

Surgical techniques

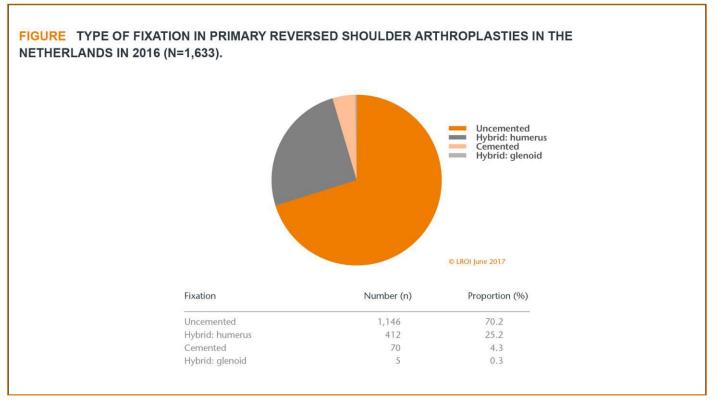
Surgical approach



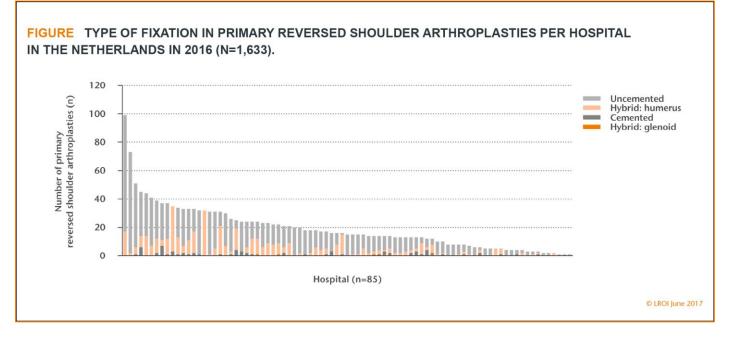
Surgical approach per hospital



Fixation

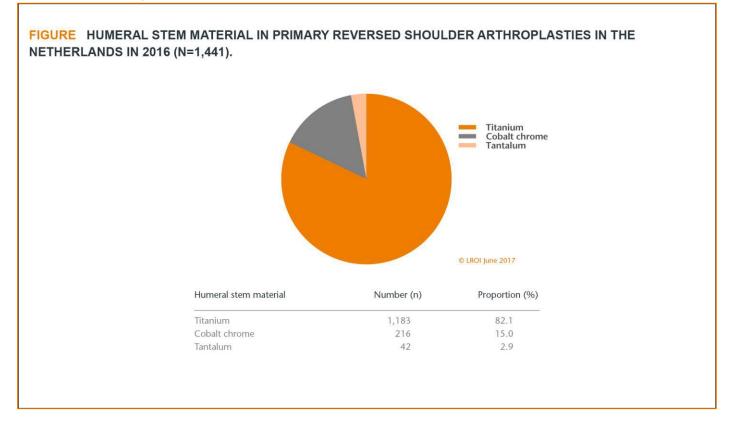


Fixation per hospital

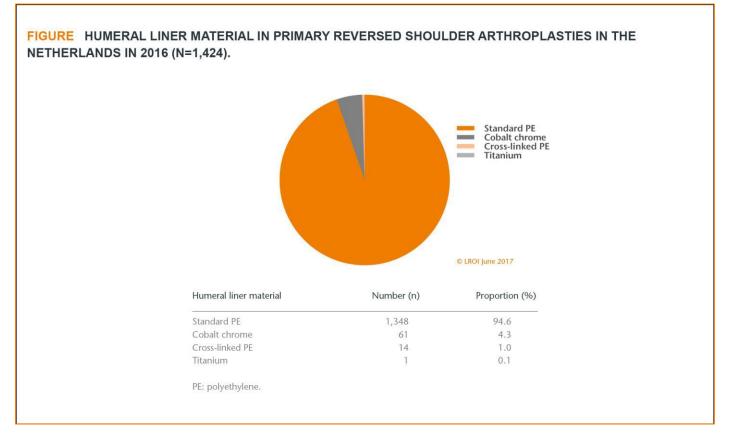


Materials

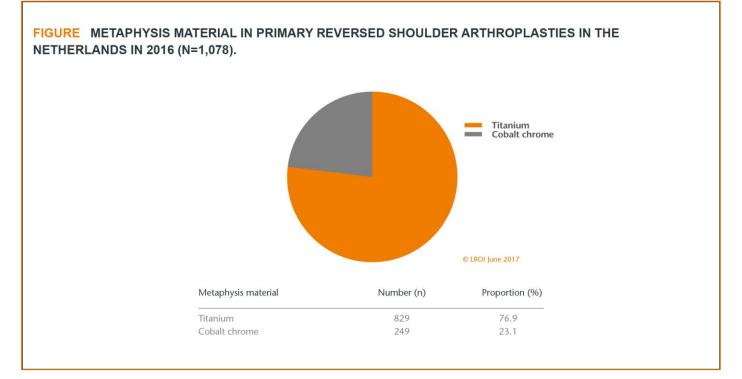
Humeral stem component



Humeral liner

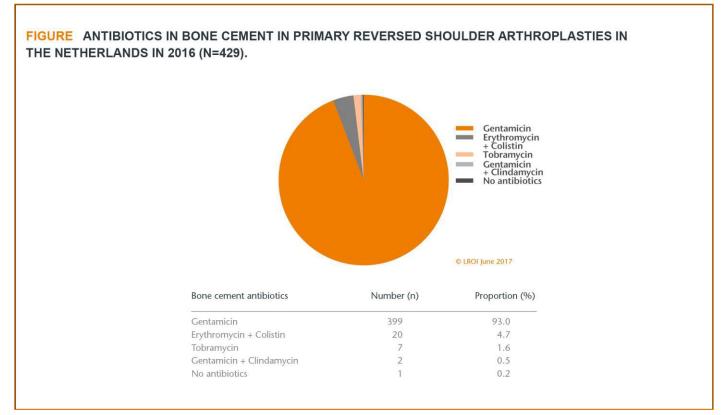


Metaphysis component



Bone cement

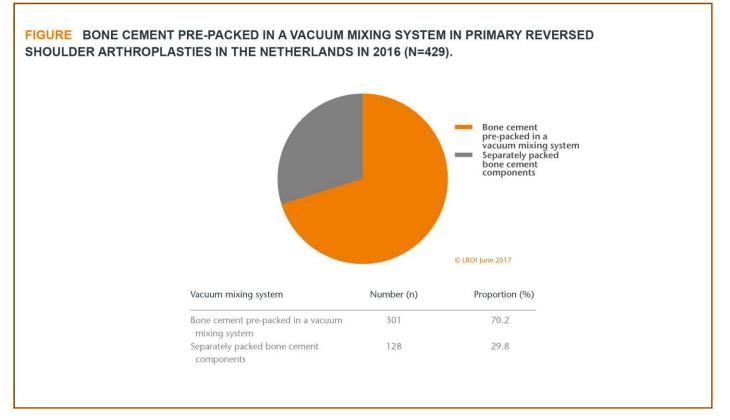
Antibiotics



Viscosity

FIGURE BONE CEMENT VISCOSITY IN PRIMARY REVERSED SHOULDER ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=429). High Medium Low -© LROI June 2017 Number (n) Proportion (%) Bone cement viscosity High 364 84.8 11.2 Medium 48 Low 17 4.0

Vacuum mixing system



TABLETHE FIVE MOST FREQUENTLY REGISTERED HUMERAL STEMS, HUMERAL LINERS,GLENOSPHERES, METAPHYSES AND GLENOID BASEPLATES IN PRIMARY REVERSED SHOULDERARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Humeral stem (n=1,595)		Humeral liner (n=1,553)	
Name	Proportion (%)	Name	Proportion (%)
Delta X-tend	32.3	Delta X-tend	32.1
Aequalis Reversed	15.6	Aequalis Reversed	16.1
Comprehensive	9.7	Comprehensive	9.2
Aequalis Ascend Flex	8.9	Aequalis Ascend Flex	9.1
Aequalis Reversed Fracture	7.3	Aequalis Reversed Fracture	6.4
Glenosphere (n=1,595)		Metaphysis (n=1,217)	
Name	Proportion (%)	Name	Proportion (%)
Aequalis Reversed	32.5	Delta X-tend	29.3
Delta X-tend	31.5	Aequalis Reversed	20.3
Comprehensive	9.3	Aequalis Ascend Flex	11.3
TM Reverse Glenoid Heads	5.5	Comprehensive	10.8
Equinoxe	4.3	Equinoxe	6.3
Glenoid baseplate (n=1,560)			
Name	Proportion (%)		
Aequalis Reversed	32.0		
Delta X-tend	30.9		
Comprehensive	9.6		
Trabecular Metal Baseplate	5.3		
Equinoxe	4.4		

Most frequently registered types of bone cement

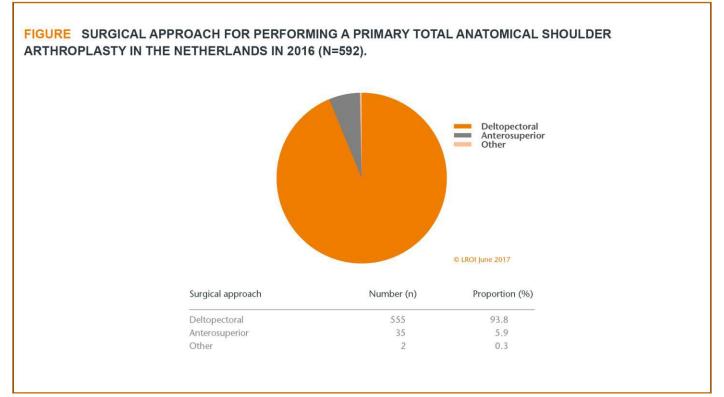
TABLE THE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXING SYSTEM USED DURING PRIMARY REVERSED SHOULDER ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Proportion (%)	Bone cement pre-packed in a vacuum i Name	Proportion (%)
· · - F - · · · · · · · · · · · · · · ·		
16.4	Palacos R+G	58.8
15.6	Palacos PRO	16.3
14.1	Refobacin Bone Cement R	15.6
14.1	Optipac	9.0
13.3	Refobacin Revision	0.3
	15.6 14.1 14.1	16.4Palacos R+G15.6Palacos PRO14.1Refobacin Bone Cement R14.1Optipac

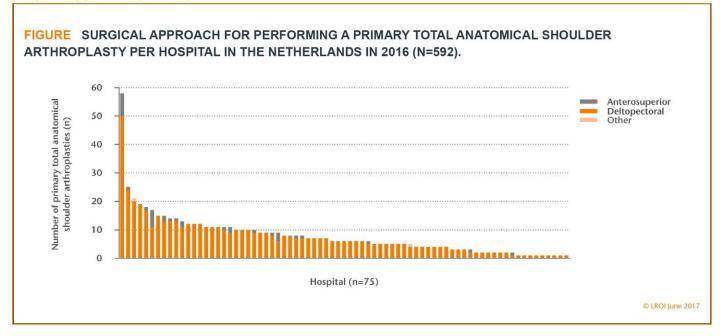
Total anatomical shoulder arthroplasty

Surgical techniques

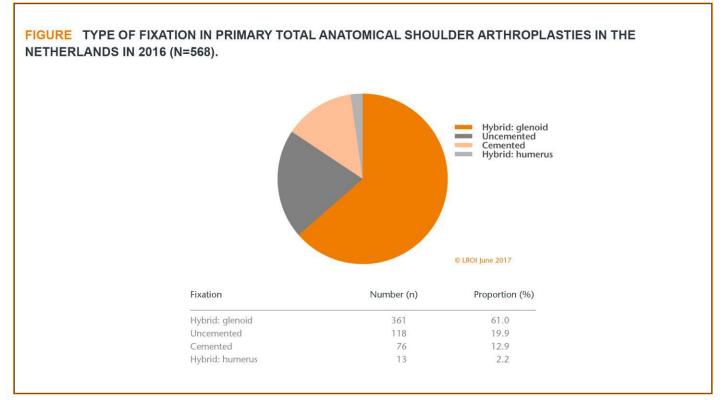
Surgical approach



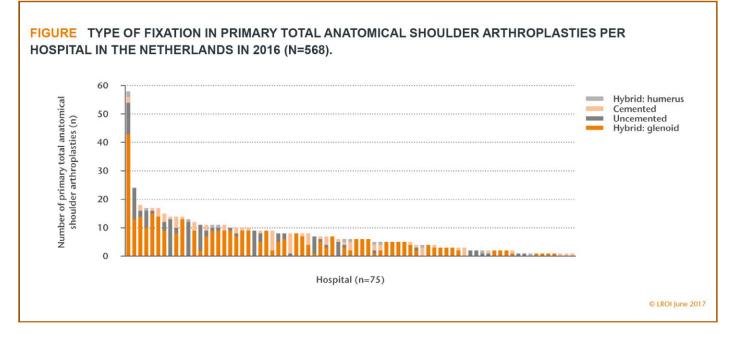
Surgical approach per hospital





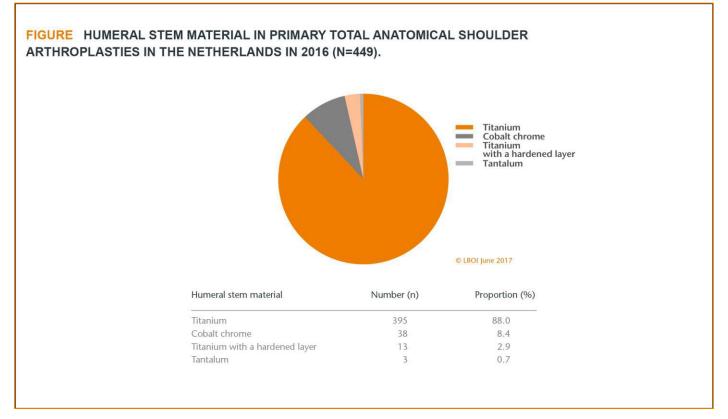


Fixation per hospital

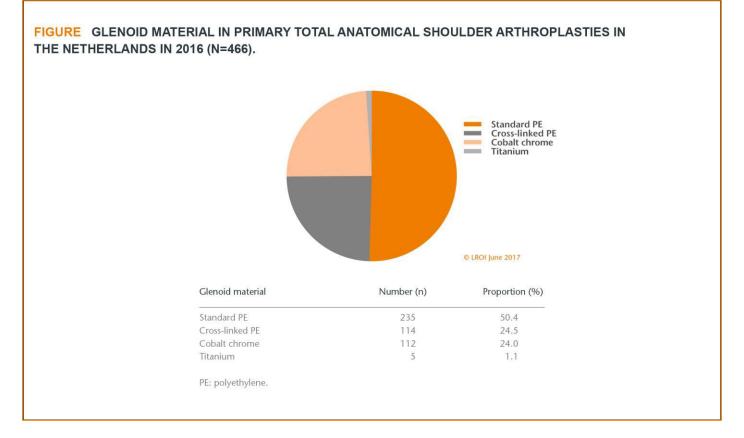


Materials

Humeral stem component

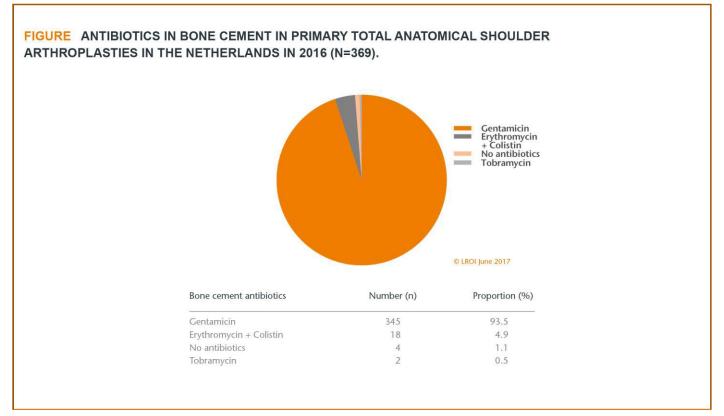


Glenoid component

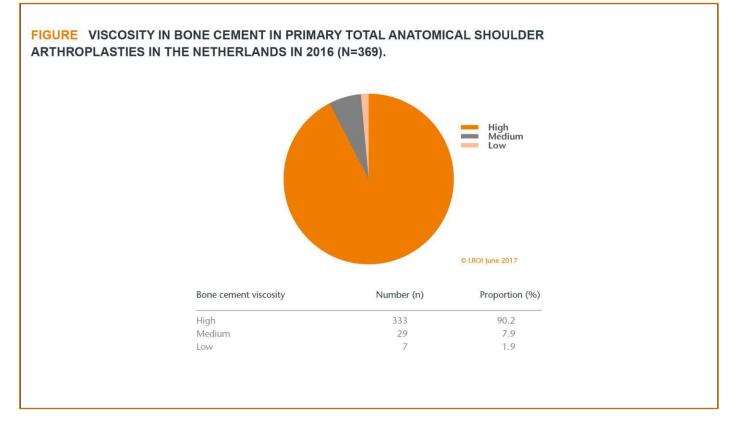


Bone cement

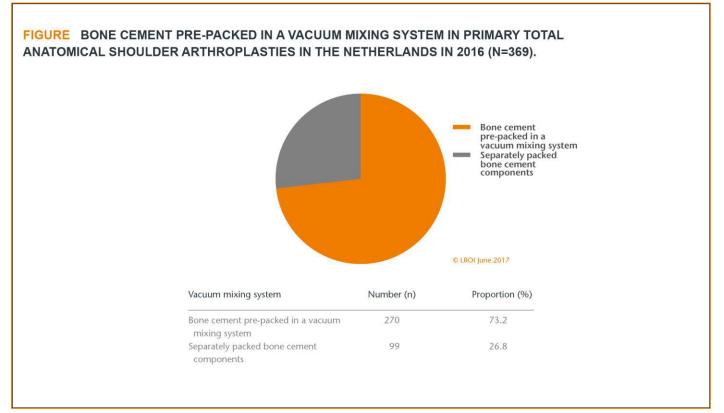
Antibiotics



Viscosity



Vacuum mixing system



Most frequently registered components

TABLETHE FIVE MOST FREQUENTLY REGISTERED HUMERAL STEMS, HUMERAL HEADS ANDGLENOID COMPONENTS IN PRIMARY TOTAL ANATOMICAL SHOULDER ARTHROPLASTIES IN THENETHERLANDS IN 2016.

Humeral stem (n=548) Name	Proportion (%)	Humeral head (n=562) Name	Proportion (%)
Aequalis Ascend Flex	21.0	Aequalis Ascend Flex	20.1
Comprehensive	13.9	Comprehensive	12.5
Global Unite	12.4	Global Unite/ Global AP	11.9
Global AP	9.1	Global AP	9.6
Aequalis Primary	4.7	Aequalis humeral head	8.0
Glenoid (n=549) Name	Proportion (%)		
Global APG+	20.6		
Aequalis Sferisch Glenoid	17.1		
Comprehensive	13.8		
Comprehensive Aegualis Perform glenoid	13.8 13.1		

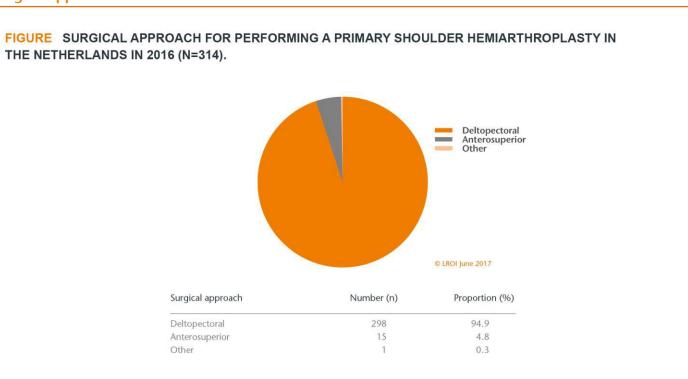
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT BY TYPE OF MIXINGSYSTEM USED DURING PRIMARY TOTAL ANATOMICAL SHOULDER ARTHROPLASTIES IN THENETHERLANDS IN 2016.

Name	Proportion (%)	Name	Proportion (%)
Cemex	22.2	Palacos R+G	76.7
Simplex ABC EC	18.2	Refobacin Bone Cement R	11.1
Optipac	15.2	Optipac	5.9
Refobacin Plus Bone Cement	13.1	Palacos Pro	5.6
Palacos MV+G	9.1	Refobacin Plus Bone Cement	0.7

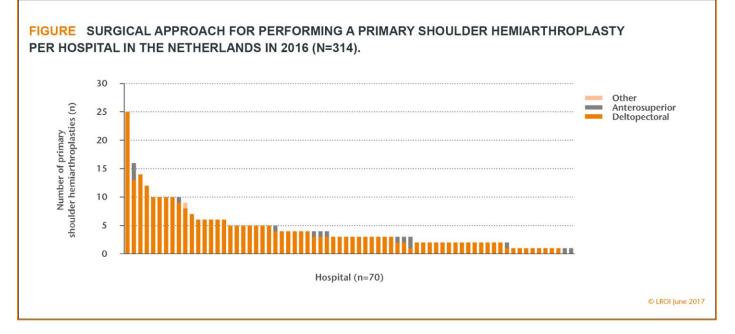
Shoulder hemiarthroplasty

Surgical techniques

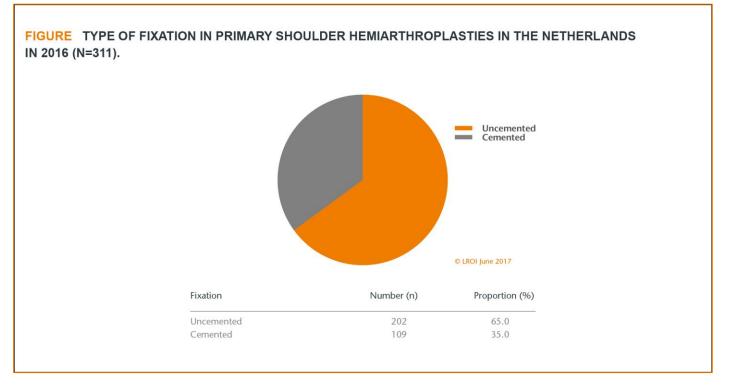
Surgical approach



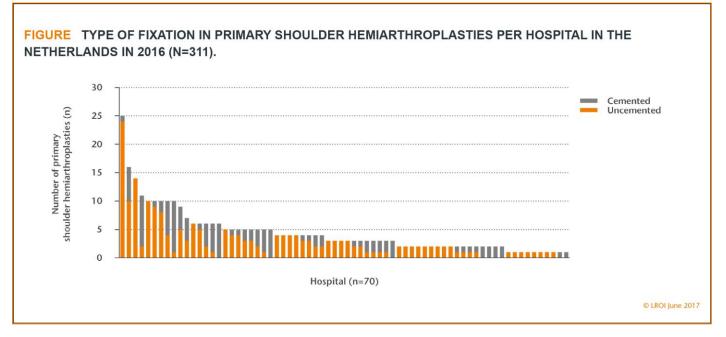
Surgical approach per hospital



Fixation

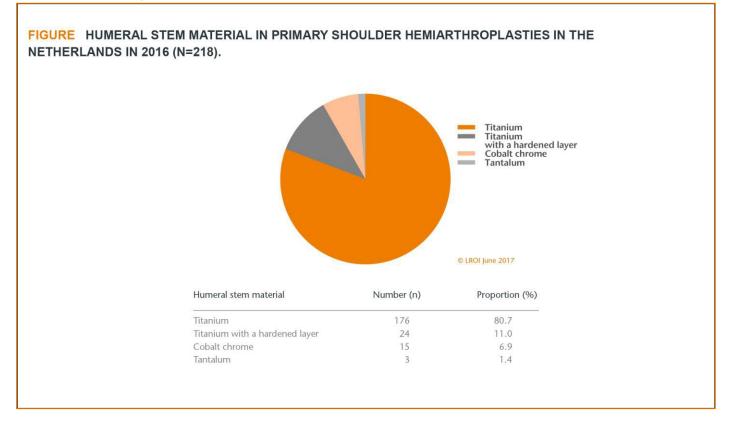


Fixation per hospital



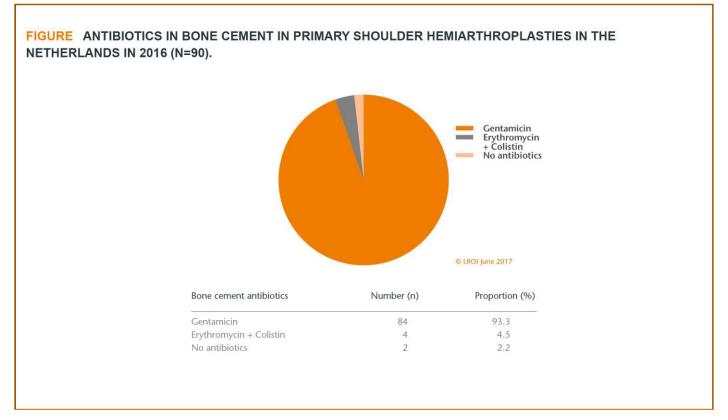
Materials

Humeral stem component

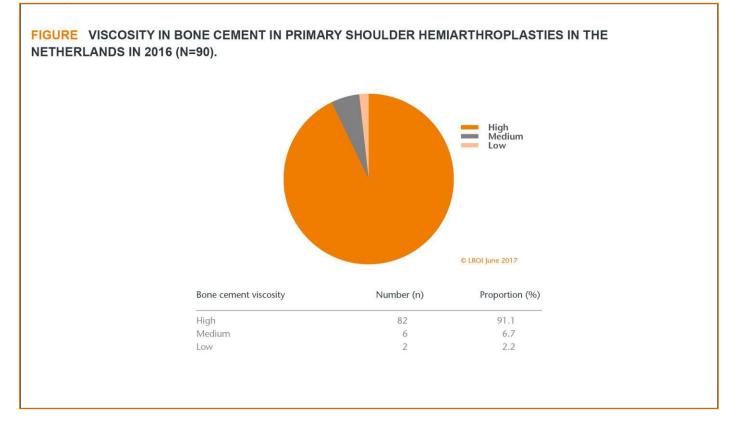


Bone cement

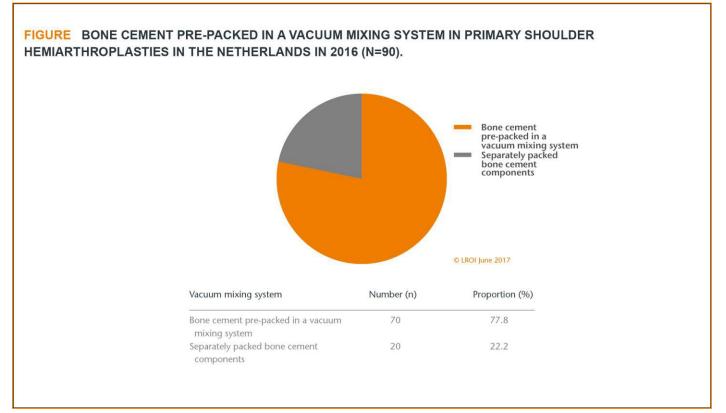
Antibiotics



Viscosity



Vacuum mixing system



Most frequently registered components

TABLETHE FIVE MOST FREQUENTLY REGISTERED HUMERAL STEMS AND HUMERAL HEADS INPRIMARY SHOULDER HEMIARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Humeral stem (n=273) Name	Proportion (%)	Humeral head (n=287) Name	Proportion (%)
Comprehensive	16.5	Aequalis humeral head	19.5
Aequalis Fracture hemi	13.9	Comprehensive	15.7
Global Unite	9.2	Global Unite/ Global AP	8.4
Sidus Baseplate	8.8	Sidus Heads	7.0
Aequalis Ascend Flex	8.1	Aegualis Resurfacing	5.6

Most frequently registered types of bone cement

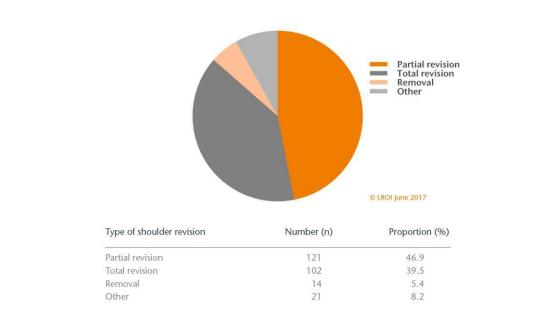
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT USED DURINGPRIMARY SHOULDER HEMIARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=93).

Name	Proportion (%)
Palacos R+G	44.1
Refobacin Bone Cement R	21.5
Optipac	16.1
Simplex ABC EC	4.3
Refobacin Plus Bone Cement	3.2
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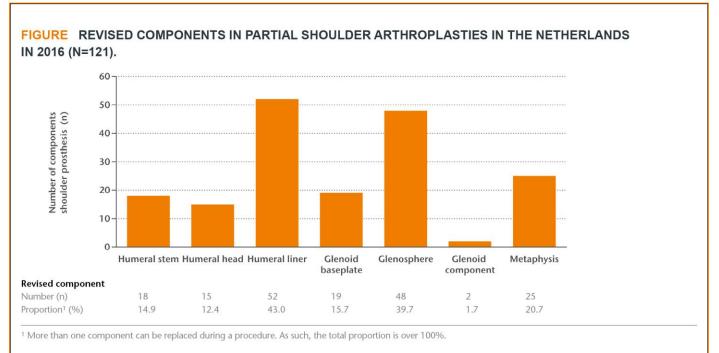
Shoulder revision arthroplasty

Type of revision

FIGURE TYPE OF REVISION ARTHROPLASTY OF SHOULDER REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=258).



Revised components in partial revisions



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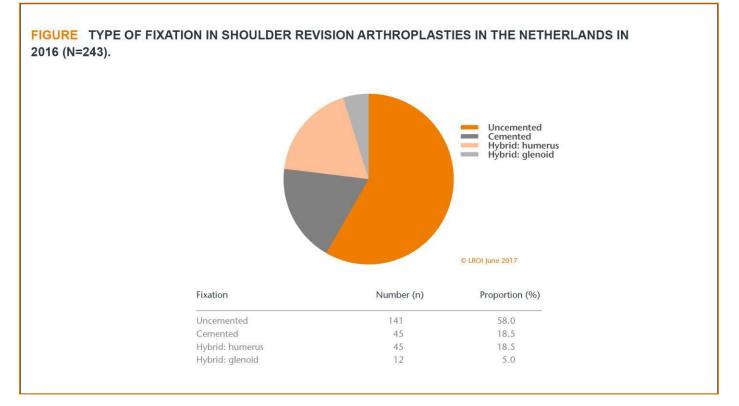
Reasons for revision

TABLEREASONS FOR REVISION OR RE-SURGERY IN PATIENTS WHO UNDERWENT A SHOULDERREVISION ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=269).

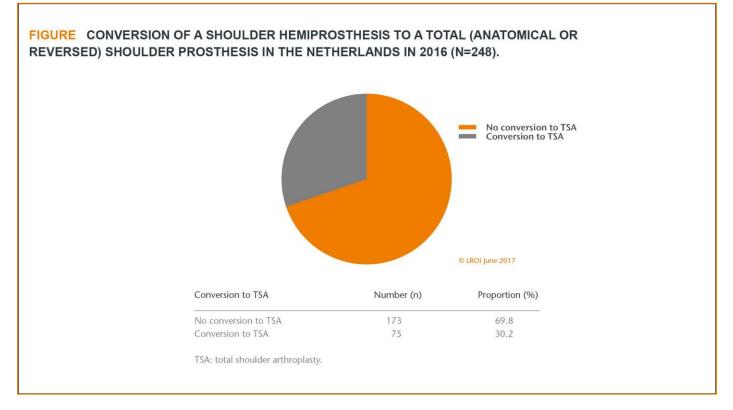
Reasons for revision	Proportion ¹ (%)
Instability	23.8
Infection	21.2
Progression of osteoarthritis	17.5
Cuff arthropathy	13.4
Cuff rupture	11.5
Loosening of humeral component	11.2
Loosening of glenoid component	10.8
Malalignment	8.6
Peri-prosthetic fracture	5.2
Other	11.9
¹ One patient may have more than one reas	on for revision or
re-surgery. As such, the total proportion is o	ver 100%.

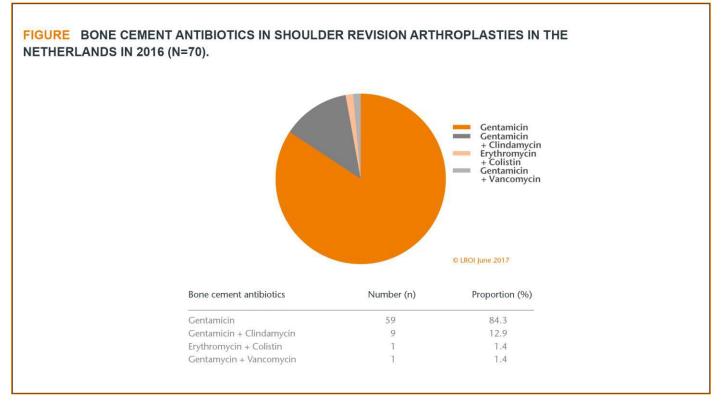
Surgery

Fixation



Conversion to TSA





TABLETHE FIVE MOST FREQUENTLY REGISTERED HUMERAL STEMS, HUMERAL HEADS, HUMERALLINERS, GLENOID BASEPLATES, GLENOSPHERES, GLENOID COMPONENTS AND METAPHYSES INSHOULDER REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016.

Humeral stem (n=124) Name	Proportion (%)	Humeral head (n=36) Name	Proportion (%)
Delta X-tend	21.8	Aequalis humeral head	30.6
Aequalis Reversed	9.7	Global AP	11.1
Aequalis Reversed Fracture	6.5	Univers II	8.3
Comprehensive	5.6	Affinis	5.6
Aequalis Ascend Flex	3.2	Anatomical Shoulder Bipolar Heads	5.6
Humeral liner (n=135)		Glenoid baseplate (n=92)	
Name	Proportion (%)	Name	Proportion (%)
Delta X-tend	37.8	Delta X-tend	39.1
Aequalis Reversed	20.0	Aequalis Reversed	31.5
Comprehensive	8.9	Comprehensive	10.9
Aequalis Reversed Fracture	8.9	Trabecular Metal Baseplate	6.5
Anatomical Inverse Humeral Poly Inlays	6.7	Equinoxe	3.3
Glenosphere (n=121)		Glenoid component (n=18)	
Name	Proportion (%)	Name	Proportion (%)
Delta X-tend	38.8	Aequalis Sferisch Glenoid	33.3
Aequalis Reversed	32.2	Global APG+	22.2
Comprehensive	9.1	Glenoid	16.7
SMR reversed head	6.6	Aequalis Perform glenoid	5.6
TM Reverse Glenoid Heads	5.8	Affinis	5.6
Metaphysis (n=85)			
Name	Proportion (%)		
Delta X-tend	18.8		
Aequalis Reversed	17.6		
Comprehensive	12.9		
SMR reversed body	9.4		
Anatomical inverse Humeral Cups	8.2		
			© LROI June 2017

Most frequently registered types of bone cement

TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT USED DURINGSHOULDER REVISION ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=71).

Palacos R+G	42.3
Optipac	14.1
Palacos Pro	9.9
Refobacin Bone Cement R	8.5
Refobacin Revision	7.0
efobacin Revision	© LROI June 2017

Survival

Revision within 1 year

By type of shoulder arthroplasty

TABLECUMULATIVE 1-YEAR REVISION PERCENTAGE OF PRIMARY SHOULDER ARTHROPLASTIESBY TYPE OF SHOULDER ARTHROPLASTY IN THE NETHERLANDS IN 2014-2015.

Reversed shoulder arthroplasty	2,642	1.9 (1.4-2.5)
Total anatomical shoulder arthroplasty	1,042	1.4 (0.9-2.4)
Shoulder hemiarthroplasty	877	2.6 (1.7-3.9)

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In 2014-2015, 79 (1.7%) primary shoulder arthroplasties were implanted in patients who died within one year after the primary procedure.

Reasons for revision

TABLEREASONS FOR REVISION WITHIN ONE YEAR IN PATIENTS THAT UNDERWENT A SHOULDERREVISION ARTHROPLASTY IN THE NETHERLANDS IN 2014-2015.

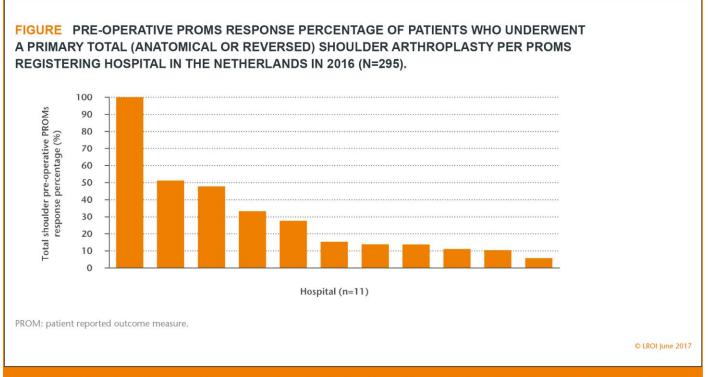
Reason for revision	Proportion ¹ (%)		
Instability	27.7		
Infection	20.8		
Cuff rupture	12.9		
Malalignment	11.9		
Cuff arthropathy	8.9		
Loosening of glenoid component	8.9		
Loosening of humeral component	6.9		
Peri-prosthetic fracture	5.0		
Progression of osteoarthritis	4.0		
Other	8.9		

¹ One patient may have more than one reason for revision or re-surgery. As such, the total proportion is over 100%.

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PROMs

Response

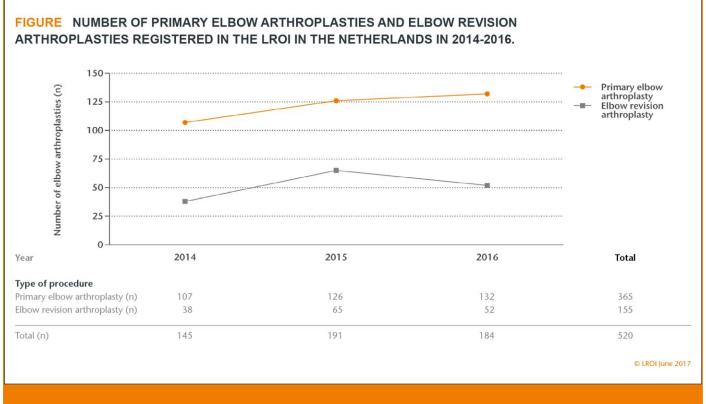


Of all 295 patients who underwent a primary total shoulder arthroplasty in a PROMs registering hospital, the mean pre-operative response score was 23.1% (n=68).

Elbow arthroplasty

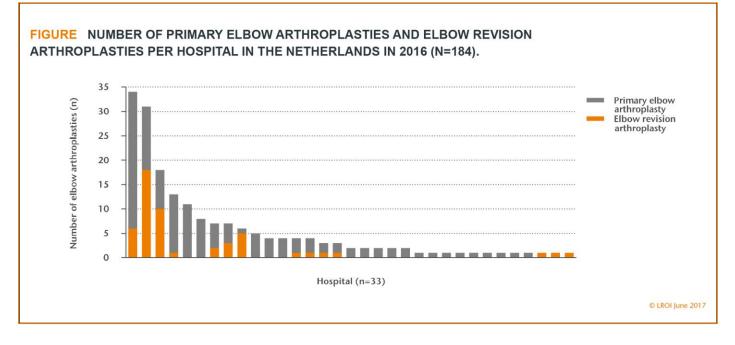
Numbers

Procedures 2014-2016

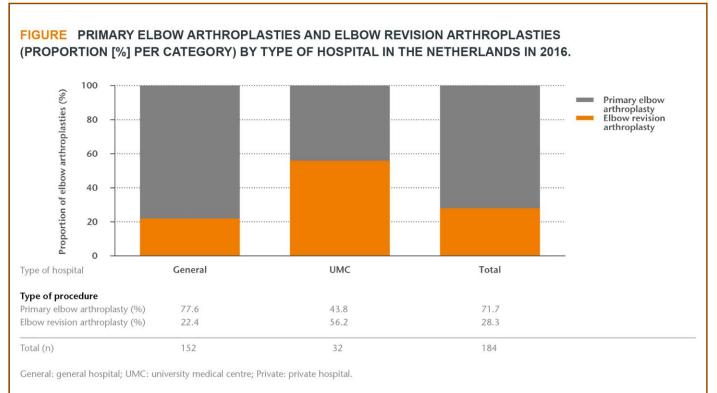


Out of 132 primary elbow arthroplasties that were performed in 2016, 2% (n=3) was performed bilaterally.

Type of procedure per hospital



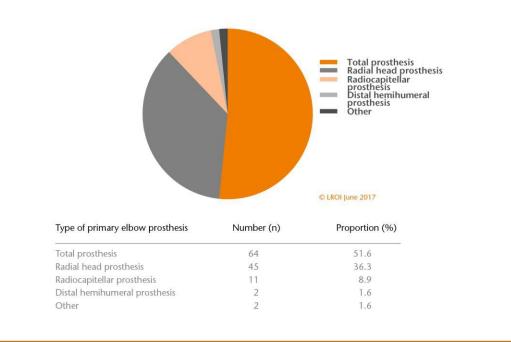
Type of procedure by type of hospital



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Type of primary elbow prosthesis

FIGURE TYPE OF PRIMARY ELBOW PROSTHESIS IN PRIMARY ELBOW ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=124).



Primary elbow arthroplasty

Demographics

Patient characteristics by type of elbow prosthesis

TABLEPATIENT CHARACTERISTICS OF ALL PATIENTS WITH A REGISTERED PRIMARY ELBOWARTHROPLASTY BY TYPE OF PRIMARY ELBOW ARTHROPLASTY IN THE NETHERLANDS IN 2016.

	Total arthroplasty ¹ (n=63)	Radial head arthroplasty ² (n=56)	Total ³ (n=129)	
Completeness (%)			88	
Mean age (years) (SD)	68.7 (10.1)	56.3 (13.7)	62.6 (13.3)	
Age (years) (%)				
<50	5	30	19	
50-59	11	21	16	
60-69	40	36	36	
70-79	30	13	22	
≥80	14	0	7	
Gender (%)				
Men	29	27	28	
Women	71	73	72	
ASA score (%)				
1	10	33	21	
11	63	53	59	
111-IV	27	14	20	
Type of hospital⁴ (%)				
General	87	95	91	
UMC	13	5	9	
Diagnosis (%)				
Late post-traumatic	18	62	37	
Rheumatoid arthritis	24	30	27	
Acute fracture	37	2	20	
Osteoarthritis	15	2	11	
Other	6	4	5	
Body Mass Index (kg/m²) (%)				
Underweight (≤18.5)	3	0	2	
Normal weight (>18.5-25)	37	34	36	
Overweight (>25-30)	38	46	42	
Obesity (>30-40)	16	18	16	
Morbid obesity (>40)	6	2	4	
Smoking (%)				
No	88	89	89	
Yes	12	11	11	

¹ Including distal hemihumeral prostheses (n=2).

² Including radiocapitellar prostheses (n=11).

³ Also contains 2 (2%) primary elbow arthroplasties that were registered as other and 8 (6.2%) primary elbow arthroplasties of which the type of prosthesis had not been registered.

⁴ In 2016, 26 general hospitals and 4 UMCs performed primary elbow arthroplasties.

General: general hospital; UMC: university medical centre; Private: private hospital; SD: standard deviation.

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TABLEPREVIOUS SURGERIES TO THE SAME JOINT IN PATIENTS WHO UNDERWENT A PRIMARYELBOW ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=129).

Proportion ¹ (%)
37.2
21.7
16.3
7.0
7.8
5.4
3.9
2.3
10.1

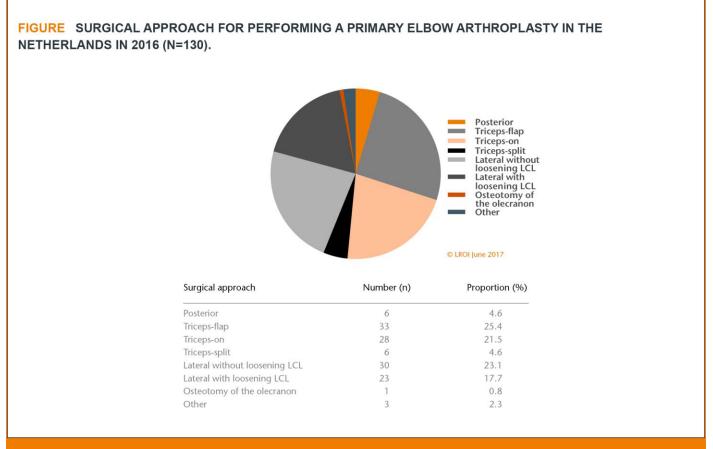
¹ A patient may have undergone multiple previous surgeries to the same joint. As such, the total proportion is more than the total proportion of patients with one or more previous surgeries to the same joint.

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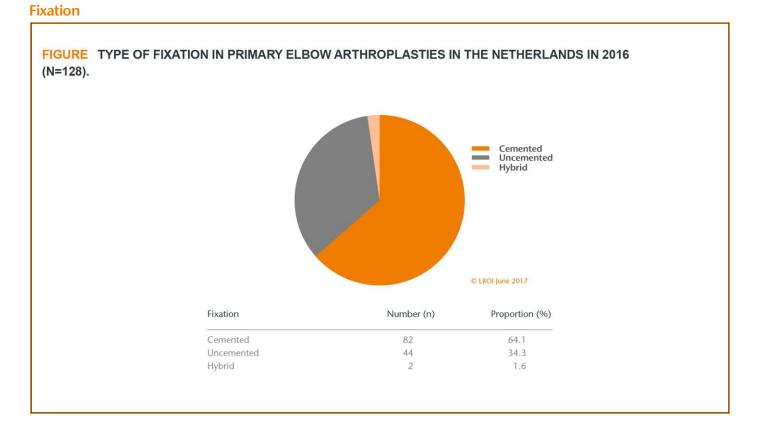
Surgery

Surgical techniques

Surgical approach

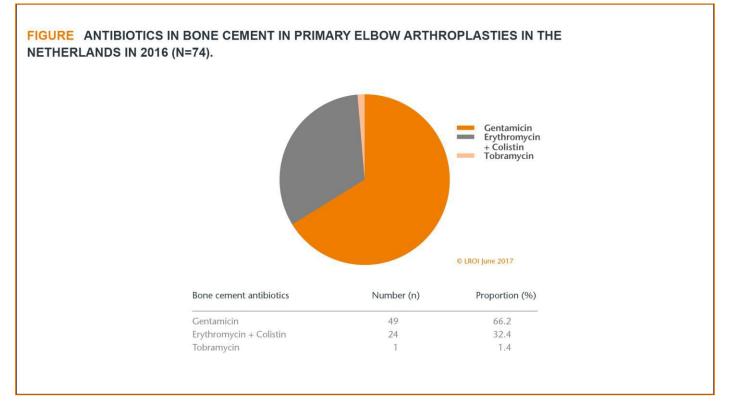


For performing a primary elbow arthroplasty, a posterior approach was used in 56% of all cases and in 41% of all cases a lateral approach was used.



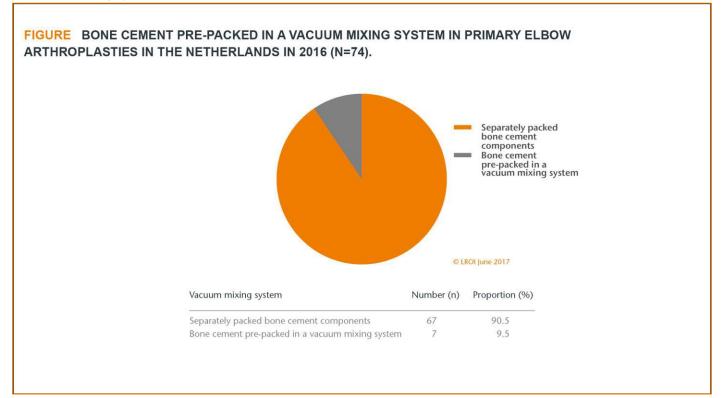
Bone cement

Antibiotics



Viscosity FIGURE VISCOSITY IN BONE CEMENT IN PRIMARY ELBOW ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=74). High Medium Low © LROI June 2017 Bone cement viscosity Number (n) Proportion (%) High 59.5 44 Medium 25 33.8 Low 5 6.7

Vacuum mixing system



Most frequently registered elbow prostheses

TABLETHE THREE MOST FREQUENTLY REGISTERED TOTAL ELBOW ARTHROPLASTIES(INCLUDING DISTAL HEMIHUMERAL ARTHROPLASTIES) AND RADIAL HEAD ARTHROPLASTIES(INCLUDING RADIOCAPITELLAR ELBOW ARTHROPLASTIES) IN PRIMARY ELBOW ARTHROPLASTIESIN THE NETHERLANDS IN 2016.

Total elbow arthroplasties ¹ (n=65) Name	Proportion (%)	Radial head arthroplasties² (n=47) Name	Proportion (%)
Latitude EV	46.2	RHS	66.0
Coonrad/Morrey	12.3	Explor	8.5
NES	10.8	CRF	2.1

Please note: A total of 64 total elbow arthroplasties and 2 distal hemihumeral elbow arthroplasties were registered. Only 65 humeral components were registered for these types of elbow arthroplasties.

Please note: A total of 45 radial head arthroplasties and 11 radiocapitellar elbow arthroplasties were registered. Only 47 radial head components were registered for these types of elbow arthroplasties.

¹ Including distal hemihumeral prostheses (n=2).

² Including distal neminumeral prostneses (n=2,
 ² Including radiocapitellar prostneses (n=11).

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Most frequently registered types of bone cement

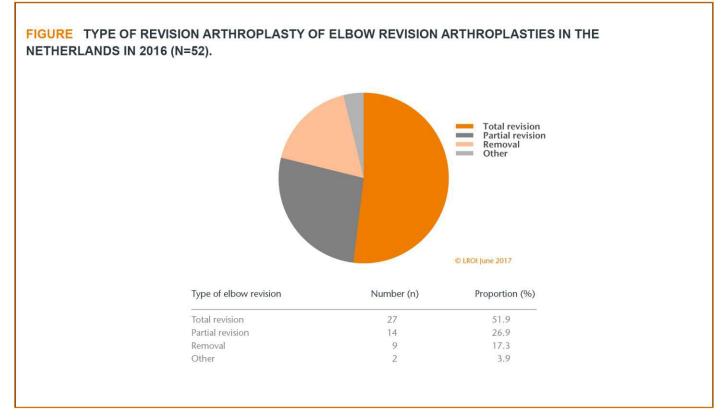
TABLETHE FIVE MOST FREQUENTLY REGISTERED TYPES OF BONE CEMENT USED DURING PRIMARYELBOW ARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=73).

Name	Proportion (%)
Palacos R+G	42.5
Simplex ABC EC	32.9
Refobacin Bone Cement R	8.2
Palacos LV+G	5.5
Refobacin Plus Bone Cement	5.5

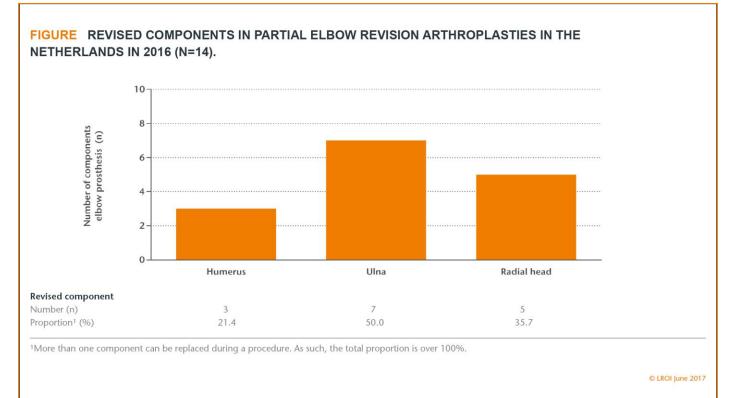
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Elbow revision arthroplasty

Type of revision



Revised components in partial revisions



Reasons for revision

TABLEREASONS FOR REVISION OR RE-SURGERY IN PATIENTS WHO UNDERWENT AN ELBOWREVISION ARTHROPLASTY IN THE NETHERLANDS IN 2016 (N=52).

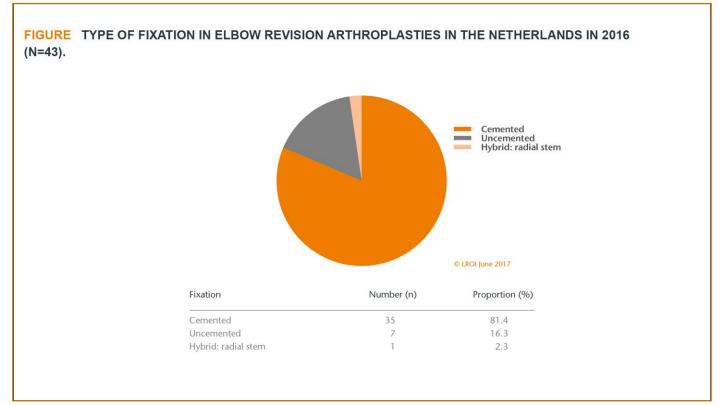
Reasons for revision	Proportion ¹ (%)		
Polyethylene wear	30.8		
Metallosis	25.0		
Instability	21.2		
Loosening of radial head component	19.2		
Loosening of ulnar component	17.3		
Loosening of humeral component	17.3		
Infection	15.4		
Peri-prosthetic fracture	3.8		
Other	9.6		

¹A patient may have more than one reason for revision or re-surgery. As such, the total proportion is over 100%.

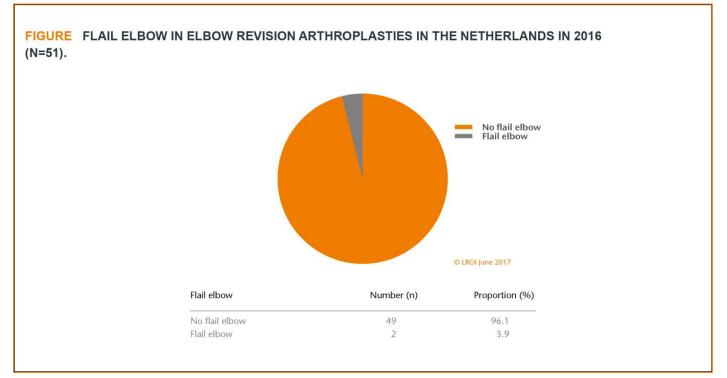
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Surgery

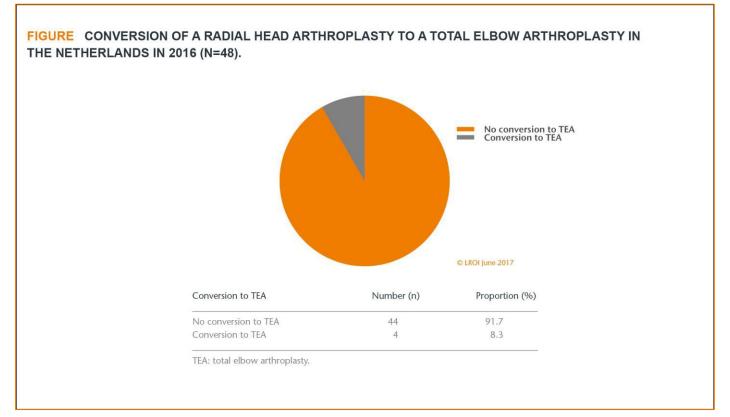
Fixation



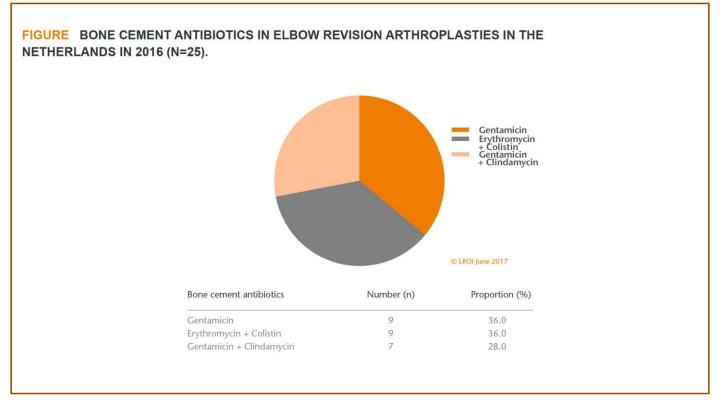
Flail elbow



Conversion to TEA



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Most frequently registered components

Humerus (n=15)		
Name	Proportion (%)	
Latitude EV	28.0	
NES	16.0	
Coonrad/Morrey	12.0	
Discovery	4.0	
Ulna (n=12)		
Name	Proportion (%)	
Latitude EV	58.4	
NES	16.7	
Coonrad/Morrey	8.3	
Discovery	8.3	
K Elbow	8.3	
Radial head (n=6)		
Name	Proportion (%)	
RHS	83.3	
Explor	16.7	

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TABLETHE REGISTERED TYPES OF BONE CEMENT USED DURING ELBOW REVISIONARTHROPLASTIES IN THE NETHERLANDS IN 2016 (N=24).

Name	Proportion (%)
Simplex ABC EC	37.5
Refobacin Revision	25.0
Palacos R+G	16.6
Refobacin Bone Cement R	12.5
Copal G+C	4.2
Refobacin Plus Bone Cement	4.2
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Data quality

Number of registered procedures

Hip

TABLENUMBER OF REGISTERED HIP ARTHROPLASTIES PER YEAR OF SURGERY (2007-2016) INTHE LROI IN JUNE 2017.

Year of surgery	Type of hip arthroplasty Total arthroplasty (n)	Hemiarthroplasty (n)	Resurfacing arthroplasty (n)	Other (n)	Revision arthroplasty (n)	Total ¹ (n)
2007	8,660	937	447	1,257	1,269	12,606
2008	15,172	1,365	727	754	1,856	19,950
2009	21,536	2,047	846	872	2,676	28,068
2010	23,330	2,343	601	884	2,949	30,163
2011	23,872	2,396	225	871	3,198	30,638
2012	25,388	2,788	10	822	3,764	32,816
2013	26,114	3,016	1	437	3,513	33,105
2014	28,174	3,731	0	180	3,581	35,681
2015	28,811	4,911	15	28	3,833	37,727
2016	29,520	5,235	16	39	3,836	38,763
Total	230,577	28,769	2,888	6,144	30,475	299,517

¹ In 0.2% (n=664) primary hip arthroplasties the type of primary hip prosthesis has not been registered. Please note: Data before 2015 were frozen for hip arthroplasties in this annual report.

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The LROI is nearly complete as of 2010. Therefore, a dotted line was inserted between 2009 and 2010.

Knee

TABLENUMBER OF REGISTERED KNEE ARTHROPLASTIES PER YEAR OF SURGERY (2007-2016)IN THE LROI IN JUNE 2017.

Year of surgery	Type of knee arthroplasty Total arthroplasty (n)	Unicondylar knee arthroplasty (n)	Patellofemoral knee arthroplasty (n)	Other (n)	Revision arthroplasty (n)	Total ¹ (n)
2007	6,688	679	49	306	596	9,336
2008	11,108	1,129	94	324	908	14,376
2009	16,050	1,531	141	468	1,299	19,948
2010	17,899	1,700	160	501	1,622	22,195
2011	18,930	1,600	149	418	1,794	23,206
2012	21,146	1,596	189	364	2,115	25,826
2013	21,985	1,831	158	139	2,306	26,760
2014	24,130	2,362	127	60	2,557	29,394
2015	24,161	2,688	162	43	2,683	29,817
2016	24,709	2,915	148	36	2,886	30,804
Total	186,806	18,031	1,377	2,659	18,766	231,662

¹ In 1.7% (n=4,023) primary knee arthroplasties the type of primary knee prosthesis has not been registered.

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The LROI is nearly complete as of 2010. Therefore, a dotted line was inserted between 2009 and 2010.

Ankle

TABLENUMBER OF REGISTERED ANKLE ARTHROPLASTIES PER YEAR OF SURGERY (2014-2016)IN THE LROI IN JUNE 2017.

Year of surgery	Type of ankle arthroplasty Total arthroplasty (n)	Other (n)	Revision arthroplasty (n)	Total (n)
2014	102	0	15	118
2014 2015	105	0	19	124
2016	124	1	37	163
Total	331	1	71	405

¹ In 0.5% (n=2) primary ankle arthroplasties the type of primary ankle prosthesis has not been registered.

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Shoulder

TABLENUMBER OF REGISTERED SHOULDER ARTHROPLASTIES PER YEAR OF SURGERY(2014-2016) IN THE LROI IN JUNE 2017.

Year of surgery	Type of shoulder arthroplast Reversed arthroplasty (n)	ty Total anatomical arthroplasty (n)	Hemiarthroplasty (n)	Revision arthroplasty (n)	Total ¹ (n)
2014	1,164	465	459	208	2,328
2015	1,492	579	425	272	2,783
2016	1,663	592	314	269	2,857
Total	4,319	1,636	1,198	749	7,968

¹ In 0.8% (n=66) primary shoulder arthroplasties the type of primary shoulder prosthesis has not been registered.

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Elbow

TABLENUMBER OF REGISTERED ELBOW ARTHROPLASTIES PER YEAR OF SURGERY (2014-2016)IN THE LROI IN JUNE 2017.

Year of surgery	Total arthroplasty (n)	Distal hemihumeral arthroplasty (n)	Radial head arthroplasty (n)	Radiocapitellar arthroplasty (n)	Lateral resurfacing arthroplasty (n)	Other (n)	Revision arthroplasty (n)	Total ¹ (n)
2014	72	5	22	0	4	0	38	145
2015	79	4	41	1	0	0	65	191
2016	64	2	45	11	0	2	52	184
Total	215	11	108	12	4	2	155	520
¹ In 2.5% (n=13) pr	imary elbow arthropla	sties the type of prima	ry elbow prosthesis	has not been register	red.			
							© I	LROI June 20

TABLECOMPLETENESS OF REGISTERING HOSPITALS AND COMPLETENESS OF REGISTEREDARTHROPLASTIES IN THE LROI BASED ON THE HOSPITAL INFORMATION SYSTEM IN 2016.

	Number of hospitals in LROI1	Completeness of registering hospitals ² (%)	Median [range] number of registrations	Completeness of registrations ³ (%)
The start at large to the st				
Hip arthroplasties		99		
Primary total hip arthroplasties	99		266 [4-898]	99
Primary hip hemiarthroplasties (orthopaedic surgeon)	82		39 [1-175]	95
Primary hip hemiarthroplasties (trauma surgeon)	45		18 [1-103]	50
Hip revision arthroplasties	94		31 [1-290]	97
Knee arthroplasties		100		
Primary knee arthroplasties	100		262 [6-742]	99
Knee revision arthroplasties	98		22 [3-340]	98
Ankle arthroplasties		95		
Primary ankle arthroplasties	14		6 [1-22]	92
Ankle revision arthroplasties	12		2 [1-10]	94
Shoulder arthroplasties		99		
Primary shoulder arthroplasties	90		26 [1-162]	94
Shoulder revision arthroplasties	62		2 [1-48]	92
Elbow arthroplasties		97		
Primary elbow arthroplasties	30		2 [1-28]	88
Elbow revision arthroplasties	14		1 [1-18]	93

¹ Number of hospitals that performed arthroplasties in accordance with their hospital information system in 2016.

² Proportion of total number of hospitals that performed arthroplasties in 2016 (bases on Vektis data).

³ Completeness of number of registered arthroplasties in the LROI in September 2017, compared to the total number of arthroplasties performed (based on the hospital information system) in 2016. This pertains only to hospitals that submitted data for comparison.

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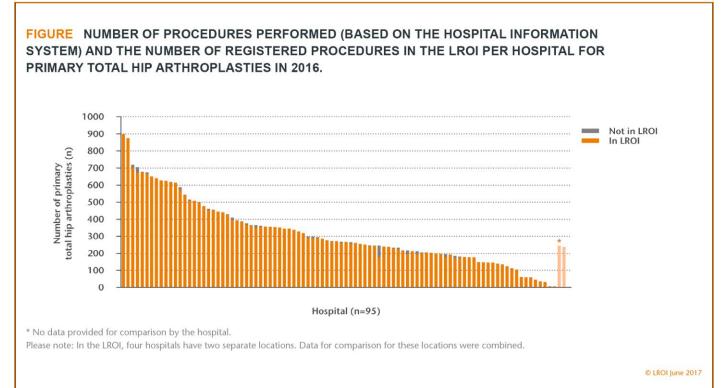
Vektis is a care information centre. Vektis collects and analyses data on the costs and quality of health care in the Netherlands. Vektis data mainly originates from reimbursement files of health care insurers. Therefore, Vektis has national data on medication use and use of aiding devices, data on primary health care and data on Diagnosis Treatment Combinations (DBCs/DOT) in hospitals and any other types of insured care in the Netherlands. In addition, Vektis collects demographic data, based on surveys among insurers and results of quality studies¹.

1 www.vektis.nl

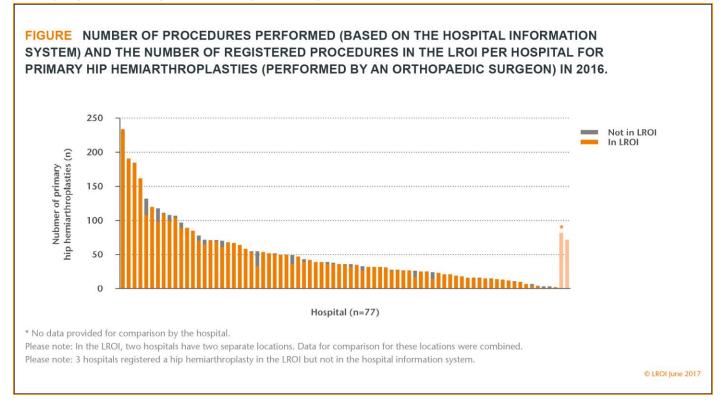
Completeness per hospital

Hip

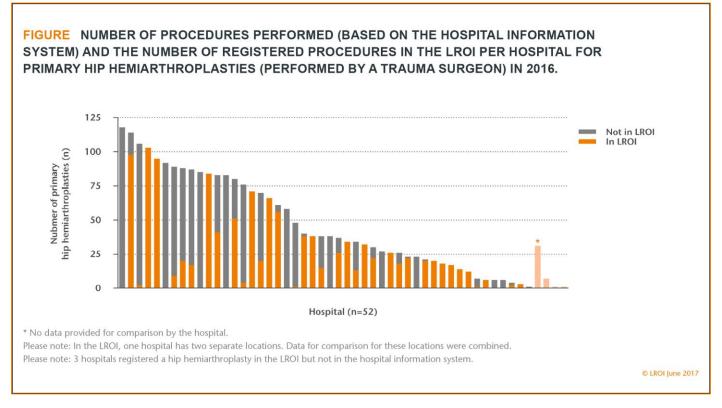
Primary total hip arthroplasties



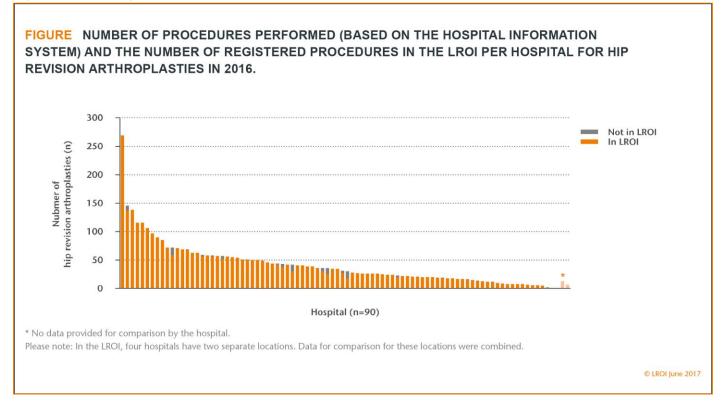
Primary hip hemiarthroplasties (orthopaedic surgeon)



Primary hip hemiarthroplasties (trauma surgeon)

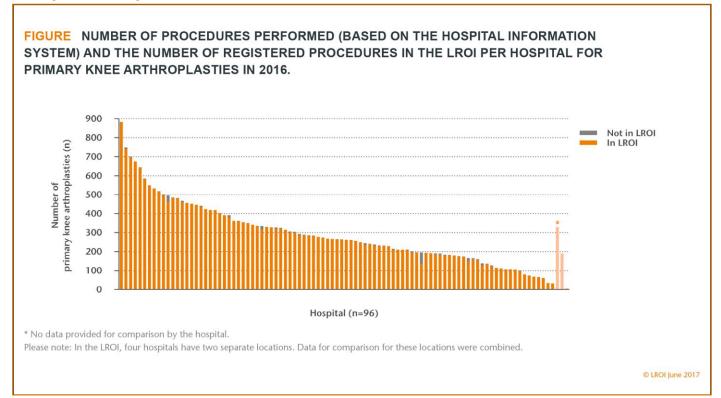


Hip revision arthroplasties

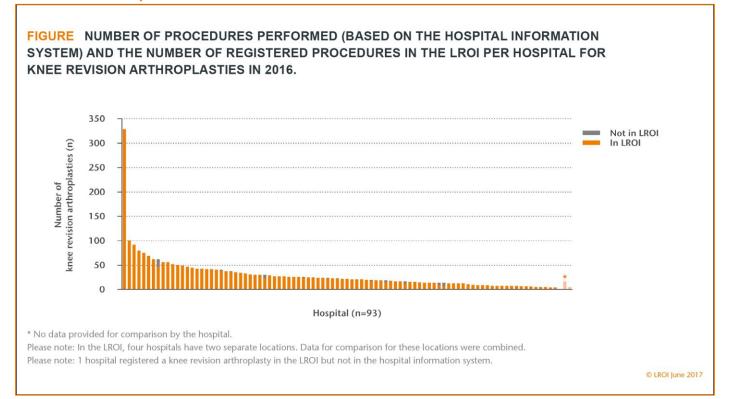


Knee

Primary knee arthroplasties

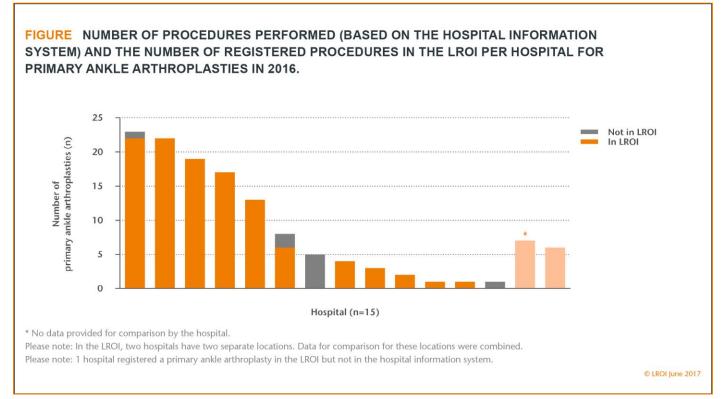


Knee revision arthroplasties

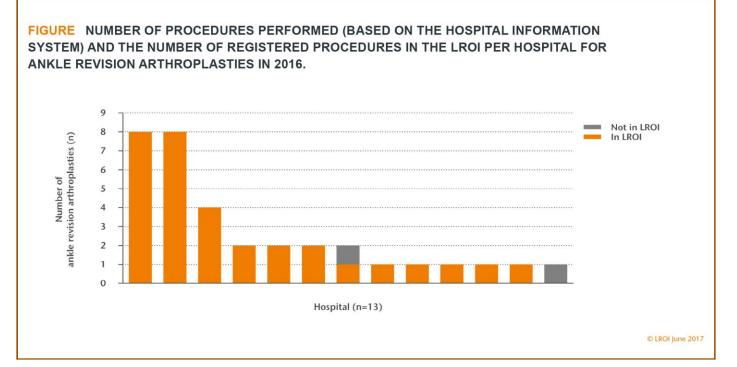


Ankle

Primary ankle arthroplasties

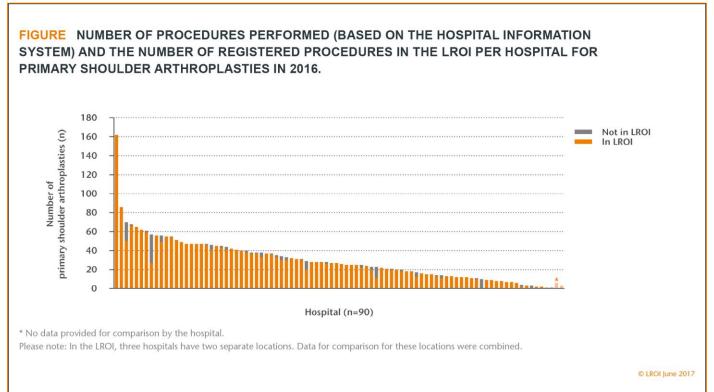


Ankle revision arthroplasties

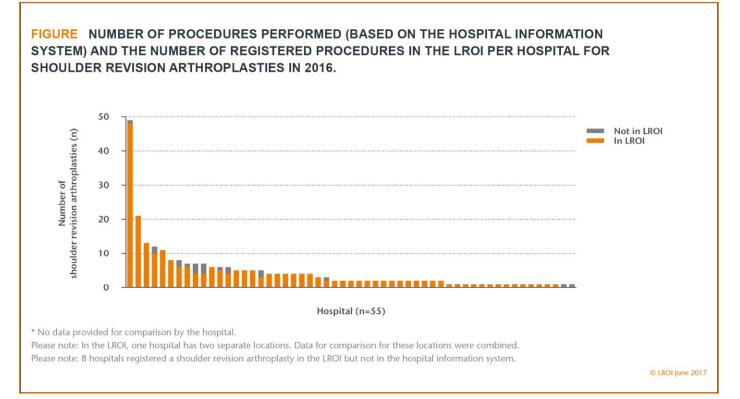


Shoulder

Primary shoulder arthroplasties

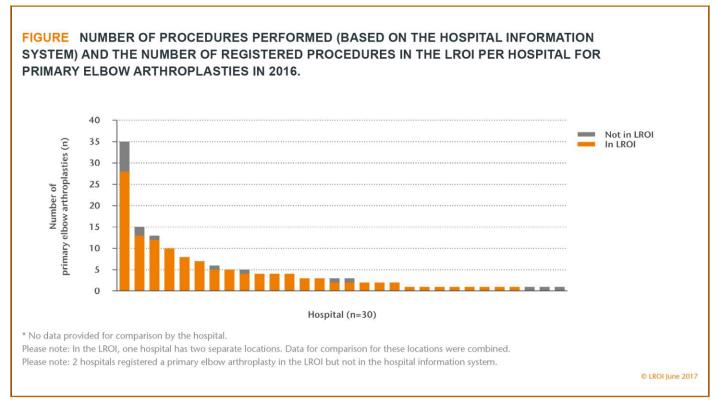


Shoulder revision arthroplasties

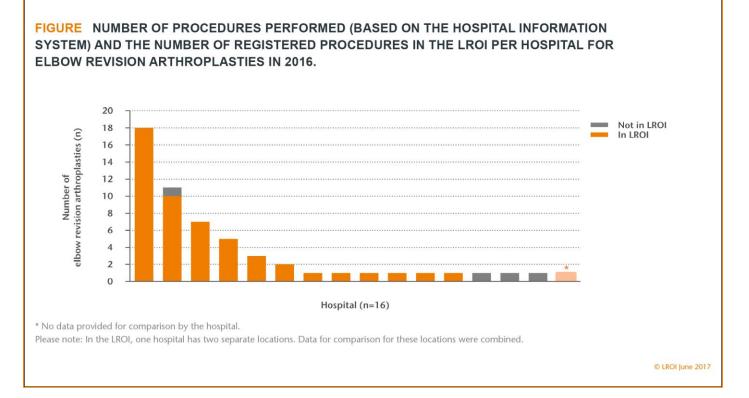


Elbow

Primary elbow arthroplasties

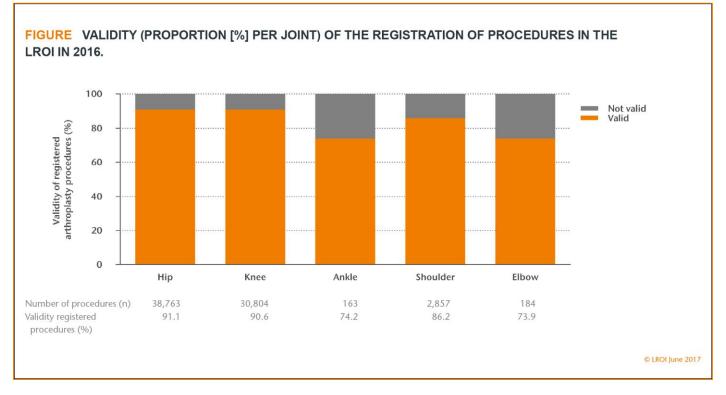


Elbow revision arthroplasties



Validity

Overall validity



Validity per variable

TABLEOVERVIEW OF VALIDITY BY VARIABLE FOR EACH JOINT OF HIP, KNEE, ANKLE, SHOULDERAND ELBOW ARTHROPLASTIES REGISTERED IN THE LROI IN THE NETHERLANDS IN 2016.

	Hip	Knee	Ankle	Shoulder	Elbow
Number of arthroplasties ¹ (n)	38,763	30,804	163	2,857	184
Number of primary arthroplasties (n)	34,927	27,918	126	2,588	132
Number of revision arthroplasties (n)	3,836	2,886	37	269	52
General characteristics	%	%	%	%	%
Gender	99.9	100.0	100.0	99.9	100.0
Encrypted citizen service number	96.1	95.7	79.8	92.2	87.0
HIS patient number	100.0	100.0	100.0	100.0	100.0
Date of birth	99.9	99.9	100.0	100.0	100.0
Type of procedure	100.0	100.0	100.0	100.0	100.0
Operating side	100.0	100.0	100.0	100.0	100.0
Postal code	99.5	99.5	98.8	98.8	81.5
BMI	98.3	99.2	95.1	98.3	82.6
Smoking	97.0	97.0	96.9	98.4	96.2
ASA score	99.4	99.5	98.1	99.2	98.9
Fixation	99.4	99.5	96.3	99.0	98.4
Primary arthroplasty characteristics	%	%	%	%	%
Diagnosis	99.6	99.6	99.2	99.4	98.5
Charnley/Walch score	98.6	99.0	98.4	95.9	n.a.
Prosthesis	99.7	99.6	99.2	99.3	93.9
Surgical approach	99.6	99.6	98.4	99.3	98.5
Revision arthroplasty characteristics	%	%	%	%	%
Type of revision	99.1	98.1	89.2	95.9	100.0
Charnley/Walch score	96.9	97.6	n.a.	n.a.	n.a.
Reason for revision	98.8	99.3	91.9	97.0	100.0

Please note: Validity by variable as determined in June 2016.

HIS: hospital information system; BMI: body mass index.

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General

Traceability

Since 2015, the National Cardiovascular Data Registry (NCDR), the Dutch Breast Implant Registry (DBIR), the registration of gynaecologic meshes and the LROI have been connected to the National Implant Registry (LIR) of the Ministry of Health, Welfare and Sport (VWS). Though this, the traceability of implants has been organized out of existing quality registers of cardiology, gynaecology and plastic surgery and orthopaedics.

Besides these implants, there are also implants that are not currently registered in a quality register, for example cochlear implants, lenses of the eye, and neurological implants. The Ministry of VWS has decided that hospitals should provide traceability data directly from their Electronic Patient Record System (EPRs) to the LIR per July 1st 2018. The Ministry has placed the implants concerned on an inclusion list of implants. This list also lists orthopaedic implants that are already registered in the LROI.

Since hospitals will provide implant data directly from the EPRs to the LIR per July 1st 2018, the quality registers of scientific associations (including LROI) will no longer provide data to the LIR from that date. The LIR will receive data from the EPRs. However, quality registers like the LROI remain necessary to provide us with more insight into implant outcomes, since the data for these outcomes are not measured by the LIR.

Methodology of survival analyses

The life span of a joint prosthesis is the time between implantation of a primary prosthesis and the time of the first revision. However, patients may die before the prosthesis needs to be revised (Figure).

Link between primary and revision arthroplasties

In order to assess a prosthesis' life span, follow-up time of all primary prostheses was examined. This was done by linking revision arthroplasties to the primary arthroplasties in the LROI by means of the encrypted Citizen Service Number (BSN). In this way, the correct revision arthroplasty can be linked anonymously to a primary arthroplasty. In about 11% of the arthroplasties, the encrypted BSN was not entered into the system, mainly in the first years of registration. Links between these primary and revision arthroplasties were established based on the LROI hospital number and the LROI patient number. As such, revision arthroplasties have been linked to primary arthroplasties of a patient when the patient underwent primary and revision arthroplasty on the same joint in the same hospital.

Kaplan Meier survival analysis

Survival of a prosthesis may be determined in various ways. Traditionally, the Kaplan Meier method is used. This method was developed for situations with one possible end point (such as death of the patient). However, in order to calculate survival of a prosthesis at least two end points are important: revision of the prosthesis and death of the patient. The Kaplan Meier method estimates the proportion of failed prostheses if patients would live on forever. However, a number of patients dies before the prosthesis requires revision. Consequently, fewer revisions are carried out than could be expected based on the model. That is why this method overrates the chance of revision.

Competing risk survival analysis

The competing risk method allows monitoring for several end points. When an end point occurs (such as death), other end points will no longer be available (such as prosthesis revision). The cumulative incidence (summed occurrence of an end point) will be calculated. Death of a patient is a final end point, the prosthesis will

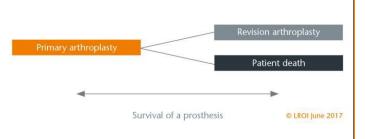


FIGURE SURVIVAL OF A PROSTHESIS.

no longer be revised and this finalizes the period that a prosthesis lasts. The time at risk will be the period from primary implantation to death.

Method comparison

In order to get a clearer picture of the difference in results between the Kaplan Meier method and competing risk method we have calculated the revision percentage within 8 years using both methods. The revision percentage was calculated for patients who underwent a total hip arthroplasty according to age group over the period 2007-2016.

This comparison shows that the revision percentage calculated by means of the Kaplan Meier method results in a higher chance of revision within 8 years. The difference is more pronounced in groups of patients with a higher chance of the competing event (death of the patient), as we can see in the groups of elderly patients (Table). This difference is still relatively minor, but will increase as follow-up extends. Consequently, this Annual Report estimates the chance of revision of a prosthesis by means of the competing risk method. However, for comparability with other arthroplasty registries Kaplan Meier revision rates are also shown.

TABLE CUMULATIVE 8-YEAR REVISION PERCENTAGE OF PRIMARY TOTAL HIP ARTHROPLASTIES BY AGE IN THE NETHERLANDS IN 2007-2016.

	Cumulative 8-year revision percentage						
	Number (n)	Competing risk (95% CI)	Kaplan Meier (95% Cl)				
Age (years)							
Age (years) <50	10,165	7.0 (6.2-7.8)	7.1 (6.3-7.9)				
50-59	27,931	6.0 (5.6-6.5)	6.1 (5.7-6.6)				
60-69	72,516	4.7 (4.5-5.0)	5.0 (4.6-5.2)				
70-79	82,027	3.8 (3.6-4.0)	4.1 (3.8-4.3)				
≥80	34,265	2.7 (2.5-2.9)	2.9 (2.7-3.2)				

Please note: The primary outcome in a Kaplan Meier analysis is prosthesis survival, while this is the revision percentage of prostheses in the competing risk method. In order to compare methods, survival as determined by means of the Kaplan Meier analysis is converted into the revision percentage (100% - survival% = revision%). CI: confidence interval.

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Developments: LROI in 2016 and 2017

Anniversary year

2017 marks the 10th anniversary of the LROI. During the annual congress and spring congress of the Netherlands Orthopaedic Association (NOV), we have devoted considerable attention to this fact in the programming. Moreover, we reached the special milestone of 500.000 registered orthopaedic implants, just before the beginning of the anniversary year. The 500.000th prosthesis was registered by Noordwest Ziekenhuisgroep (Alkmaar). During the annual NOV congress, they were celebrated for this. During the same congress, professor Ronald Brand (LUMC) received a reward as gratitude for his long-term commitment to the LROI. Furthermore, we awarded the Van Rens prize to dr. Loes Janssen (VieCuri Medisch Centrum) for her lecture on the effect of femoral design and surgical approach on the survival of an uncemented femur of a hip arthroplasty.

New environment

For a year, the LROI has been running in a new digital environment (Reports). A lot of attention has been paid to the ease of use of the registration system, for example by the introduction of barcode scanners. Where one previously had to enter the prosthesis code manually, this is now done by scanning a barcode. As a result, typing errors are no longer possible and the registration of a procedure is less time consuming: it saves minutes per procedure. Based on 60,000 newly registered procedures per year, this is a phenomenal gain in time for hospitals! Through the renewed LROI dashboard, hospitals receive feedback on the outcomes of orthopaedic care. For example, a hospital can (anonymously) compare their 1-year revision rate with other hospitals. Furthermore, it is

possible to compare PROMs outcomes in an anonymous benchmark.

Clinical documentation at the point of care; one-time registration and multiple use

The LROI was one of the implementation pilots of the programme *Clinical documentation at the point of care (In Dutch: Registratie aan de Bron).* In this programme, the information entered into an electronic patient record system (EPRs) is reused for registration in the LROI. This way, the registration burden and the risk of making errors decrease. Chipsoft (EPRs) and Rivas Zorggroep (hospital) have built in the health and care information models (HCIMs), necessary for registration in the LROI, in their EPRs. Rivas Zorggroep is able to automatically deliver the data to the LROI. A lot of knowledge has been gathered about incorporating HCIMs into an EPR, the usefulness of HCIMs for the LROI and how they can eventually fill the registration in the LROI. In April 2017, the pilot was successfully completed. Other hospitals may start using these methods as well.

LROI data suitable for ODEP application

ODEP (Orthopaedic Data Evaluation Panel) is an international organization that classifies hip, knee and shoulder prostheses based on survival data. A manufacturer who can show that 95% of a certain type of prosthesis has not yet been revised after five years for example, gets rated an ODEP 5A classification for that particular prosthesis. The LROI has now been collecting data from orthopaedic implants for 10 years. Among other things, we calculate the survival of prostheses with this data. Manufacturers can use these data and calculations for an ODEP application. In the past year, the first manufacturers have applied for an ODEP rating based on LROI data. The contribution of the LROI to ODEP classification provides the manufacturer, the patient and the orthopaedic surgeon with even more insight into the quality of the prosthesis.

Outliers procedure

The NOV highly values quality of care and has determined an *outliers procedure* in 2017. If a prosthesis or hospital is determined to be an outlier, because of a prominent revision rate for example, the association will initiate this procedure. The NOV will take a closer look at the outlier with the concerned orthopaedic department, to find a possible explanation. If necessary, an improvement plan will be drawn up and improvement will be monitored. This way, the LROI serves as an instrument to regulate internal quality control and to improve quality of orthopaedic care even more.

Overall picture orthopaedic patient

Since 2007, orthopaedic implants are registered in the LROI. With the registration of patient reported outcome measures (PROMs), she has now further expanded as a quality register. The NOV has also taken steps to register orthopaedic operations. Examples include the registration of surgery for orthopaedic conditions in children (such as lump foot treatment), foot and ankle disorder and surgery in patients with osteoarthritis. The registration system for this is under development, with the LROI serving as a blueprint. This way, a more complete overall picture of the orthopaedic patient will be created.

Definitions and abbreviations

Definitions

Acetabulum component

The part of a hip prosthesis that is implanted into the acetabulum – the socket part of a ball and socket joint

Allograft

Transplant of bone tissue from a different body

Arthrodesis

A procedure in which a natural joint is fused together

Arthrofibrosis

Rigidity of the joint as a consequence of connective tissue adhesion

Arthroscopy

Keyhole surgery to examine and treat joint disorders

Arthrotomy

Opening a joint during surgery

Articulation

The two surfaces that move together (articulate) in a total joint replacement

ASA score

The American Society of Anaesthesiologists (ASA) score is a scoring system for grading the overall physical condition of the patient, as follows: I – fit and healthy; II – mild disease, not incapacitating; III – incapacitating systemic disease; IV – life threatening disease

Autograft

Transplant of bone tissue originating from the patient's own body

Bilaterality

Replacing the same joint on both sides of the body by means of a prosthesis within a specific period

Body Mass Index

Index for weight compared to body length (kg/m2); ≤18.5: underweight; >18.5-25: normal weight; >25-30: overweight; >30-40: obesity; >40: morbid obesity

Bonegraft

Bone transplant

Case mix

Term used to describe variation in the population, relating to factors such as diagnosis, patient age, gender and health condition

Cement

Material (polymethyl methacrylate) used to fixate joint replacements to bone

Charnley score

Clinical classification system; A: one joint affected; B1: both joints affected; B2: contralateral joint with a prosthesis; C: several joints affected or a chronic disease that affects quality of life

Competing risk survival analyse

Method to calculate survival taking into account various outcomes, in this case revision and death

Completeness

The completeness of the number of registered procedures in the LROI, based on a comparison with the hospital information system of every hospital that performs hip and/or knee arthroplasty in the Netherlands

Cuff arthropathy

Osteoarthritis of the shoulder joint as a consequence of the tendons around the shoulder joint being affected

Cuff rupture

Rupture of a tendon of the muscles that are around the shoulder joint

Cumulative incidence

Added up incidence over a specific period of an event (such as revision of a prosthesis or death of a patient)

Cumulative revision percentage

Added up revision percentage over a specific period

Difference score Difference in calculating score between pre-operative and 3 months postoperative scores

Distal hemihumeral prosthesis

Elbow prosthesis in which the distal part of the humerus (upper arm bone) is replaced

Dual mobility cup

Acetabular component that consists of a dual cup and, therefore, has two independent articulation points

EQ-5D index score

The EQ-5D index score measures quality of life. The score has a range of -0.329 to 1.0, with 1.0 representing the best possible quality of life.

EQ-5D thermometer score

The EQ-5D thermometer score measures the health situation. The score has a range of 0.0 to 100.0, with 0.0 representing the worst possible health situation and 100.0 the best possible health situation.

Femur component

Part of a hip or knee prosthesis that is implanted into the femur (thigh bone) of the patient

Femoral head component

Part of a hip prosthesis that is implanted on top of the femoral component of a hip prosthesis and moves inside the acetabular component or the cup of the hip joint

Flail elbow

Situation after removal of an elbow prosthesis in which no joint is present any more between the upper and lower arm

Girdlestone situation

Revision procedure to a hip in which the hip joint or hip prosthesis is removed and no new prosthesis is implanted (often because of a bacterial infection)

Glenoid baseplate

Part of a reversed shoulder prosthesis: a metal plate that is screwed into the glenoid (shoulder cup) of the shoulder blade, on which the glenosphere is fixed

Glenoid component

The part of a shoulder prosthesis that is placed in the glenoid; the cup-shaped notch of the shoulder blade

Glenoid liner

Intermediate component (inside layer) of a total anatomical shoulder prosthesis that will be placed in a glenoid component (most often a metal one)

Glenosphere

The part of a reversed shoulder prosthesis that is placed on the glenoid baseplate which is screwed into the glenoid and is spherical in shape

HOOS-PS score

The HOOS-PS score measures the physical functioning of patients with osteoarthritis to the hip. The score has a range of 0.0 to 100.0, with 0.0 representing no effort and 100.0 the most possible effort.

Hybrid fixation

Fixation of a prosthesis in which (most often) one of both parts of a prosthesis is cemented and the other one uncemented

Humerus component

The part of a shoulder or elbow prosthesis that replaces the humerus (upper arm bone). The humeral component of a shoulder prosthesis may consist of two parts: the humeral head and the humeral stem component

Humeral liner

Intermediate component (inside layer) of a reversed shoulder prosthesis that will be placed in a metaphysical component

Inlay

Intermediate component (inner layer), made of polyethylene

Insert

Intermediate component (inner layer), made of polyethylene that is placed in the tibial component of a knee prosthesis

Kaplan Meier survival analysis

Method to calculate survival, in which only one end point is possible, in this case revision

KOOS-PS score

The KOOS-PS score measures the physical functioning of patients with osteoarthritis to the knee. The score has a range of 0.0 to 100.0, with 0.0 representing no effort and 100.0 the most possible effort.

Lateral collateral ligament

Lateral (outer) knee ligament or elbow ligament

Lateral resurfacing arthroplasty

Elbow prosthesis in which only the lateral side of the joint is replaced

Malalignment

Strain on a part of the body due to an abnormal position of a joint component with respect to other components

Medial malleolus osteotomy

Surgical approach of the ankle in which the medial malleolus (protruding part of the tibia on the inside of the ankle) is incised and later re-fixed to be able to have better access to the inside of the joint

Meniscectomy

Meniscus removal

Metallosis

Deposition of metal debris in soft tissues of the body

Metaphysis component

The part of a shoulder prosthesis that replaces the metaphysis (upper part) of the humerus (upper arm bone)

NRS score

Numeric Rating Scale score. The NRS (rest) score measures pain during rest. The NRS (activity) score measures pain during activity. The score has a range of 0.0 to 10.0, with 0.0 representing no pain and 10.0 representing the most possible pain.

Olecranon

The most proximal part of the ulna

Osteoarthritis Disorder in which the cartilage of a joint is affected

Osteochondral bone defect

Defect of the joint surface in which both cartilage and underlying bone are affected

Osteonecrosis

Cellular death of bone tissue

Osteosynthesis

Securing broken bone parts together with plates, pins and/or screws

Osteotomy

Incise the bone in order to correct the position, to shorten or lengthen the bone

Oxford Hip score

The Oxford Hip score measures the physical functioning and pain of patients with osteoarthritis to the hip. The score has a range of 12.0 to 60.0, with 12.0 representing no functional disability and 60.0 the most possible functional disability.

Oxford Knee score

The Oxford Knee score measures the physical functioning and pain of patients with osteoarthritis to the knee. The score has a range of 0.0 to 48.0, with 0.0 representing the most possible functional disability and 48.0 no functional disability.

Patella component

Part of a knee prosthesis that is implanted on the inner side of the knee cap

Patellofemoral prosthesis

Two-piece knee prosthesis that provides a prosthetic (knee) articulation surface between the patella and trochlea (furrow) of the thigh bone (femur)

Primary prosthesis The first time (primary) a prosthesis is implanted to replace the original joint

PROMs

Patient Reported Outcome Measures

Radial head component

Part of an elbow prosthesis that replaces the head of the radius (spoke-bone)

Radial head prosthesis

Elbow prosthesis in which only the head of the radius (spoke-bone) is replaced

Radial stem component

Part of an elbow prosthesis that is implanted in the shaft of the patient's radius (spoke-bone)

Resurfacing hip arthroplasty

Hip prosthesis in which the cup (acetabulum) is replaced and a metal cap is implanted on top of the femoral head

Resurfacing shoulder arthroplasty

Shoulder prosthesis in which a metal cap is implanted on top of the humeral head

Reversed hybrid fixation hip prosthesis

Fixation of a hip prosthesis in which the acetabular component is cemented and the femoral component is uncemented

Reversed shoulder prosthesis

Adjusted type of total shoulder arthroplasty in which the parts are implanted in a reversed manner. A sphere (glenosphere) is implanted onto the glenoid and a stem with cup in the shaft of the shoulder head

Revision arthroplasty

Any change (insertion, replacement and/or removal) of one or more components of the prosthesis

Shoulder hemiarthroplasty

Shoulder hemiarthroplasty with humeral stem, stemless hemi shoulder prosthesis (without humeral stem) or resurfacing shoulder hemiarthroplasty

Synovectomy

Removal of inflamed mucosa in a joint

Talus component

Part of an ankle prosthesis that is inserted in the talus (ankle bone) of a patient

Tibia component

Part of a knee or ankle prosthesis that is inserted in the tibia (shin bone) of a patient

Total arthroplasty

Arthroplasty in which the entire joint of a patient is replaced

Ulnar component

Part of an elbow prosthesis that is inserted in the ulna of a patient

Ulnar nerve

One of the three nerves that runs along the elbow. This nerve largely runs along the ulna

Unicondylar knee arthroplasty

Replacement of half the knee (either inner or outer side) by a prosthesis

Validity

Level of accuracy and completeness of registered data

Walch score

Clinical classification system for level and type of wear of a shoulder joint; A1: humeral head centred, minimal erosion of shoulder cup; A2: humeral head centred, substantial erosion of shoulder cup; B1: Posterior subluxation of humeral head, posterior joint cavity narrow, subchondral sclerosis and osteophytes; B2: posterior subluxation of humerus head, retroversion of shoulder cup with posterior erosion; C: retroversion of shoulder cup over 25 degrees, irrespective of erosion

Abbreviations

- **ASA** American Society of Anaesthesiologists
- BMI Body Mass Index
- **CI** Confidence Interval
- **DBIR** Dutch Breast Implant Registry
- EPRs Electronic Patient Record System
- **HCIM** Health and Care Information Models
- HIS Hospital Information System
- LIR Dutch Implant Register
- **LROI** Dutch Arthroplasty Register
- NCDR National Cardiovascular Data Registry
- **NOV** Netherlands Orthopaedic Association
- **NRS** Numeric Rating Scale
- **NVOG** Dutch Society for Obstetrics and Gynaecology
- **ODEP** Orthopaedic Data Evaluation Panel
- PE Polyethylene
- **PROM** Patient Reported Outcome Measure
- SD Standard Deviation
- TEA Total Elbow Arthroplasty
- **THA** Total Hip Arthroplasty
- **TKA** Total Knee Arthroplasty
- **TSA** Total Shoulder Arthroplasty
- **UMC** University Medical Centre
- VWS [Ministry of] Health, Welfare and Sport

Participating hospitals

General hospitals

Admiraal de Ruyter ziekenhuis H(O+T) K A S Albert Schweitzer Ziekenhuis H(O+T) K S Alrijne, location Diaconessenhuis Leiden H(O) K S Alrijne, location Rijnland Ziekenhuis H(O) K S Amphia Ziekenhuis H(O) K S E Antonius Ziekenhuis H(O) K S BovenIJ Ziekenhuis H(O+T) K Bravis Ziekenhuis, location Franciscus Ziekenhuis H(O) K S E Bravis Ziekenhuis, location Lievensberg Ziekenhuis H(O) K A S E Canisius Wilhelmina Ziekenhuis H(O) K S Catharina Ziekenhuis H(O) K S Deventer Ziekenhuizen H(O+T) K S Diakonessenhuis Utrecht H(O+T) K S E Elisabeth-TweeSteden Ziekenhuis, location Sint Elisabeth Ziekenhuis H(O) K S E Elisabeth-TweeSteden Ziekenhuis, location TweeSteden Ziekenhuis H(O) K S E Elkerliek Ziekenhuis H(O) K S Flevoziekenhuis H(O+T) K S E Franciscus Gasthuis & Vlietland, location Sint Franciscus Gasthuis H(O) K S Franciscus Gasthuis & Vlietland, location Vlietland Ziekenhuis H(O+T) K S GelreZiekenhuizen, location Apeldoorn H(O+T) K S GelreZiekenhuizen, location Zutphen H(O) K S E Groene Hart Ziekenhuis H(O) K S HagaZiekenhuis H(O+T) K A S Havenziekenhuis H(O) K Het Van Weel-Bethesda Ziekenhuis H(O+T) K S IJsselland Ziekenhuis H(O+T) K S Ikazia Ziekenhuis H(O) K S Isala H(O+T) K S Isala Diaconessenhuis Meppel H(O+T) K S Jeroen Bosch Ziekenhuis H(O+T) K S E LangeLand Ziekenhuis H(O+T) K S Laurentius Ziekenhuis H(O) K A S E Maasstad Ziekenhuis H(O) K S E Martini Ziekenhuis H(O) K A S E Máxima Medisch Centrum H(O) K S E MC Zuiderzee H(O+T) K S Meander Medisch Centrum H(O+T) K S Medisch Centrum Haaglanden H(O+T) K S Medisch Centrum Leeuwarden H(O+T) K S E Medisch Spectrum Twente H(O) K S E Noordwest Ziekenhuisgroep, location Gemini Ziekenhuis H(O+T) K S Noordwest Ziekenhuisgroep, location Medisch Centrum Alkmaar H(O+T) K A S E OCON H(O) K S OLVG, locations Oost and West H(O) K A S E Ommelander Ziekenhuisgroep H(O+T) K S Reinier de Graaf Groep H(O+T) K S E Rivas Zorggroep H(O) K S Rode Kruis Ziekenhuis H(O+T) K S Röpcke Zweers Ziekenhuis H(O+T) K S

Sint Maartenskliniek, location Boxmeer H(O) K E Sint Maartenskliniek, location Nijmegen H(O) K A S E Sint Maartenskliniek, location Woerden H(O) K A S E Slingeland Ziekenhuis H(O+T) K S Slotervaart Ziekenhuis H(O+T) K A S E Spaarne Gasthuis H(O) K A S Spijkenisse Medisch Centrum H(O) K S St. Anna Ziekenhuis H(O) K S E St. Antonius Ziekenhuis H(O) K S St. Jans Gasthuis H(O+T) K S E Streekziekenhuis Koningin Beatrix H(O) K S Tergooi Ziekenhuizen H(O) K S E Treant Zorggroep, location Refaja Ziekenhuis H(O+T) K S Treant Zorggroep, location Scheper Ziekenhuis H(O+T) K S Treant Zorggroep, location Bethesda Ziekenhuis H(O) K VieCuri MC H(O+T) K S E Waterlandziekenhuis H(O) K S Westfriesgasthuis H(O+T) K S Wilhelmina Ziekenhuis H(O+T) K S E Zaans Medisch Centrum H(O) K A S Ziekenhuis Amstelland H(O+T) K A S Ziekenhuis Bernhoven H(O) K S E Ziekenhuis Gelderse Vallei H(O+T) K S Ziekenhuis Nij Smellinghe H(O) K S Ziekenhuis Rijnstate H(O+T) K S Ziekenhuis Rivierenland H(O+T) K S Ziekenhuis St. Jansdal H(O) K S Ziekenhuis Tjongerschans H(O+T) K S ZiekenhuisGroep Twente H(T) ZorgSaam Zeeuws-Vlaanderen H(O) K S Zuyderland, location Atrium MC H(O+T) K S E Zuyderland, location Orbis Medisch Zorgconcern H(O) K

H: hip; O: orthopaedic surgery; T: trauma surgery; K: knee; A: ankle; S: shoulder; E: elbow.

University medical centres

Academisch Medisch Centrum Amsterdam H(O) K Erasmus MC H(O+T) K S LUMC H(O+T) K A S E Maastricht UMC+ H(O+T) K A S E Radboudumc H(O+T) K S E Universitair Medisch Centrum Groningen H(O+T) K A S E Universitair Medisch Centrum Utrecht H(O) K VUmc Amsterdam H(O) K S

H: hip; O: orthopaedic surgery; T: trauma surgery; K: knee; A: ankle; S: shoulder; E: elbow.

Private hospitals

Annatommie MC H(O) K A S AVE Orthopedische Klinieken Huizen H(O) K S Bergman Clinics H(O) K S DC Klinieken H(O) K S Kliniek ViaSana H(O) K S KneeClinic K Medinovakliniek, location Breda H(O) K S Medinovakliniek, location Klein Rosendael K S Medinovakliniek, location Zestienhoven H(O) K S Medisch Centrum Amstelveen H(O) K A Orthoparc Kliniek H(O) Orthopedium H(O) K S Reinaert Kliniek H(O) K

H: hip; O: orthopaedic surgery; T: trauma surgery; K: knee; A: ankle; S: shoulder;.