AOANJRR Australian Orthopaedic Association National Joint Replacement Registry

2021 Annual Report – Hip, Knee and Shoulder Arthroplasty

ERRATUM #1

Amended 29 September 2021

Erratum for the PRINTED version of the 2021 Annual Report – Hip Knee and Shoulder Arthroplasty

Due to a formatting issue in the following table references were incorrect on Page 144

ORIGINAL TEXT

SURGICAL APPROACH

The Registry commenced collection of surgical approach in 2015 and can now report on the outcome of 51,226 anterior, 31,468 lateral, and 103,353 posterior total conventional hip replacement procedures for osteoarthritis.

The anterior approach is used more often in younger patients than the posterior and lateral approaches, and in a higher proportion of patients with lower BMI and ASA scores (0 to 0).

The following analyses were performed with hazard ratios adjusted for age, gender, ASA score, BMI category, femoral fixation, and head size. There is no difference in the overall rate of revision when surgical approach is compared (Table HT50 and Figure HT49). However, there are differences in the types of revision and reasons for revision between the approaches.

There is a higher rate of major revisions with the anterior approach compared to other approaches. There is no difference between the posterior and lateral approaches (Table HT51 and Figure HT50). The most common reasons for revision of primary total hip replacement in the first 6 years include loosening, fracture, infection, and dislocation (Figure HT51).

There is a higher rate of revision for loosening with the anterior approach compared to both the posterior and lateral approaches (Table HT52 and Figure HT52).

The anterior approach also has a higher rate of revision for fracture in the first 3 months when compared to both the lateral approach and to the posterior approach and after this time a lower rate of revision for fracture (Table HT53 and Figure HT53). There is no difference when the posterior approach is compared to the lateral approach.

There is a lower rate of revision for infection for the anterior approach compared to both the posterior approach and lateral approach. There is no difference between the posterior and lateral approaches (Table HT54 and Figure HT54).

The anterior approach has a lower rate of revision for dislocation compared to both the posterior approach and the lateral approach. There is no difference when the posterior is compared to the lateral approach (Table HT55 and Figure HT55).

CORRECTION

SURGICAL APPROACH

The Registry commenced collection of surgical approach in 2015 and can now report on the outcome of 51,226 anterior, 31,468 lateral, and 103,353 posterior total conventional hip replacement procedures for osteoarthritis.

The anterior approach is used more often in younger patients than the posterior and lateral approaches, and in a higher proportion of patients with lower BMI and ASA scores (Table HT50 to Table HT52).

The following analyses were performed with hazard ratios adjusted for age, gender, ASA score, BMI category, femoral fixation, and head size. There is no difference in the overall rate of revision when surgical approach is compared (Table HT53 and Figure HT49). However, there are differences in the types of revision and reasons for revision between the approaches.

There is a higher rate of major revisions with the anterior approach compared to other approaches. There is no difference between the posterior and lateral approaches (Table HT54 and Figure HT50). The most common reasons for revision of primary total hip replacement in the first 6 years include loosening, fracture, infection, and dislocation (Figure HT51).

There is a higher rate of revision for loosening with the anterior approach compared to both the posterior and lateral approaches (Table HT55 and Figure HT52).

The anterior approach also has a higher rate of revision for fracture in the first 3 months when compared to both the lateral approach and to the posterior approach and after this time a lower rate of revision for fracture (Table HT56 and Figure HT53). There is no difference when the posterior approach is compared to the lateral approach.

There is a lower rate of revision for infection for the anterior approach compared to both the posterior approach and lateral approach. There is no difference between the posterior and lateral approaches (Table HT57 and Figure HT54).

The anterior approach has a lower rate of revision for dislocation compared to both the posterior approach and the lateral approach. There is no difference when the posterior is compared to the lateral approach (Table HT58 and Figure HT55).