Pre-operative psychological intervention for patients receiving elective hip and knee replacements

Debbie Branney, Research Nurse Project Manager Reluctant public speaker...







Background

- 1,500 patients receive hip/knee replacement per year at Royal Bournemouth & Christchurch Hospitals NHS Foundation Trust
- Average length of stay: 3.8 days
- Average cost of £6,000 per case

High levels of pain experienced post-operatively can lead to¹:

- Further medical problems
- Increased length of stay
- Unsatisfactory patient and carer experience
- 1. Rockett M, Brandner B, Duncan F et al (2015) Acute pain services. In: Core Standards for Pain Management Services in the UK.

Aims of the pre-psychological intervention

- To pre-operatively identify patients at increased risk of developing high levels of post-operative pain
- To offer high risk patients psychological support to improve anxiety, mood and expectations of surgery to improve the post-operative experience of pain

Pre-operative Predictor of Post-operative Pain (PROP) Risk Assessment Tool

Risk Factor	Tick
Age < 65 years	
PainRegular use of opiatesPoor past experience of postoperative painHistory of chronic pain	
AnxietyHistory of anxiety, depression or catastrophising about pain	
Type of surgery - Is the patient coming in for orthopaedic surgery?	
Total Risk Score (1 = low; 2 or 3 = moderate; 4 = high)	

Patient Journey

1. Patient seen by orthopaedic consultant and listed for surgery

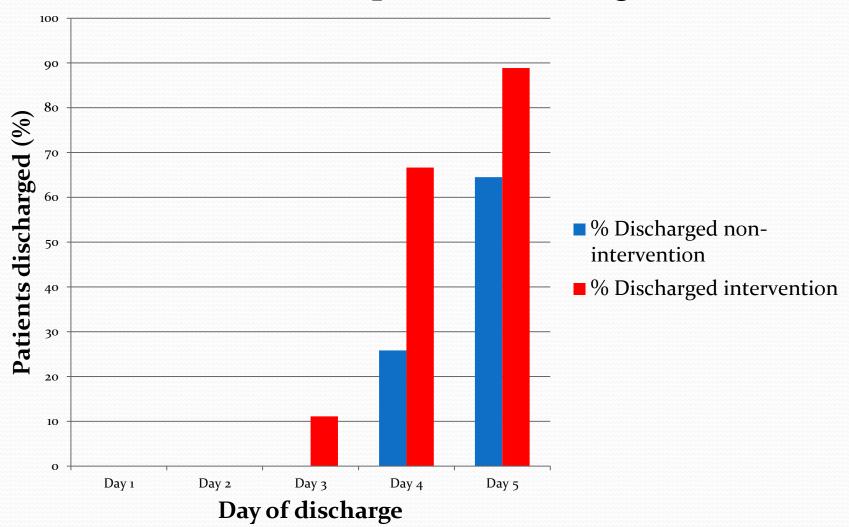
2. Pre-assessment,
Patient screened
using PROP risk
assessment tool

3. If patient scores ≥ 3 pre-assessment nurse suggests psychology input and supplies information leaflet

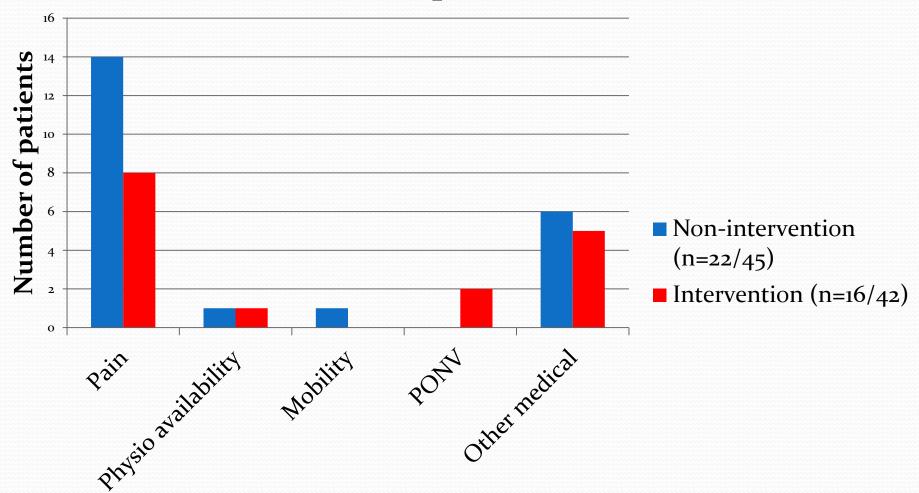
4. Pain Team are made aware of patients with PROP ≥ 3

5. Up to three sessions with the therapist prior to their surgery.
Clinics run 1.5 days per week

Proportion of non-intervention and intervention patients discharged

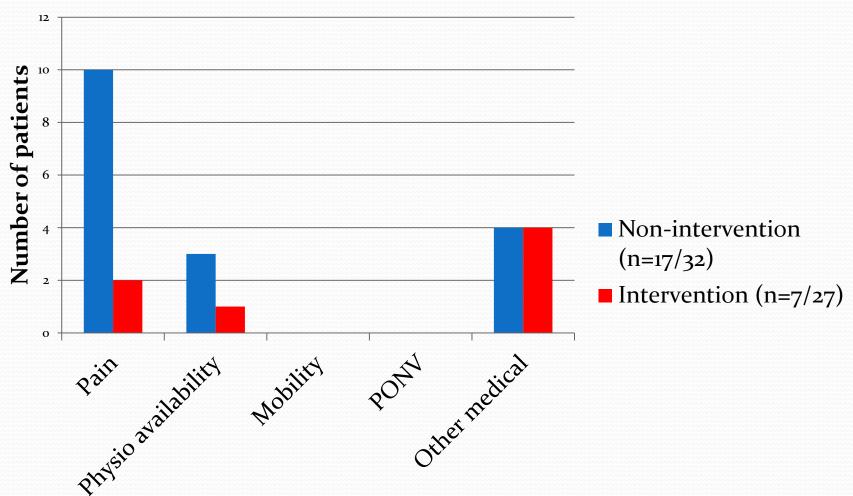


Delayed mobilisation in patients who received a knee replacement



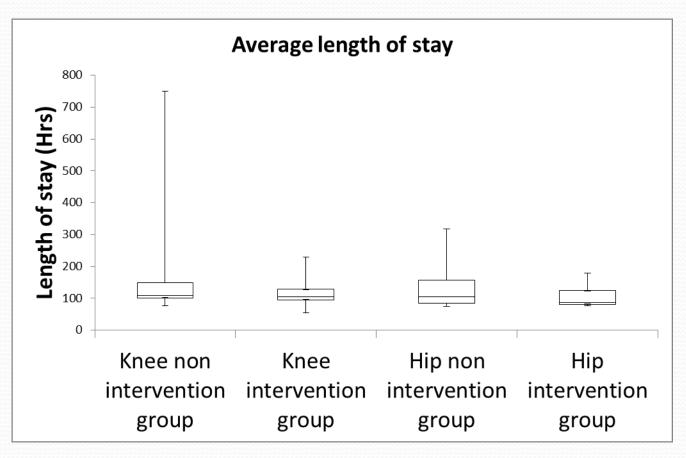
Reason for delay

Delayed mobilisation in patients who received a hip replacement



Reason for delay

Average length of stay



Barriers and enablers

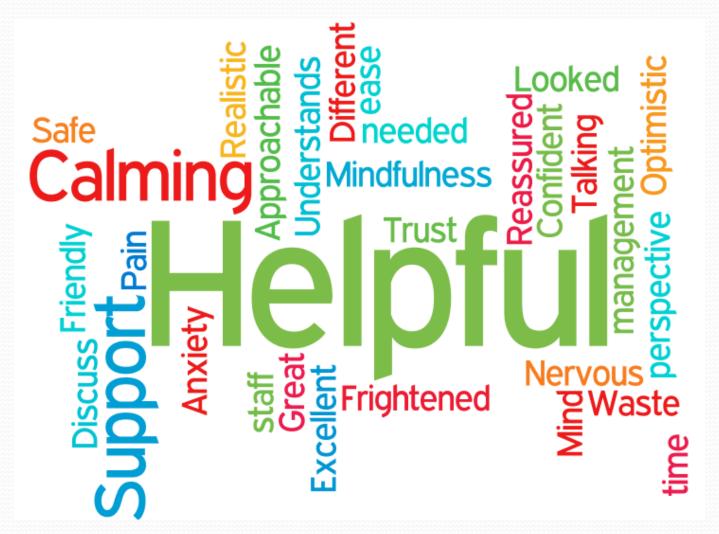
BARRIERS

- Time constraints
- Slow recruitment
- Any new service will take time to gather pace
- Doubters

ENABLERS

- 'Good' results and positive feedback from patients has helped to motivate and engage staff and patients
- Financial input from Health Foundation

Patient Feedback



This project was funded by The Health Foundation and funding ends in October.

Our Trust has now agreed to sustain the service.

The Team:

Dr Elaine O'Shea, Consultant Anaesthetist and Project Lead Debbie Branney, Project Manager Lauren Anstee, Pain Specialist Nurse Dr Marina Malaffo, Ieuan Hopper, Cognitive Behavioural Therapists





