

# Efficacy and cost effectiveness of day surgery for knee replacement: a randomised controlled trial

**Submission date**  
23/01/2004

**Recruitment status**  
No longer recruiting

☐ Prospectively registered

☐ Protocol

**Registration date**  
23/01/2004

**Overall study status**  
Completed

☐ Statistical analysis plan

☒ Results

**Last Edited**  
15/05/2009

**Condition category**  
Musculoskeletal Diseases

☐ Individual participant data

## Plain English summary of protocol

Not provided at time of registration

## Contact information

### Type(s)

Scientific

### Contact name

Mr David Beard

### Contact details

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## Additional identifiers

EudraCT/CTIS number

IRAS number

ClinicalTrials.gov number

## Secondary identifying numbers

SEO193

# Study information

## Scientific Title

### Study objectives

To examine the difference in outcome and cost effectiveness between patients undergoing Unicompartmental knee arthroplasty (UKA) using an accelerated protocol (pain management, physiotherapy advice and discharge within 24 hours) and standard protocol (inpatient physiotherapy & discharge at 6-10 days).

### Ethics approval required

Old ethics approval format

### Ethics approval(s)

Not provided at time of registration

### Study design

Randomised controlled trial

### Primary study design

Interventional

### Secondary study design

Randomised controlled trial

### Study setting(s)

Not specified

### Study type(s)

Quality of life

## Participant information sheet

### Health condition(s) or problem(s) studied

Musculoskeletal diseases: Arthritis (rheumatoid and osteo)

### Interventions

Accelerated recovery protocol versus standard management.

### Intervention Type

Other

### Phase

Not Specified

## Primary outcome measure

1. Oxford Knee Score, American Knee Society Score, pain, complications, range of movement, function
2. Patient satisfaction at 6 months
3. EuroQol quality of life questionnaire to examine cost effectiveness

**Secondary outcome measures**

Not provided at time of registration

**Overall study start date**

01/11/2000

**Completion date**

01/11/2002

## Eligibility

**Key inclusion criteria**

1. 40 patients with unicompartmental degenerative knee joint disease undergoing unicompartmental knee arthroplasty (UKA).
2. Unicompartmental degenerative knee joint disease
3. Good anaesthetic risk
4. Tolerance to nonsteroidal anti-inflammatory drugs (NSAIDs)
5. Appropriate social circumstances (for early discharge)
6. Within 45 min travel of Oxford

**Participant type(s)**

Patient

**Age group**

Adult

**Sex**

Both

**Target number of participants**

40

**Key exclusion criteria**

1. Likely to require total knee replacement (TKR)
2. Poor general health
3. Poor understanding of procedure
4. Apprehensive/nervous disposition
5. Severe anaesthetic risk
6. Unable to tolerate large doses of NSAIDs
7. Severe problems on contralateral limb
8. Unable to use crutches
9. Unsuitable social circumstances
10. Geographically inaccessible

**Date of first enrolment**

01/11/2000

**Date of final enrolment**

01/11/2002

## **Locations**

**Countries of recruitment**

England

United Kingdom

**Study participating centre**

**Nuffield Orthopaedic Centre**

Oxford

United Kingdom

OX3 7LD

## **Sponsor information**

**Organisation**

NHS R&D Regional Programme Register - Department of Health (UK)

**Sponsor details**

The Department of Health

Richmond House

79 Whitehall

London

United Kingdom

SW1A 2NL

+44 (0)20 7307 2622

dhmail@doh.gsi.org.uk

**Sponsor type**

Government

**Website**

<http://www.doh.gov.uk>

## **Funder(s)**

**Funder type**

Government

**Funder Name**

NHS Executive South East (UK)

## Results and Publications

**Publication and dissemination plan**

Not provided at time of registration

**Intention to publish date****Individual participant data (IPD) sharing plan****IPD sharing plan summary**

Not provided at time of registration

**Study outputs**

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	01/10/2005		Yes	No