

EFORT13-1625

Elective Knee replacement related litigation in the UK: Patient safety in surgery

V. Patel^{1,*}

¹Trauma and orthopaedics, NHS East Midlands South , Leicester, United Kingdom

INTRODUCTION: The

The NHS Litigation Authority (NHSLA) handles negligence claims and works to improve risk management practices in the NHS.

In 2010/11, 8,655 claims of clinical negligence and 4,346 claims of non-clinical negligence against NHS bodies were received by the Authority, up from 6,652 claims of clinical negligence and 4,074 claims of non-clinical negligence in 2009/10.

£863 million was paid in connection with clinical negligence claims during 2010/11, up from £787 million in 2009/10

OBJECTIVES: The aim of this study was to analyse trends of litigation cases and patient safety issues specifically relating to elective knee replacement surgery over a 10 year period in England.

METHODS: Data was obtained from the NHSLA from the freedom of information act (2000). Data was analysed to identify trends and common reasons for negligence claims and damages to patients.

RESULTS: From 1999-2009 there were a total of 454 incidents relating to knee replacement surgery resulting in negligence claims. A total £14,051,693.38 was paid out by the NHLA. £8,485,583.97 was in damages, £1,830,229.22 in defence costs and £3735880.19 in claimants costs.

Cause	Injury
39 Failure/Delay Diagnosis	88 Poor Outcome - Fractures Etc. 3 Tendon Damage
59 Fail / Delay Treatment 7 delay in performing operation	34 Amputation – Lower
17 Fail To Warn-Informed Consent	19 Foot drop/ 17 Nerve Damage
37 Fail To Recog. Complication Of 10 Fail To Carry Out PO Observs.	127 Adtnl/unnecessary Operation(s)
30 Inappropriate Treatment	9 Fatality
9 Operator Error 6 Application Of Excess Force	80 Unnecessary Pain
10 Lack Of Assistance/Care 3 Lack Of Facilities/Equipment 12 Inadequate Nursing Care	18 Other Infection
13 Bacterial Infection /4 Cross Infection/ 3 Hospital Acquired Infection /3 Failed Infection Control Policy/Hospital Hygiene	4 Arterial Damage
8 Retained Instrument Post-Operation 2 Wrong Site Surgery (Never Event)	7 Thrombosis/Embolism

CONCLUSION: CONCLUSION: The most significant proportion (31%) of claims resulted from intra-op complications.

The majority of these were from peri-prosthetic fractures resulting in an additional 127 operations resulting causing further unnecessary pain to patients . Importance of operative technique and appropriate use of force with instruments is highlighted.

As expected the largest damages paid out (£2657396.90) resulted from amputations. Surprisingly a large proportion of payments for damages were from poor outcome due to incorrect implant size/ positioning, emphasising the importance of training and understanding the implants being used.

(35%) 162 of claims stemmed from inadequate post operative care resulting in Failure/Delay in Diagnosis of post operative complications particularly nerve and vessel damage resulting in foot drop and more significantly amputation from arterial bleeding.

The importance of mandatory post operative limb assessment is strongly highlighted from the data.

3 % of claims arose from issues arising from the consent process. Especially where patients felt they were not fully informed of all significant risks. This highlights the importance of communication and understanding the consent process, especially when the outcome of surgery is not what the patient had expected.

Patient safety in surgery is paramount. Preventing, Identifying and managing potential problems through the whole patient journey helps avoid common pitfall in care as highlighted by the data from the NHSLA.

Disclosure of Interest: None Declared

Keywords: knee replacement; patient safety; litigation;surgical errors