



## **British Hip Society**

**Non-arthroplasty surgery group meeting - 4th March 2011**

**Venue: Grand Hotel, Torquay.**

**Present: Damien Griffin, Fares Haddad, Colin Howie, Martyn Porter,  
John Timperley, Keith Tucker, Johan Witt.**

**Chair: John Timperley**

### **1. Overview/ NICE request.**

Through contact with the BOA, NICE Have requested information from an expert advisory group about the place of FAI surgery. It was recognised by the group that funding for many types of non-arthroplasty surgery, not just FAI surgery, is not agreed in some regions and there is an urgent need to collect data to prove the efficacy of different procedures as well as FAI surgery.

At the 2011 Annual General Meeting of the British Hip Society the motion:

***"The British Hip Society believes that details of all surgery for femoro-acetabular impingement must be collected prospectively onto a single database linkable with NJR data."***

was carried by with universal support except for one abstention. There were no detractors.

This represents an excellent opportunity to promote the formation of a national registry for all non-arthroplasty hip surgery, open and arthroscopic. Although the initial aim of the database would be to gather comprehensive information relevant to FAI surgery with a modest increase in the number of data fields it should be possible to collect all the information necessary. This would include peri-acetabular osteotomy as well as open and closed acetabular work, surgery in the peripheral compartment and extra-articular work (bursae, sciatic nerve, piriformis, rectus femoris, ITB, etc.).

There was unanimous agreement by members of the BHS working group that the formation of a comprehensive, national non-arthroplasty hip surgery database should be the goal.

### **2. Database for all FAI surgeries:**

Several members of the committee have had conversations with individuals on the NJR Steering Committee and at HQIP. It has been established that there is broad support for setting up a registry for non-arthroplasty hip surgery and it seems that NJR are funds could be available with this aim. Damien

Griffin is due to present an overview describing a model of data collection to the Steering committee on 25 April 2011. It is important that outline agreement to set up and fund this initiative should be established at this meeting in order that the expert group can report back to NICE.

### 3. Coding:

It is recognised that there is no accurate coding for this type of surgery using ICD-10 and OPCS. It would be useful if a convention for coding could be agreed by the expert group although this would not form the basis of the registry minimum dataset.

### 4. Minimum Data Sets:

The Register will be web-based with a minimum dataset initiated at the time of surgery. Follow-up information including complications and PROMS data could be collected by automated e-mail. Linkage would be to the NJR and other NHS databases.

Damian Griffin has proposed a minimum dataset for FAI surgery:

<b>Baseline data</b>	NHS number Patient demographics UCLA activity scale to describe patient Side Type of FAI Imaging <i>[measured indices... but problem of reliability and validity]</i> Other pathology (eg Perthes, SUFE, dysplasia) Severity of OA (Tonnis) Previous surgery PROMs (see below)
<b>Operation data</b>	Surgeon Surgical dislocation / mini-open / arthroscopic <i>[op findings eg map, cartilage injury... but lack of agreed vocabulary]</i> Cam reshape / rim reduction / labral reattachment / labral reconstruction / microfracture / cartilage grafting <i>[more detail... but problem of many different techniques]</i>
<b>Outcome</b>	Immediate complications (nerve injury) Short-term complications (infection, DVT/PE, AVN, reoperation) Long-term adverse events (reoperation, joint replacement - link to NJR) PROMs: Generic (EQ-5D); specific (MHOT-14, NAHS) Measure at 0, 6m, 1y, 3y, 5y, 10y, 15y, 20y <i>[other instruments such as SF12/36, OHS, mHHS, UCLA]</i>

It was agreed that there should be no attempt to acquire imaging measurements but merely to document what imaging had been carried out preoperatively. It was further agreed that EQ5-D and Maher (14) scores were the most relevant to be collected.

Damien, Johann and Fares will meet separately to further expand and refine the MDS for open and closed procedures to cover the remit of the project.

It is important that all interested members of the BHS should be given the opportunity to contribute and comment on the dataset.

It is proposed that a separate meeting of the group would be held in Manchester on March 15/16th to consider the expanded MDS and thereafter seek feedback from the membership of the BHS.

If Northgate are in a position to collect the data then there should be no problems gaining Consent from patients.

It was accepted by the group that the initial thrust would be to get all surgeons to enter data for FAI surgery and that the initial collection of data for other types of surgery will be incomplete. Following the formation of the National register further collaboration with NICE should be sought in an effort to improve compliance for all other types of non-arthroplasty hip surgery to be entered onto the database.

**PROPOSAL:**

That a further meeting of the group be held on March 15/16 at the time of the AR-UK NJR conference to discuss the MDS and for Damien Griffin to deliver the steering committee presentation to the group. In the meantime members of the Working group will work with Northgate to gain an idea of likely cost to build the database.

7/3/2011