



Hertfordshire and
West Essex Integrated
Care System



Hertfordshire and
West Essex
Integrated Care Board

Evidence Based Intervention

Simultaneous Joint Replacement

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Version:	v1.1
Approved By:	Commissioning Committee
Date of Approval:	1 st July 2022
Date of Review:	July 2024 If the review date has exceeded, the published policy remains valid



Policy: Simultaneous Joint Replacement

The Hertfordshire & West Essex ICB will not routinely fund any of the following joint replacement procedures

- simultaneous hip replacement i.e., replacing both hips at the same time
- simultaneous knee replacement i.e., replacing both knees at the same time
- simultaneous shoulder joint replacement

This does not affect staged joint replacement as long as the patient meets the relevant criteria for each procedure prior to surgical procedure.

Exceptionality to the above will be considered, as long as it can be evidenced that simultaneous replacement of joints will not affect the rehabilitation of the patient: evidence will need to be provided as part of an IFR application.

Summary of Evidence

A literature search was undertaken by Castlepoint and Rochford CCG.

Whilst there may be an advantage that the surgery is undertaken in one go, it does pose greater risks for example surgery is therefore longer which alone can increase the risk of complications. Recovery and rehabilitation time may be increased when having simultaneous joint replacements and therefore this can place a greater demand on the body. It is suggested that staged joint replacement poses less risk to older patients and patients with heart conditions whilst also reducing the length of time patients are in hospital. The majority of patients having total joint replacements are over the age of 65 years and whilst having stage joint replacements will mean having two episodes of surgery the main advantage is that it reduces risks of complications and recovery time.

Total hip arthroplasty (THA) is a highly successful orthopaedic surgical procedure. However, controversies still exist between conducting 1- or 2-stage bilateral THA as studies undertaken have selected their patient cohort which does not conclusively provide evidence for reducing risks from the operation which the older patient could be more susceptible.

There were 13 studies with 17,762 patients who underwent 1-stage bilateral THA and 46,147 patients who underwent 2-stage bilateral THA. However, this study does not encourage performing 1-stage over 2-stage bilateral THA. Higher evidence level studies are necessary for further analysis.

Human Rights and Equalities Legislation has been considered in the development of this guidance

Patients who are not eligible for treatment under this policy may be considered on an individual basis where their GP or consultant believes exceptional circumstances exist that warrant deviation from the rule of this policy. Individual cases will be reviewed as per the ICB policy.



References:

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3. Lindberg-Larsen, M., Joergensen, C.C., Husted, H. et al. Simultaneous and staged bilateral total hip arthroplasty: a Danish nationwide study. Arch Orthop Trauma Surg. 2013; 133: 1601
4. Parvizi, J., Pour, A.E., Peak, E.L. et al. One-stage bilateral total hip arthroplasty compared with unilateral total hip arthroplasty: a prospective study. J Arthroplasty. 2006; 21: 26
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6. Rasouli, M.R., Maltenfort, M.G., Ross, D. et al. Perioperative morbidity and mortality following bilateral total hip arthroplasty. J Arthroplasty. 2014; 29: 142

Change History:

Version	Date	Reviewer(s)	Revision Description
V1.1	February 2024	M Skerry	Castlepoint and Rochford ICB changed back to Castlepoint and Rochford CCG to reflect correct name at the time the policy was written.

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