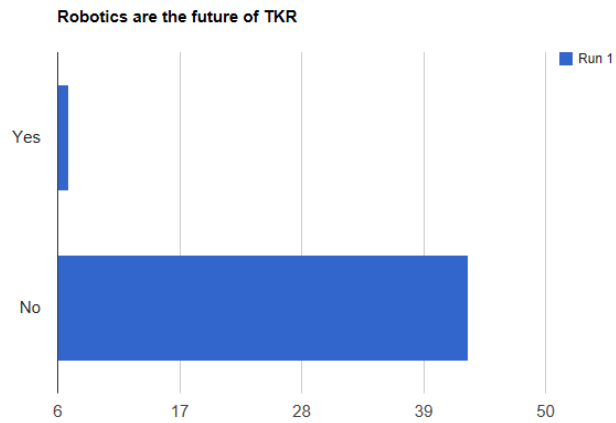


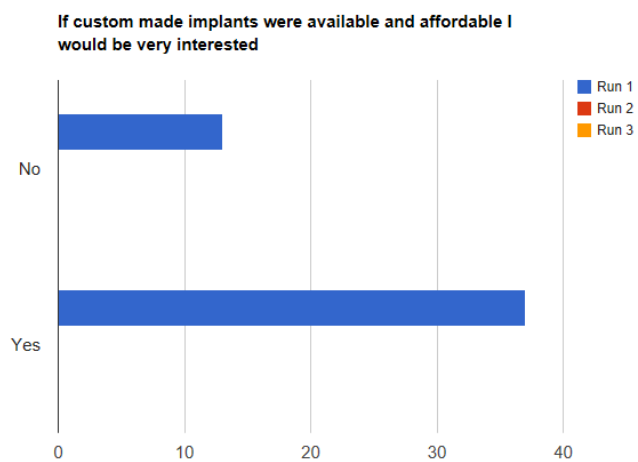
Polling Results for the Great Debate 2015:

132 distinct voters from June 18th – June 19th 2015

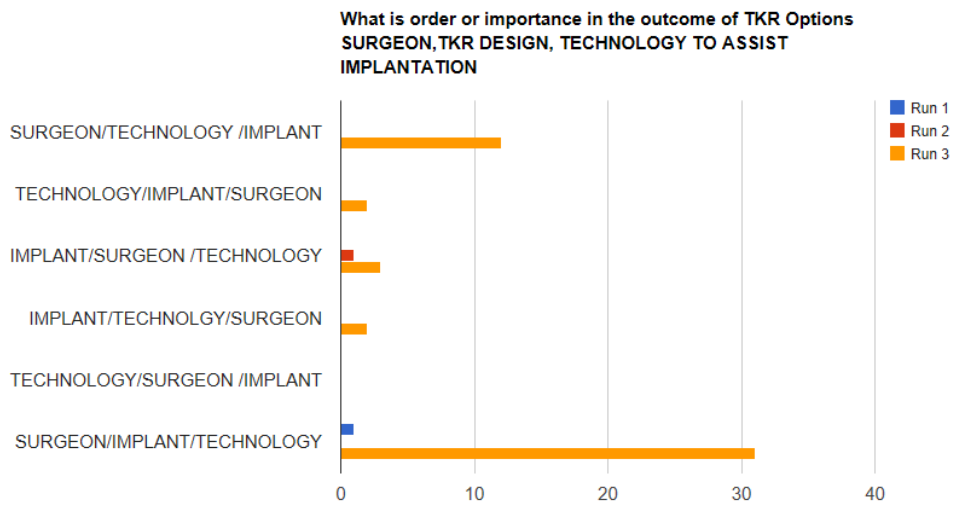
Robotics are the future of TKR



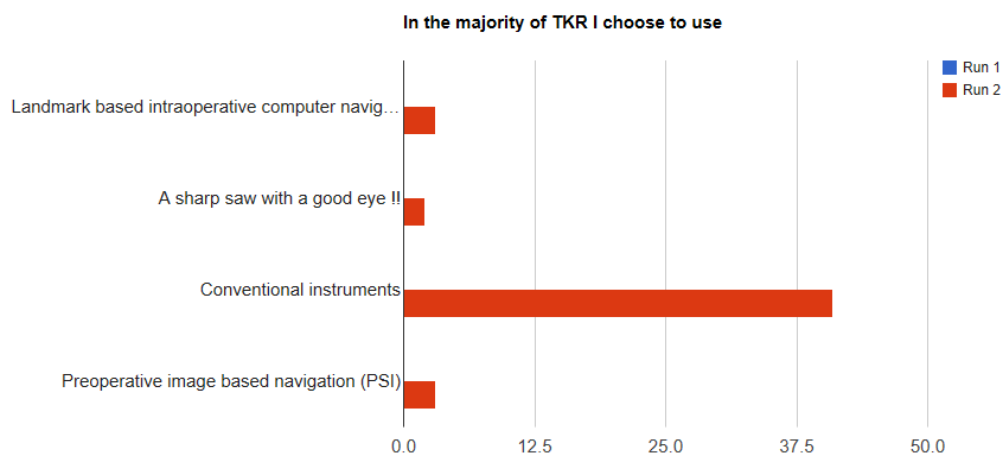
If custom made implants were available and affordable I would be very interested



What is order or importance in the outcome of TKR Options SURGEON,TKR DESIGN, TECHNOLOGY TO ASSIST IMPLANTATION



In the majority of TKR I choose to use



Run 1

Answer

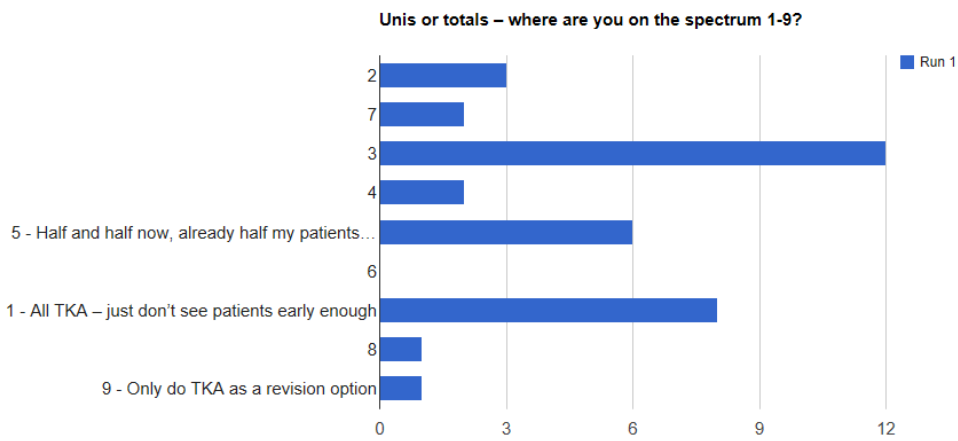
Landmark based intraoperative computer navigation

A sharp saw with a good eye !!

Conventional instruments

Preoperative image based navigation (PSI)

Unis or totals – where are you on the spectrum 1-9?



Run 1

Answer

2

7

3

4

5 - Half and half now, already half my patients avoid a TKA

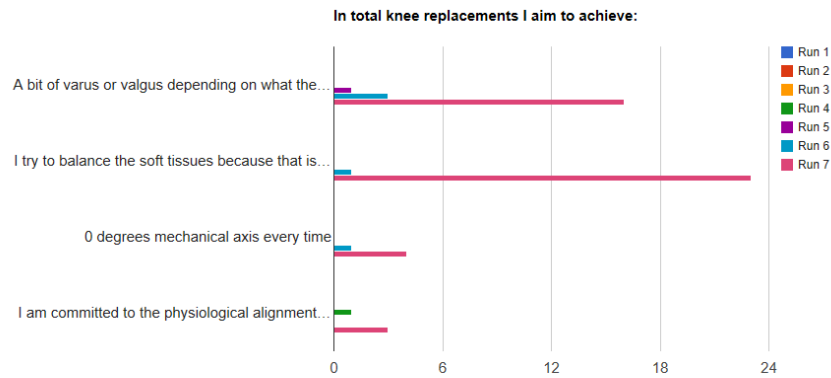
6

1 - All TKA – just don't see patients early enough

8

9 - Only do TKA as a revision option

In total knee replacements I aim to achieve:



Run 1

Answer

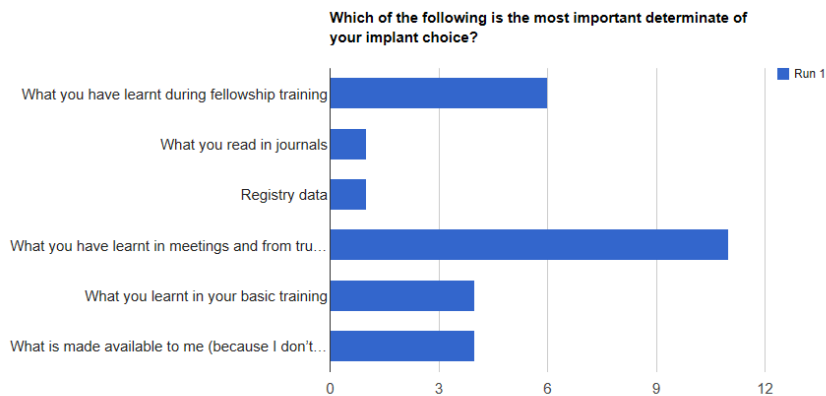
A bit of varus or valgus depending on what the person had before

I try to balance the soft tissues because that is what really matters

0 degrees mechanical axis every time

I am committed to the physiological alignment concept

Which of the following is the most important determinate of your implant choice?



Run 1

Answer

What you have learnt during fellowship training

What you read in journals

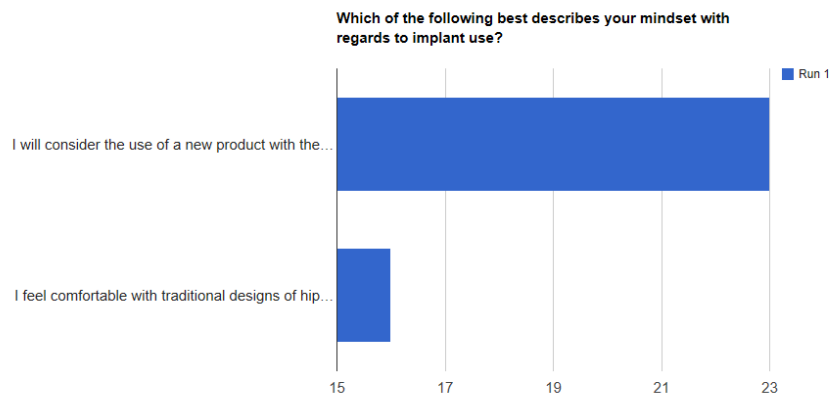
Registry data

What you have learnt in meetings and from trusted senior colleagues

What you learnt in your basic training

What is made available to me (because I don't have a choice)

Which of the following best describes your mindset with regards to implant use?



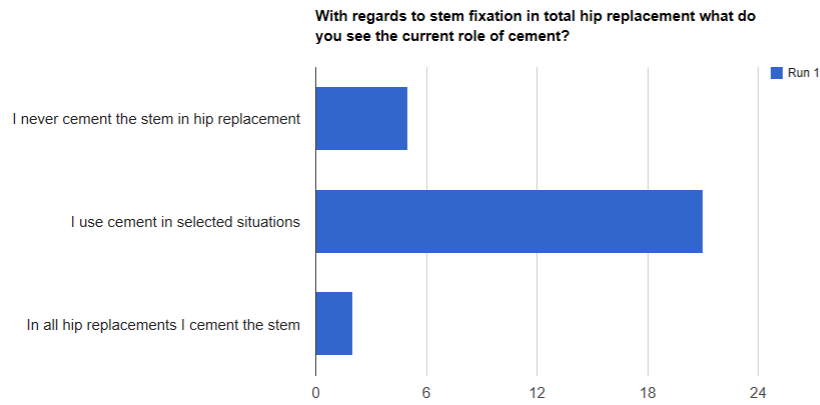
Run 1

Answer

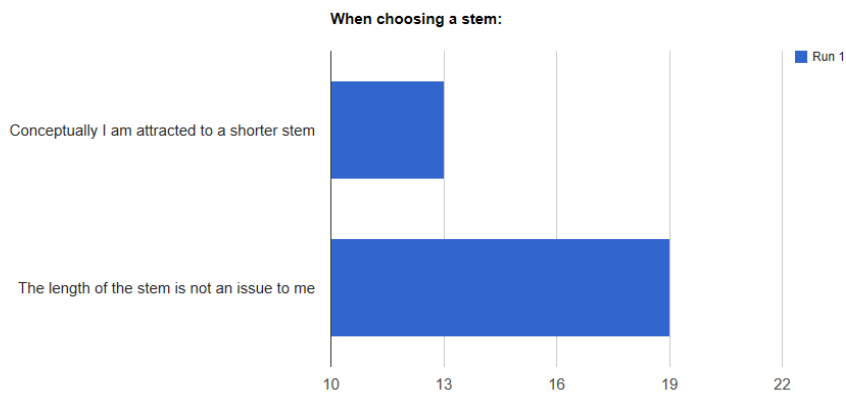
I will consider the use of a new product with the backing of some sound pre-clinical scientific principles and results of early clinical evaluation

I feel comfortable with traditional designs of hip and knee arthroplasty that have a good clinical history

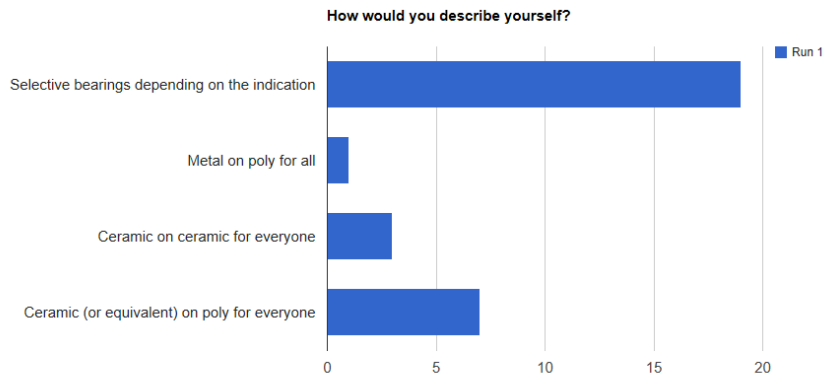
With regards to stem fixation in total hip replacement what do you see the current role of cement?



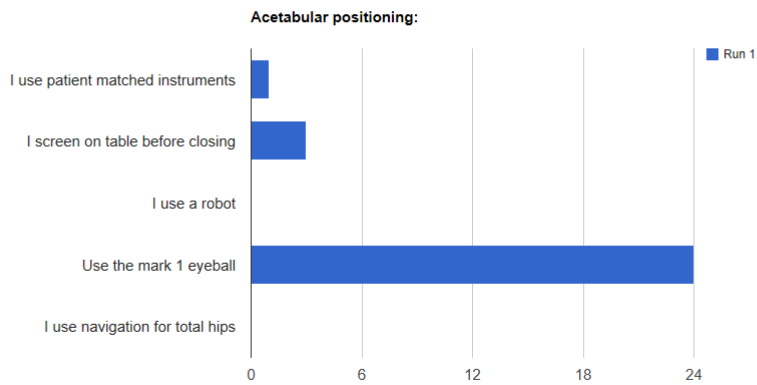
When choosing a stem:



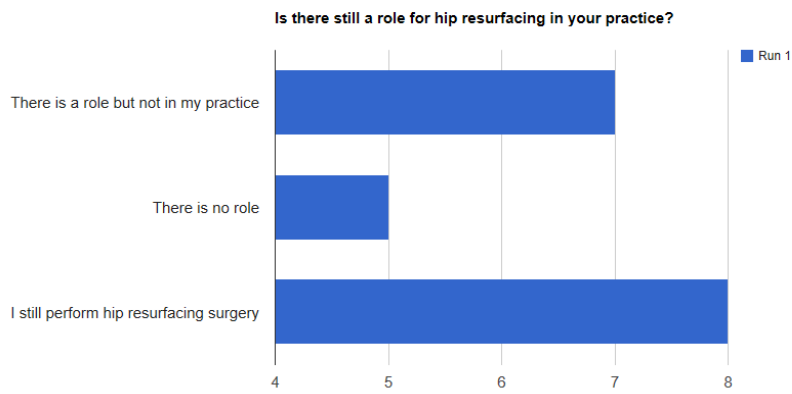
How would you describe yourself?



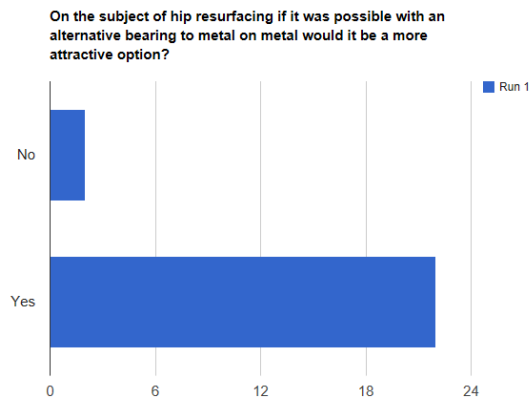
Acetabular positioning:



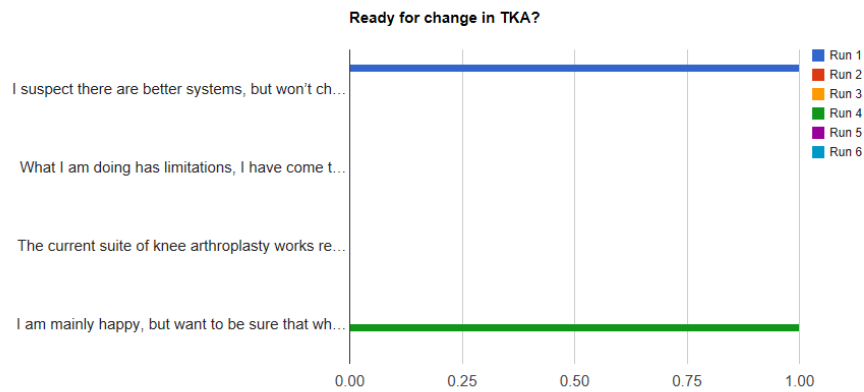
Is there still a role for hip resurfacing in your practice?



On the subject of hip resurfacing if it was possible with an alternative bearing to metal on metal would it be a more attractive option?



Ready for change in TKA?



Run 1

Answer

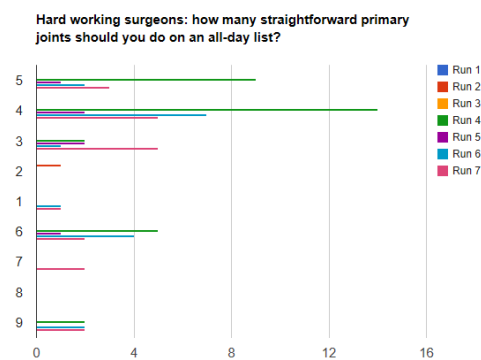
I suspect there are better systems, but won't change unless I am really sure

What I am doing has limitations, I have come to find a better system today

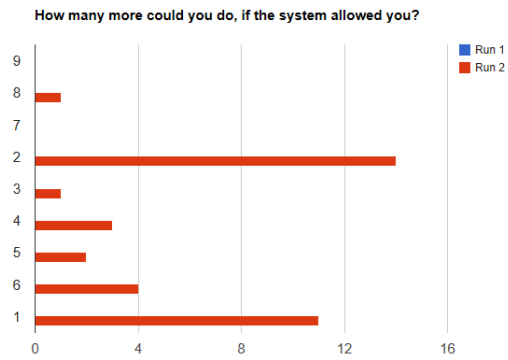
The current suite of knee arthroplasty works really well, no change is needed

I am mainly happy, but want to be sure that what I am using is right

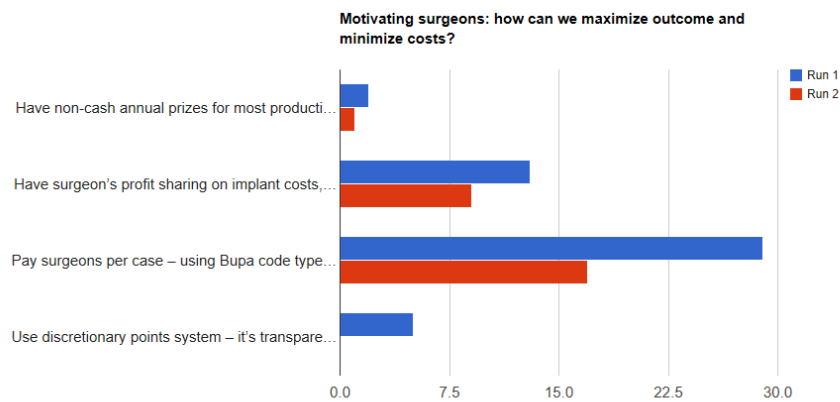
Hard working surgeons: how many straightforward primary joints should you do on an all-day list?



How many more could you do, if the system allowed you?



Motivating surgeons: how can we maximize outcome and minimize costs?



Run 1

Answer

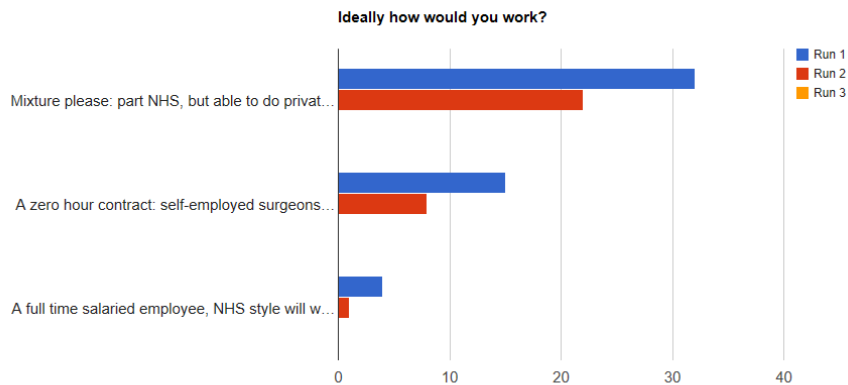
Have non-cash annual prizes for most productive employee of the month

Have surgeon's profit sharing on implant costs, length of stay

Pay surgeons per case – using Bupa code type system

Use discretionary points system – it's transparent and fair

Ideally how would you work?



Run 1

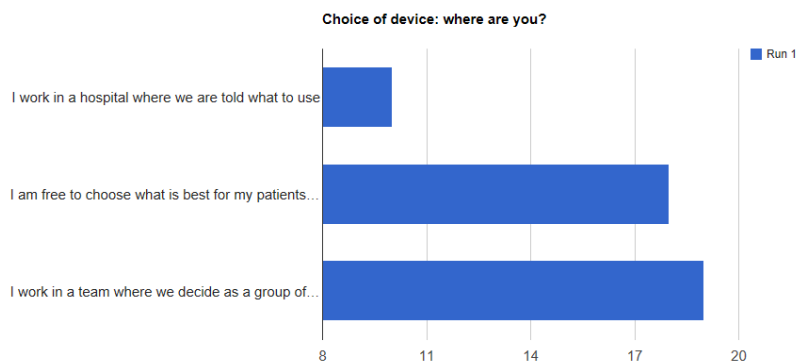
Answer

Mixture please: part NHS, but able to do private work too

A zero hour contract: self-employed surgeons are the most productive

A full time salaried employee, NHS style will work for me

Choice of device: where are you?



Run 1

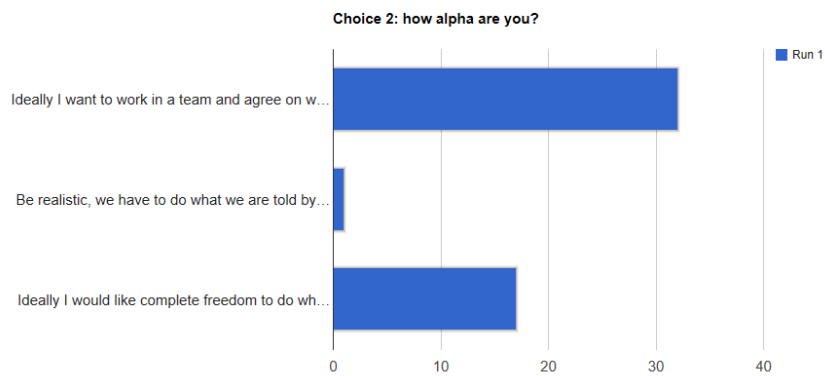
Answer

I work in a hospital where we are told what to use

I am free to choose what is best for my patients and my skillset

I work in a team where we decide as a group of surgeons which implants to use

Choice 2: how alpha are you?



Run 1

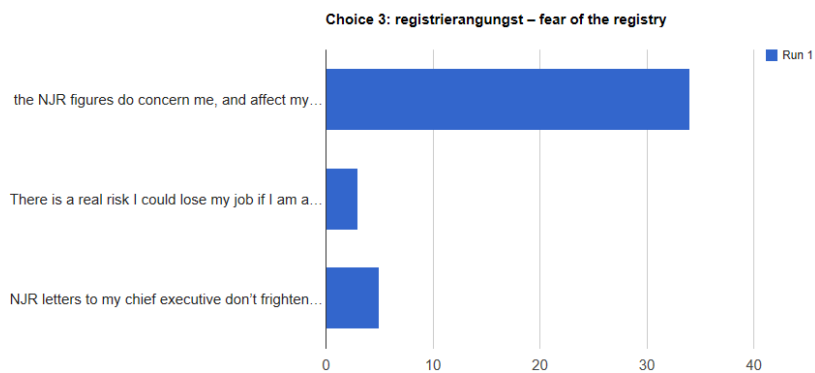
Answer

Ideally I want to work in a team and agree on what is best as a team

Be realistic, we have to do what we are told by Tim Briggs

Ideally I would like complete freedom to do what I think is right for my patients

Choice 3: registrierangunst – fear of the registry



Run 1

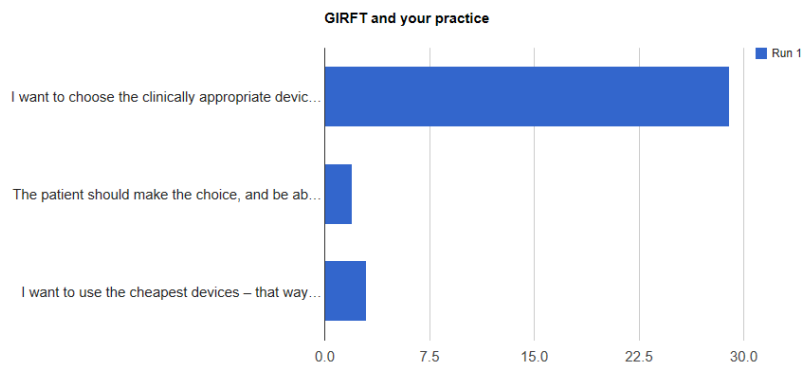
Answer

the NJR figures do concern me, and affect my approach to change in practice

There is a real risk I could lose my job if I am an outlier, so I am highly conservative

NJR letters to my chief executive don't frighten me, I do what I want

GIRFT and your practice



Run 1

Answer

I want to choose the clinically appropriate device for each patient – the individual matters

The patient should make the choice, and be able to pay for the upgrade

I want to use the cheapest devices – that way more people can get their operations
