

WHAT'S NEXT?

The study team is now looking in more detail at the information. The results will be presented in academic journals, which ensure that policy makers and healthcare professionals hear about the research. They will also be available to all members of the public through our website.

We would like to thank you again for taking part. We hope that the research that is done at the Musculoskeletal Research Unit helps to provide better healthcare in the UK, and your participation was vital in this.

Contact details

If you have any questions about this study, please telephone Vikki Wyld on [REDACTED] or email mru-restore@bristol.ac.uk

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<http://www.bristol.ac.uk/clinicalsciences/research/musculoskeletal/orthopaedic/research/restore/>

Summary of findings



Thank you for being involved in the APEX study (Arthroplasty Pain Experience study). You were one of 322 people who kindly took part in this study.

BACKGROUND

The APEX study aimed to find out if an injection of local anaesthetic during a hip replacement operation could reduce pain in the first year after surgery.

STUDY DESIGN

Of the 322 people in the study, 159 people were chosen at random to have the 'usual care' that patients at Southmead normally receive. 163 other people were chosen at random to have an injection of local anaesthetic during their operation, in addition to 'usual care'. This was important as research needs to be able to compare the experiences of people having the 'usual care' with experiences of people having something new. Comparing both treatments provides information about which is best.

We asked everyone in the study to fill in questionnaires before their operation, in the first few days after their operation and then at 3-months, 6-months and 12-months

after their operation. People were also invited to attend a research appointment at 12-months after their operation.

SOME KEY FINDINGS

- Most people in both groups had excellent pain relief at one year after their hip replacement. People in both groups generally experienced the biggest improvements in pain during the first 3 months after their operation.
- Patients who had the injection of local anaesthetic were less likely to have a high level of pain in their replaced hip one year after their operation.
- There was no difference in pain levels at 3 months and 6 months after surgery between patients who did and did not have the injection of local anaesthetic.
- We will be recommending that an injection of local anaesthetic is given to patients having a hip replacement. This is because our study suggests it can reduce the number of people who have a high level pain after their operation.

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Summary of findings



Thank you for being involved in the APEX study (Arthroplasty Pain Experience study). You were one of 316 people who kindly took part in this study.

BACKGROUND

The APEX study aimed to find out if an injection of local anaesthetic during a knee replacement operation could reduce pain in the first year after surgery.

STUDY DESIGN

Of the 316 people in the study, 159 people were chosen at random to have the 'usual care' that patients at Southmead normally receive. 157 other people were chosen at random to have an injection of local anaesthetic during their operation, in addition to 'usual care'. This was important as research needs to be able to compare the experiences of people having the 'usual care' with experiences of people having something new. Comparing both treatments provides information about which is best.

We asked everyone in the study to fill in questionnaires before their operation, in the first few days after their operation and then at 3-months, 6-months and 12-months after their operation. People were also invited to attend a research appointment at 12-months after their operation.

SOME KEY FINDINGS

- Most people in both groups had good pain relief at one year after their knee replacement. People in both groups generally experienced the biggest improvements in pain during the first 3 months after their operation.
- Patients who had the injection of local anaesthetic reported slightly less pain in their replaced knee at one year after their operation compared to patients who did not have the injection.
- There was no difference in pain levels at 3 months and 6 months after surgery between patients who did and did not have the injection of local anaesthetic.
- We will be recommending that an injection of local anaesthetic is given to patients having a knee replacement. This is because our study suggests it can slightly reduce the amount of pain people have in their replaced knee at one year after their operation.

Contact details

If you have any questions or you would like more information about this study, please telephone Vikki Wylde (study co-ordinator) on [REDACTED] or email mru-restore@bristol.ac.uk

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Some members of the ADAPT research team

North Bristol   University of
NHS Trust BRISTOL

Summary of findings



Assessing disability after partial and total joint replacement



Thank you for being involved in the ADAPT study. You were one of 254 people who kindly took part in this study which is one of the largest studies of this type.

BACKGROUND

The aim of the ADAPT study was to compare different ways that mobility can be measured in people who are having joint surgery. The study compared the information that can be collected through questionnaires with information that can be collected through mobility tests and joint examinations.

Everyone taking part in the study was asked to come for a research appointment before their operation, and then at 3 months and 1 year after their operation.

STUDY DESIGN

People who took part in the ADAPT study filled in a number of questionnaires about mobility and then completed the following mobility tests:

- Walking 20 metres down a corridor
- Getting up from a chair
- Stepping on and off a box
- Balancing on one leg

A researcher also looked at how much everyone's joint moved.

FINDINGS

Early findings suggest that questionnaires, mobility tests and joint examinations all provide different results. A person's level of joint pain clearly affected the results of all the different ways of measuring mobility.

This may seem obvious, but in fact this study is new because until now it was not clear that doctors needed to ask about pain to understand information about mobility collected in questionnaires and through tests in clinics.

The study team is working to analyse the information further. We expect findings to be available in the next two years, and these will be publicly available through our website (please see overleaf).

WHAT'S NEXT?

We would like to thank you again for taking part. The research that is done at the Musculoskeletal Research Unit helps to inform better healthcare in the UK, and your participation was vital in this. The results will now be presented in academic journals and at research conferences, which ensures that policy makers and healthcare professionals hear about the research.

WHAT'S NEXT?

The study team is now looking in more detail at the information. We expect findings to be available in 2014 and these will be publicly available through our website.

We would like to thank you again for taking part. The research that is done at the Musculoskeletal Research Unit helps to inform better healthcare in the UK, and your participation was vital in this.

The results will now be presented in an academic journal, which ensures that policy makers and healthcare professionals hear about the research.

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Summary of findings



Self-managing pain in arthritis and arthroplasty



Thank you for being involved in the SPIRAL study. You were one of 88 people who kindly took part in this study.

BACKGROUND

The SPIRAL study aimed to find out whether we could run a study of a pain self-management course for people having a hip replacement.

STUDY DESIGN

Of the 88 people in the study, 45 people were chosen at random to have 'standard care' that patients at Southmead normally receive. 43 other people were chosen at random to be invited to attend a new pain self-management course. This was important as research needs to be able to compare the experiences of people having the 'standard care' with experiences of people having something new.

We asked everyone in the study to fill in questionnaires before their operation, and then at 1-month, 3-months and 6-months after their operation. We needed to find out whether people would be willing to fill these in.

We also talked to 57 additional people who did not wish to take part in the study to find out why.

SOME KEY FINDINGS

We would like to share three key findings with you:

- Between 81% and 91% of people completed the questionnaires at each time point. This is a very high completion rate compared with other studies. Some people thought the questions could be improved, and future research could make them better.
- People who attended the course gave it an average satisfaction rating of 7/10. In particular, people gave positive feedback about the group-based format of the course because it provided the opportunity to engage with other people having a hip replacement. This means that there is the potential to run further research about the impact of the course.
- One of the main reasons that people chose not to take part in this study was because of difficulties with getting to the hospital. This shows that future research and pain self-management groups may need to be run in places that are easier to get to.

WHAT'S NEXT?

The findings have informed an application for funding to run a larger study of physiotherapy after knee replacement. The results will also be presented in an academic journal, which ensures that policy makers and healthcare professionals hear about the research. We expect findings to be available in 2014 and these will be publicly available through our website.

We would like to thank you again for taking part. The research that is done at the Musculoskeletal Research Unit helps to inform better healthcare in the UK, and your participation was vital in this.

Contact details

If you have any questions or would like more information about this study, please telephone Samantha Dixon on [REDACTED] or email mru-restore@bristol.ac.uk

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Summary of findings

ARENA study 

Activity orientated rehabilitation following knee arthroplasty



Thank you for being involved in the ARENA study. You were one of 46 people who kindly took part in this study.

BACKGROUND

The ARENA study aimed to find out whether we could run a study of a physiotherapy class for people having a knee replacement.

STUDY DESIGN

Of the 46 people in the study, 23 people were chosen at random to have 'standard care' that patients at Southmead normally receive. 23 other people were chosen at random to be invited to attend a new 6 week physiotherapy class. This was important as research needs to be able to compare the experiences of people having the 'standard care' with experiences of people having something new.

We asked everyone in the study to fill in questionnaires before their operation, and then at 2 weeks, 3 months and 6 months after their operation. We needed to find out whether people would be willing to fill these in.

SOME KEY FINDINGS

We would like to share three key findings with you:

- 37% of people who we talked to about the study agreed to take part. Of the people who agreed to take part in the study, 91% completed the 6 month follow-up of the study. This is a very good completion rate compared with other studies.
- One of the main reasons that people chose not to take part in this study was because of difficulties with getting to the hospital. This shows that future research and physiotherapy classes may need to be run in places that are easier to get to.
- People who attended the physiotherapy classes gave them an average satisfaction rating of 9/10. In particular, people gave positive feedback about the group-based format of the course because it provided the opportunity to engage with other people having a knee replacement. This means that there is the potential to run further research about the impact of the course.

Contact details

If you have any questions or you would like more information about this study, please telephone Emma Johnson (researcher) on [REDACTED] or email mru-restore@bristol.ac.uk

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Some members of the RESTORE research team



Summary of findings



A study into minimising pain after joint replacement

An interview study



Thank you for being involved in the interview study that was part of the APEX trial. You were one of 24 people who kindly took part in this sub-study.

BACKGROUND

The interview study aimed to learn more about why people chose to take part in the APEX trial and what they thought of it. We were also interested in learning about people's journeys to hip or knee replacement and how they had managed their pain before and after their operation.

APEX is one part of the RESTORE Research Programme. The programme is made up of several research projects focusing on improving patient experiences of joint replacement surgery.

STUDY DESIGN

Emma Johnson visited you after your operation. Emma talked with you about your experiences of taking part in the trial and of surgery.

All interviews were audio recorded and these recordings were typed up. We then looked at them to find any similarities and differences in people's experiences.

FINDINGS

Participants took part in APEX for many reasons including:

- wanting to help others

- the value of research to advance knowledge

This information will be useful to improve future trials. We also looked at what people thought of pain relief medication. People told us that:

- although in pain before the operation they often chose to limit how much pain relief they took
- having the operation changed their thoughts about and use of pain relief

This information is helpful to health professionals. The study team is now looking in more detail at the information. Findings will be publically available in the next two years through our website (please see overleaf).

WHAT'S NEXT?

We would like to thank you again for taking part. The research that is done at the Musculoskeletal Research Unit helps to inform better healthcare in the UK, and your participation was vital in this. The results will be presented in academic journals and at research conferences, which ensures that policy makers and healthcare professionals hear about the research.

Contact details

If you have any questions or you would like more information about this study, please telephone Emma Johnson (researcher) on [REDACTED] or email mru-restore@bristol.ac.uk

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Some members of the RESTORE research team

Summary of findings

Having a joint replacement

You and your joint replacement



Thank you for being involved in the 'You and your joint replacement' study. You were one of 34 people who kindly gave up their time to take part.

BACKGROUND

The aim of the 'You and your joint replacement' study was to learn more about people's experiences and 'journeys' through hip or knee replacement surgery.

The study is one part of the RESTORE Research Programme. The programme is made up of several research projects focusing on improving patient experiences of joint replacement surgery.

STUDY DESIGN

Taking part in this study involved you meeting with Emma Johnson before you had your joint replacement surgery. Emma asked you questions about your history of joint problems, experiences of pain and your thoughts about the operation. A member of the research team also aimed to talk to you again 2-4 weeks, 6 months and 12 months after the operation to learn about your recovery from surgery.

All interviews were audio recorded. These recordings were then typed up. We then looked at them to find any similarities and differences in people's experiences.

FINDINGS

Many of you told us that you had to wait a long time to have your operation. It was also a common experience to learn that your operation had been cancelled or delayed. We have been interested in studying the impact that this had on you and the potential ways to limit this for other patients in the future.

We were able to learn a great deal about the support that you received from health professionals before, during and after joint replacement. You also gave us useful suggestions about input that you felt was missing. This information will be useful in helping to improve the support provided to others having joint replacement.

The study team is now looking in more detail at the information. Findings will be publically available in the next two years through our website (please see overleaf).

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