Introduction of a Combined Orthopaedic Plastics Service for West of Scotland

E. Sharp, A. Maclean, S. Lo, S. Rocks, J. Reekie

emma.sharp@ggc.scot.nhs.uk

Background

Prior to 2013, patients living in the West of Scotland who required both orthopaedic and plastics intervention could wait between 6-12 months before any definitive treatment was provided. This was due to referral pathways, surgery waiting times and communication pathways between the two specialties.

In February 2013, a combined orthopaedic and plastics service commenced in Glasgow Royal Infirmary. All patients are assessed simultaneously by a consultant from each speciality. Surgery is planned as group decision and often the surgery is carried out by both teams concurrently. This has resulted in a reduction in clinic appointment, waiting times for surgical procedures and a reduction in unnecessary investigations.

Demographics

- Data collection from 01/01/2015 – 31/12/2017
- 147 patients were referred to combined clinic;
- 104 male (70%): 43 Female
- Age Range: 13-90 years; mean 46
- Majority of cases are lower limb injuries, 2% were upper limb

Referral Process Prior to Combined Clinic

12 week time scale +/- 12 weeks +/- waiting period
- • Patient Referral
  - • Ortho Clinic
  - • Plastics Clinic
  - • Plastics opinion
  - • Ortho opinion
  - • Treatment

Referral Process using Combined Clinic

- Usually appointed as urgent referral within 1 month
- Surgery date planned in clinic with patient involvement
- • Patient Referral
  - • Combined Clinic
  - • Treatment

Outcomes of Combined Patients

- Discharged Healed 56
- Discharged – Advice only 51
- Ongoing Review 25
- Advice and Onward Referral 8
- Failed Reconstruction 3
- Below Knee Amputation x2; Onward Referral 3
- Unknown 2
- Lost to Follow Up 1
- Refused Treatment 1

Case Study: 47y Male. Admitted to Inverclyde with open fracture of distal tibia and fibula. Orthopaedic fixation of fracture carried out initially, plastic surgeon carried out free flap one week later to manage extensive soft tissue damage. Follow up will be carried out at combined clinic to allow joint surgeon reviews.

Conclusion

With 60% of surgical procedures now being carried out as a joint procedure, there is a reduction in number of procedures and in addition there are fewer follow up appointments as patients are reviewed by both specialities simultaneously.

Future projects should include an analysis of cost benefit in order to fully examine the health economic aspects of this new approach.

Patient satisfaction measurements have only recently commenced. Data currently available shows 61% of patients are satisfied with their limb after discharge, 83% feel their leg is better then expected and 100% patient satisfaction for overall treatment. Further patient feedback is required.

One patient stated “I have been sitting at home with this rotting leg for 7 months!" 26 year old hairdresser, now healed and back at work.