



Foot & Ankle Evaluation Programme



ROUTINE COLLECTION OF OUTCOME DATA IS IMPORTANT TO MONITOR the performance of any surgical intervention. The purpose of this evaluation programme is to obtain clinical and patient outcome information regarding the surgical intervention procedures that will allow each participating surgeon to monitor their own surgical performance. Early identification of issues related to specific surgeries will be beneficial to both surgeons and patients.

How could this benefit you?

- Ability to obtain clinical and patient outcomes
- View surgical intervention procedures
- Allow early identification of surgical outcomes
- Gives instant feedback
- Easily access demographic, diagnostic, operative and assessment details
- Automated follow-up
- Customisable surgeon-specific reports
- MOxFQ, Foot Function Index, EQ-5D-3L scoring
- All via a bespoke web interface

ONE | WHO WE ARE

Clinical Audit and Research Services is based in the Tayside Orthopaedic and Rehabilitation Technology (TORT) Centre at Ninewells Hospital and Medical School, University of Dundee.

Our core function is to work in partnership with various external organisations to manage major long-term outcome studies. We are also responsible for co-ordinating associated research projects and providing data in support of these. The University team is supported by nurses in various hospitals locally and by a team of co-ordinators throughout the UK and worldwide.

TWO | OBJECTIVE

There have been a number of challenges identified that may compromise the long-term success of foot and ankle surgery which may result in complications with varying degrees of severity and ultimately revision surgery. Surgical interventions for foot and ankle surgery currently have no reliable data nationally to inform surgeons of the success or failure of the procedure, both clinically and using Patient Related Outcome Measures (PROMs).

The purpose of this evaluation programme is to obtain clinical and patient outcome information regarding the surgical intervention procedures listed below, which will allow each participating surgeon to monitor their own surgical performance. Early identification of issues related to specific surgeries will be beneficial to both surgeons and patients.

THREE | CONDITIONS & PROCEDURES

- **JOINT EVALUATED:** Ankle, subtalar, TN/NC joint, calcaneocuboid, 1st TMT joint, Lisfranc joint, 1st MTP joint/ray, 2nd-4th MTP joints and 5th MTP joint/ray.
- **BONE/SITE:** Tibia/fibula, foot dorsum, foot plantar, ball of foot, talus, calcaneum, mid tarsal bones, great toe and lesser toes.
- **PROCEDURE:** Joint replacement, fusion, osteotomy, arthroscopy, tendon transfer, soft-tissue repair, excision, Ilizarov/TSF and other.

FOUR | FOLLOW-UP PROCESS

- Replacement surgery will be followed up at 6 months, 12 months and annually thereafter.
- All other surgery will be followed up at 6 months post operatively.
- Follow-up evaluation will be carried out by postal questionnaire and include MOxFQ (foot and ankle), Foot Function Index and EQ-5D-3L.
- Others can easily be added on request.

FAEP Week 26 Status Report			consultant 999
surgical class	ankle replacement		
operating period	2012-01 to 2012-12		
implant	all implants		
hospital	all hospitals		
cases	84		
status summary			
assessments	80	% 95.2	target <= 1.0%
revision surgery	0	% 0.0	
deaths	0	% 0.0	
withdrawals	0	% 0.0	
contact lost	1	% 1.2	
did not respond	1	% 1.2	
unknown status	2	% 2.4	target >= 95.0%
compliance	82	% 97.6	target <= 5.0%
dissatisfied	0	% 0.0	
MoxFQ (all domain) scores (%)			
preoperative (avg)	30.0	min 9.0	max 53.0
week 26 (avg)	69.0	min 26.0	max 88.0
score change (avg)	39.0	min 22.0	max 46.0
target >= 80.0			
acute stay complications			
dislocation	1	% 1.2	
deep infection	0	% 0.0	
superficial infection	0	% 0.0	
DVT	0	% 0.0	
other complications	5	% 6.0	
post discharge complications			
dislocation	0	% 0.0	target <= 3.0%
deep infection	0	% 0.0	target <= 1.0%
superficial infection	0	% 0.0	target <= 2.0%
DVT	0	% 0.0	target <= 4.0%
other complications	0	% 0.0	

FIVE | CONTACT DETAILS



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