

Effect of patient information on length of stay following total hip replacement

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Registration date 30/09/2005	Overall study status Stopped	<input type="checkbox"/> Statistical analysis plan <input type="checkbox"/> Results
Last Edited 29/11/2011	Condition category Surgery	<input type="checkbox"/> Individual participant data <input type="checkbox"/> Record updated in last year

Plain English summary of protocol
Not provided at time of registration

Contact information

Type(s)
Scientific

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Additional identifiers

Protocol serial number
N0077155742

Study information

Scientific Title

Study objectives

Does giving patients additional pre-operative information with regards to expected length and course of inpatient stay following total hip replacement shorten their actual length of stay?

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

Study type(s)

Treatment

Health condition(s) or problem(s) studied

Surgery: Hip replacement

Interventions

Patients attending pre-operative assessment for their total hip replacement will be randomised into 2 groups. They will all be given the information booklet they have always been given which includes the statement that they will be in hospital 5-10 days. All patients will be managed identically to current practice. The pre-operative assessment clinic involves the patients meeting with a nurse, surgeon and anaesthetist to establish fitness for anaesthetic and operation. The patient also undergoes a fully informed consenting procedure to ensure they understand what the operation entails and risks of complications.

One subset of patients will be given some additional verbal information with regards to the details of their expected course. This will explain which days are targets for achieving sitting out of bed, mobilising with a zimmer and ultimately discharge date. The remaining patients will be managed as per current practice.

Management of the patients will then be identical and also no different from current management. They will undergo surgery and the same nursing and physiotherapy care on the ward. There will be no pressure for earlier discharge as the ward staff and physiotherapists will not be aware of which group is which.

Once the patients are discharged I will review their notes to document details such as age, sex, concurrent medical problems, type of prosthesis, day of surgery (if a patient is operated on Friday their discharge may be delayed as there is reduced physiotherapy over the weekend) and post-operative complications. It will be of course noted the actual length of stay. As a precaution the notes will also be reviewed 4 weeks following discharge to ensure the patients did not require readmission.

I will then compare the 2 groups against one another and statistically analyse to see if there is a significant difference in length of stay between them. A qualitative picture of whether length of stay has been shortened by increasing patients information about inpatient stay will be obtained by comparison of the groups.

Please note, this trial was superseded by the introduction of independent treatment centres with length of stay changing over night to a 5 day programme making this study null and void.

Intervention Type

Procedure/Surgery

Phase

Not Specified

Primary outcome(s)

Length of inpatient stay following primary total hip replacement.

Key secondary outcome(s)

Not provided at time of registration

Completion date

01/01/2007

Reason abandoned (if study stopped)

Objectives no longer viable

Eligibility

Key inclusion criteria

All patients on the waiting list for a total hip replacement (under care of participating consultants) undergo pre-operative assessment 2-3 weeks prior to surgery. This is in order to check they are medically fit for surgery and also to make sure they understand the procedure and what to expect from the surgery.

The patients will be randomised into 2 groups and colour coded on the list of patients attending that day in pre-op assessment. The nurses and doctors in the pre-operative assessment unit will then know who is in which group. There will be no documentation on the patient notes stating which group they are in.

During the consultation with the doctor, half of the patients will be managed as per current practice. The other group will be verbally told additional information about their expected inpatient stay.

The patients will not be able to be informed of the study as this will obviously invalidate the results by heightening their awareness of the issue of inpatient stay (that is they may go and do further research themselves, including speaking to the other patients about what they have been told).

Participant type(s)

Patient

Healthy volunteers allowed

No

Age group

Not Specified

Sex

Not Specified

Key exclusion criteria

Any patients undergoing revision total hip replacement.

Date of first enrolment

03/02/2005

Date of final enrolment

01/01/2007

Locations

Countries of recruitment

United Kingdom

England

Study participating centre

Derby Hospitals NHS Foundation Trust

Derby

United Kingdom

DE1 2QY

Sponsor information

Organisation

Department of Health

Funder(s)

Funder type

Government

Funder Name

Derby Hospitals NHS Foundation Trust (UK), NHS R&D Support Funding

Results and Publications

Individual participant data (IPD) sharing plan

IPD sharing plan summary
Not provided at time of registration