



PROBLEMATIC KNEE REPLACEMENT RESEARCH PRIORITY SETTING

WELCOME TO THE 2ND SURVEY IN THIS PROJECT

In the first survey we approached patients, carers and healthcare professionals with experience of problematic knee replacements.

We asked them to tell us what questions they would like to see answered by future research.

We then grouped and summarised these into 32 summary questions.

Now, we need to decide which of these are the most important TOP TEN.

Please help us by completing this survey and telling us which you think should be part of the final top ten. This will help guide researchers and funders to ensure we continue to improve care for our patients.

This brief survey has two parts. Part A contains some questions about you so we can understand which groups contribute to this survey. Part B asks you to choose and rank your top ten.

PART A: ABOUT YOU

To help us understand and analyse our responses, it is important to know some details about those completing the survey

1. Have YOU had a knee replacement?

YES

NO

2. Did YOU experience problems following your knee replacement?

YES

NO

3. If you HAVE NOT had a knee replacement yourself, what is your relationship with the person(s) you know who has experienced problems following knee replacement

Carer

Partner/Spouse

Healthcare Professional - please specify role:

Other – please specify:

4. What is your gender?

Male

Female

5. How old are you?

6. What is the first half of your post code? *(for patients/ carers – home post code; for health care professionals - work post code)*

7. What is your ethnic background?

Would you be interested to attend the final ranking workshop on 21st May in Bristol?

YES

NO

If you ticked yes, please enter your contact details. *All contact details will be held in accordance with the Data Protection Act 2018.*

NAME

EMAIL

POSTAL ADDRESS

Consent

By submitting this survey, you consent for your responses to be used in the PSP process. All responses will be anonymised and entered onto an electronic database for analysis. For further information please visit www.jlarevisionknee.com



PART B : INTERIM RANKING SURVEY

Choose your top ten most important questions

Step 1: In the *first blank column* please tick the ten top questions where you think more research is needed. The list has 32 options so please make sure you turn over the page & read all.

Step 2: In the *second blank column* please rank just those selected questions into order of importance (1 = most important and 10 = least important)

Research questions about problematic knee replacements	Step 1: Tick the TEN most important questions	Step 2: Rank those selected top ten (1 = most important; 10= least important)
What are the best ways to investigate implant-related failure in a knee replacement? (Q1)		
What are the most effective ways to organise health care to improve the results and patients' experience of revision knee surgery? (Q2)		
What are the most effective forms of pain relief during revision knee surgery and in the recovery period? (Q3)		
What causes knee stiffness following knee replacement? How can it be avoided and how is it best treated? (Q4)		
What factors increase the risks of infection and how can these risks be reduced? (Q5)		
Is there a way to manage some types of problem knee replacement to avoid revision knee surgery (through physiotherapy, lifestyle change and/or self-management)? (Q6)		
If necessary following infection in a knee replacement, should revision surgery be done in one or two operations ? (Q7)		
Is revision knee surgery cost-effective ? (Q8)		
What is the expected improvement in quality of life following revision knee surgery? (Q9)		
Does allergy cause knee replacement failure? If yes, how is this best investigated? (Q10)		
What are the causes of persistent pain following a knee replacement? How can the pain be prevented or minimised? (Q11)		
If revision knee surgery is delayed , does this cause additional damage or harm ? (Q12)		

What are the best non-surgical treatments around the time of revision knee surgery to improve outcomes (e.g. reducing bleeding, improving wound care)? (Q13)		
What is the best way to restore lost bone during revision knee surgery?(Q14)		
What is the psychological impact of a problem knee replacement and what psychological support do people need before, during and after revision knee surgery? (Q15)		
When should amputation be considered , and what could help the surgeon and patient to decide this? (Q16)		
Can the assessment of problem knee replacements happen without delay ? (Q17)		
What are the best ways to manage patients' unmet expectations and dissatisfaction with problem knee replacements and/or revision surgery? (Q18)		
What are the best treatments for pain in replacement knees, particularly if revision knee surgery is not recommended? (Q19)		
What can be done after revision knee surgery (including physiotherapy and exercise) to optimise the result? (Q20)		
What social care and support do people need after revision knee surgery? (Q21)		
What is the best way to treat a break or fracture around a knee replacement? (Q22)		
What are the long-term outcomes when a knee replacement has been infected? (Q23)		
How long does a revision knee replacement last and what can be done to extend its life? (Q24)		
What can be done before revision knee surgery (including physiotherapy, lifestyle change and exercise) to optimise the result? (Q25)		
What factors predict whether revision knee surgery is likely to work? (Q26)		
What is the best way to treat infection of a knee replacement? (Q27)		
What are the best ways to investigate the causes of pain following a knee replacement? (Q28)		
What are the best forms of surgery to use for revision knee surgery (including choice of implant and technique)? (Q29)		
What are the long-term outcomes of revision knee surgery? (Q30)		
What is the best way to diagnose infection in a knee replacement? (Q31)		
How can the results of revision knee surgery be measured in a way that is meaningful to patients? (Q32)		