Knee surgery referral
Surgery > Orthopaedics > Knee surgery referral

Arthritis of knee

Previous TKR - loosening/wear, pain

Potential arthroscopy - meniscal tear/locked knee

Patella dislocation - acute or recurrent

Ligaments instability/ tear / acutely swollen knee

Non-surgical management options

Non-surgical management options

Non-surgical management options

Non-surgical management options

Non-surgical management options

Non-surgical management options

Referrals - Information to include

Referrals - Information to include

Referrals - Information to include

Referrals - Information to include

Referrals - Information to include

Referrals - Information to include

Referral options

REFERRAL
Peninsula Health Orthopaedic outpatients clinic

REFERRAL
St Vincents Elective Surgery - ESAS (Public)

REFERRAL
Private orthopaedic surgeon

Care map information

Resources for patients, carers and clinicians.

Considerations for surgical opinion - Knee

Red flags

- infection in previous Total Knee Replacement (TKR)
- Locked knee

Non-surgical management options

Referrals - Information to include
1 Care map information

Quick info:

This pathway is about:

- indications for referral to orthopaedic surgery for osteoarthritis (OA) of the knee and other knee conditions
- pathways for referral into knee surgery
- information required for orthopaedic surgery referral
- considerations for non-surgical management prior to referral

The purpose of this pathway is to empower the GP to make informed referrals for consideration of surgery, and to ensure referrals to orthopaedic services contain all essential information for accurate triage.

Comprehensive referral information will assist timely review by the surgical team

This pathway is not about:

- initial assessment of osteoarthritis:
  - The GP should assess the patient and come to a clear diagnosis [link back to OA suspected pathway].
- Patient education in primary care:
  - this is very important and should be conducted thoroughly before referral for surgery:
    - explain the prognosis and options of non-operative treatment
    - discuss the rationale for referring patients to a surgeon
- Detailed non-surgical management and referral options:
  - should be fully explored prior to referral for surgery
  - should be co-ordinated by the GP
  - refer to OA Management for more detail on non-surgical options

The information in this care map is based primarily on the Peninsula Health orthopaedic referral guidelines.

References:

Peninsula Health referral guidelines

2 Resources for patients, carers and clinicians.

Quick info:

Arthritis Victoria is the recommended source of information for patients and carers

Clinical guidelines

- 2009 RACGP Guidelines for non-surgical management of Osteoarthritis of the hip and knee
- Summary article of 2009 RACGP guidelines for GPs
- RACGP Article on osteoarthritis pain and therapy

Peninsula Health referral guidelines

3 Considerations for surgical opinion - Knee

Quick info:

Consider referral for knee surgery for people who experience knee joint symptoms (pain, stiffness, and reduced function):

- that have a substantial impact on their quality of life:
  - interfering with sleep, activities of daily living, mobility, work or leisure
- that are unresponsive to non-surgical treatment over several weeks (and not more than 3 months)
- before there is prolonged and established functional limitation and severe pain
- regardless of the radiographic grade of disease

Additional condition-specific referral indicators are noted in pathway below.
Comprehensive referral information and early intervention with non-surgical management options will assist timely review by the surgical team. A thorough history and examination is required to determine a specific diagnosis and its degree of urgency.

4 Red flags - infection in previous Total Knee Replacement (TKR) - Locked knee

Quick info:
If suspected, these conditions require urgent acute care

5 Previous TKR - loosening/wear, pain

Quick info:
If patient's previous TKR was performed at a hospital outside of this catchment, consider if it is practical to refer to their previous hospital for continuity of management.

6 Patella dislocation - acute or recurrent

Quick info:
All patella dislocations should be x-rayed to determine if there is a loose body, and should be referred to:
- an orthopaedic surgeon for assessment
- a physiotherapist to start an exercise program.
- may require referral to ED for an acute injury

7 Ligaments instability/tear/ acutely swollen knee

Quick info:
Consider surgical option particularly if there is anterior or lateral instability.

8 Potential arthroscopy- meniscal tear/locked knee

Quick info:
In patients with no arthritis and true locked knee, refer directly to ED clearly notate locked knee on referral.
Arthroscopy:
- may be of benefit where there is mild arthritis and a meniscal tear
- there is no evidence that severe OA can be helped by arthroscopy

9 Arthritis of knee

Quick info:
Knee arthritis includes:
- osteoarthritis
- inflammatory arthritis
- post-traumatic arthritis
- avascular necrosis

10 Non-surgical management options

Quick info:
Ensure conservative management options have been considered or implemented:

- analgesics and anti-inflammatories
- physiotherapy
- weight management
- activity modification including the use of a walking stick.
- home modification.

See osteoarthritis management for more detail.

Patients should be encouraged to continue conservative treatment, especially physiotherapy, before referral to or while waiting to be seen in orthopaedic specialist clinic.

11 Non-surgical management options

Quick info:

**Non-surgical management options**

Consider offering [1,2]:

- paracetamol
- topical non-steroidal anti-inflammatory drugs (NSAIDs)
- oral NSAIDs / COX-2 selective inhibitors for acute flare-ups
- gait aids
- physiotherapy (particularly if not a true lock)

Patients should be encouraged to continue conservative treatment, especially physiotherapy, before referral to or while waiting to be seen in orthopaedic specialist clinic.

References


12 Non-surgical management options

Quick info:

**Non-surgical management options**

Consider offering [1,2]:

- paracetamol
- topical non-steroidal anti-inflammatory drugs (NSAIDs)
- oral NSAIDs / COX-2 selective inhibitors for acute flare-ups
- weight bearing as pain allows
- physiotherapy
- gait aids:
  - immobilisation only if primary occurrence
  - immobilisation of recurrent patella dislocation may contribute to muscle weakness

Patients should be encouraged to continue conservative treatment, especially physiotherapy, before referral to or while waiting to be seen in orthopaedic specialist clinic.

References
13 Non-surgical management options

Quick info:

**Non-surgical management options**
Consider offering [1,2]:
- paracetamol
- topical non-steroidal anti-inflammatory drugs (NSAIDs)
- oral NSAIDs / COX-2 selective inhibitors for acute flare-ups
- gait aids -- immobilisation
- physiotherapy

Patients should be encouraged to continue conservative treatment, especially physiotherapy, before referral to or while waiting to be seen in orthopaedic specialist clinic.

References

14 Non-surgical management options

Quick info:

Ensure conservative management options have been considered or implemented:
- analgesics and anti-inflammatories
- physiotherapy
- weight management
- activity modification including the use of a walking stick.
- home modification.

See osteoarthritis management for more detail.

Patients should be encouraged to continue conservative treatment, especially physiotherapy, before referral to or while waiting to be seen in orthopaedic specialist clinic.

15 Referrals - Information to include

Quick info:

**Recent radiological investigation results are essential.** All knee surgery referrals must contain:
- Patient details including DOB, address and current home and mobile phone numbers
- GP details including name, address and contact details
- History and duration of complaint
- Symptoms and severity of complaint
- Results of recent X-Rays
- service requested
• Appraisal of general health of patient, particularly cardiac and diabetic disease and a current list of medications, particularly anti-coagulants

Key points relating to meniscal tear/locked knee:
• check ROM, confirm true ‘lock’

Investigations:
• consider MRI for suspected meniscal or ACL tear (MBS rebate)
  • if there is mild OA, meniscal tears may be helped by arthroscopy. There is no evidence that severe OA can be helped by arthroscopy

Considerations:
• if knee is locked, requires urgent care
• consider phoning private consultant or Peninsula Health orthopaedic unit by phoning 9784 7777 and speaking to the Orthopaedic Registrar on call.

Accurate Triage (particularly for public orthopaedic services) is assisted by;
• Details of conservative treatment to date
• How condition affects Activities of Daily Living
• Social history eg: employment or carer status- how the complaint affects this directly affects triage
• Stipulation of new patient/complaint or review patient for same complaint (review patients for same complaint seen earlier)

16 Referrals - Information to include

Quick info:
**Recent radiological investigation results are essential.** All knee surgery referrals must contain:
• Patient details including DOB, address and current home and mobile phone numbers
• GP details including name, address and contact details
• History and duration of complaint
• Symptoms and severity of complaint
• Investigation results:
  • specifically x-rays (routine knee series, checking for possible avulsion fractures
  • consider MRI for suspected meniscal or ACL tear (MBS rebate)
• service requested

Key points specific to ligament instability:
• assess and define varus/valgus and anterior/posterior stability.

Accurate Triage (particularly for public orthopaedic services) is assisted by;
• Details of conservative treatment to date
• How condition affects Activities of Daily Living
• Social history eg: employment or carer status- how the complaint affects this directly affects triage
• Stipulation of new patient/complaint or review patient for same complaint (review patients for same complaint seen earlier)

17 Referrals - Information to include

Quick info:
**Recent radiological investigation results are essential.** All knee surgery referrals must contain:
• Patient details including DOB, address and current home and mobile phone numbers
• GP details including name, address and contact details
• History and duration of complaint
• Symptoms and severity of complaint
• Investigation results:
  • specifically x-rays (standard views including weight bearing)
Knee surgery referral

18 Referrals - Information to include

Quick info:

**Recent radiological investigation results are essential.** All knee surgery referrals must contain:

- Patient details including DOB, address and current home and mobile phone numbers
- GP details including name, address and contact details
- History and duration of complaint
- Symptoms and severity of complaint
- Investigation results
  - specifically x-rays - routine knee series including AP both knees in standing and lateral view affected side,
  - ultrasound and MRI reports where available
- service requested

Key points for referrals relating to a previous TKR:

- new or increasing pain
- affected gait pattern
- peri-prosthetic lucency on XR

Additional considerations:

- Pain in previous arthroplasty should be referred urgently.
- If infection is suspected, make urgent referral:
  - DO NOT START ANTIBIOTICS

Accurate Triage (particularly for public orthopaedic services) is assisted by:

- Details of conservative treatment to date
- How condition affects Activities of Daily Living
- Social history eg: employment or carer status - how the complaint affects this directly affects triage
- Stipulation of new patient/complaint or review patient for same complaint (review patients for same complaint seen earlier)

19 Referrals - Information to include

Quick info:

**Recent radiological investigation results are essential.** All knee surgery referrals must contain:

- Patient details including DOB, address and current home and mobile phone numbers
Knee surgery referral

Surgery > Orthopaedics > Knee surgery referral

GP details including name, address and contact details
History and duration of complaint
Symptoms and severity of complaint
Investigation results:
  - specifically x-rays (routine knee with ‘skyline view’ if possible),
  - note evidence of loose bodies
  - ultrasound and MRI reports only if available (not essential)
  - service requested
Appraisal of general health of patient, particularly cardiac and diabetic disease and a current list of medications, particularly anti-coagulants

Key points relating to patella dislocation:
  - frequency of recurrence
  - patient age

Accurate Triage (particularly for public orthopaedic services) is assisted by;
  - Details of conservative treatment to date
  - How condition affects Activities of Daily Living
  - Social history eg: employment or carer status; how the complaint affects this directly affects triage
  - Stipulation of new patient/complaint or review patient for same complaint (review patients for same complaint seen earlier)

20 Referral options

Quick info:
If patient's previous TKR was performed at a hospital outside of this catchment, consider if it is practical to refer to their previous hospital for continuity of management.

21 REFERRAL Peninsula Health Orthopaedic outpatients clinic

Quick info:
Peninsula Health (Public)
Detailed information on the Peninsula Health orthopaedic specialist clinic and referral requirements can be found [here](#).
Comprehensive referrals as per the guidelines assist accurate prioritisation of patient needs.

Referrals to the Orthopaedic unit should be addressed to the Head of Unit, Mr Peter McCombe, dated and signed, and include relevant investigations:
  - fax (preferred); 9784 2666
  - post; Outpatient service - Orthopaedic
    Peninsula Health
    PO Box 52, Frankston, 3199
  - phone (for discussion of urgent cases only); 9784 7777 and ask to speak to Orthopaedic Registrar on call.

Referrals for Knee orthopaedic assessment and surgery at Peninsula Health;
  - are triaged by an orthopaedic surgeon
  - are seen by the musculoskeletal physiotherapist in the Osteoarthritis Hip and Knee Service (OAHKS) who will optimise non-operative treatment and prioritise patients for review by a surgeon in the orthopaedic clinic
  - severe problems (social circumstances taken into account as well as physical symptoms and signs) will be triaged as urgent and fast tracked for orthopaedic review
  - may be put on the orthopaedic surgical waiting list after review by the surgeon:
    - current waiting time for surgery in these circumstances is 6-9 months (varies with demand)

When nearing surgery on the waiting list, patients will be asked to obtain another xray less than 3/12 prior to surgery.
22 REFERRAL St Vincents Elective Surgery - ESAS (Public)

Quick info:

St Vincents Elective Surgery - ESAS (Public)
- ESAS accepts referrals statewide.
- Surgical follow up and management of complications needs to be attended at St Vincents
- May have a shorter waiting time, but weigh up against implications of travel for both patients and relatives.
- Physiotherapy / rehabilitation follow-up can be done locally.
- For more information and referral pathways/requirements, click [here](#).

For more information on referral options if patient is assessed as not suitable for orthopaedic surgery, go to OA management page.

23 REFERRAL Private orthopaedic surgeon

Quick info:

Private orthopaedic surgery options
Refer to private orthopaedic surgeon only if patient has private health insurance as, in this region, private surgeons are not able to put patients on the public waiting list from their private rooms.

Options for private orthopaedic consultation and surgery on Frankston Mornington Peninsula: list provided by Peninsula Health orthopaedic unit Dec 2014.

Orthopaedic surgeons listed on the National Health Services Directory
Frankston
Mornington
Content

- Overview
- Editorial methodology
- Contributors
- Disclaimers

Overview

This document describes the provenance of the Peninsula Pathways, Knee surgery referral.

This pathway was last reviewed in May 2016 by:

- Dr Nigel Broughton, Orthopaedic Surgeon, Peninsula Health
- Mark Dennis, Senior Physiotherapist – Osteoarthritis Hip and Knee Program, Peninsula Health

The Peninsula Pathways Program aims to improve the continuity of patient care between primary, community and hospital care settings in the Frankston-Mornington Peninsula region. Work groups comprising of experienced health professionals (GPs, specialists, nurses, allied health professionals) were established to review and localise pathways.

The objective of this pathway is to improve referral processes for knee surgery in the Frankston Mornington catchment.

Published: 16/01/2015
Valid until: 16/01/2017

To cite this pathway, use the following format:


Editorial methodology

This pathway is currently the first version localised to Frankston Mornington Peninsula.

This care map has been developed according to the Map of Medicine editorial methodology. The content of this care map was based on Peninsula Health orthopaedics guidelines and further developed with practice-based knowledge provided by local practitioners with front-line clinical experience (see contributors section of this document).
Contributors

The following were clinical contributors to the Osteoarthritis – Hip and Knee pathway:

• Dr Nigel Broughton | Orthopaedic Surgeon, Peninsula Health
• Dr Geoff Campbell | General Practitioner, Langpark Medical Centre
• Dr Michael Cross | General Practitioner, Mornington Medical Group
• Mark Dennis | Senior Physiotherapist, Osteoarthritis Hip and Knee Program (OAHKS), Peninsula Health
• Nicola Lindsay | Senior Physiotherapist, Osteoarthritis Hip and Knee Program (OAHKS), Peninsula Health

Editor/facilitator support:

• Dianne Berryman | Integrated Chronic Disease Management Coordinator, Frankston-Mornington Peninsula PCP
• Nick Jones | Service Integration Manager, Frankston Mornington Peninsula Medicare Local

The following were contributors as part of the Osteoarthritis – Hip and Knee pathway wider consultation group:

• Dr Jo Newton | GP Liaison, Peninsula Health
• Dr Emma Donovan | General Practitioner, Langpark Medical Centre
• Dr Glenn Mathieson | General Practitioner, Langpark Medical Centre

Conflicts of interest:

None

Disclaimers

It is not the function of the Pathways Program, Frankston-Mornington Peninsula Medicare Local to substitute for the role of the clinician, but to support the clinician in enabling access to know-how and knowledge. Users of the Map of Medicine are therefore urged to use their own professional
judgement to ensure that the patient receives the best possible care. Whilst reasonable efforts have been made to ensure the accuracy of the information on this online clinical knowledge resource, we cannot guarantee its correctness and completeness. The information on the Map of Medicine is subject to change and we cannot guarantee that it is up-to-date.