

NHS Number: [REDACTED]

Telephone: [REDACTED]

Email: [REDACTED]

Our ref: [REDACTED]

Date Attended Clinic: 09 September 2019

Letter Date: 10 September 2019

[REDACTED]

Re: [REDACTED]
[REDACTED]**Primary Diagnosis**

1. Right total hip replacement, 1 May 2019.
2. Moderate to severe OA left hip.
3. Degenerate lower lumbar spine with previous L4/5, L5/S1 fusion over 30 years ago under the care of [REDACTED]
4. Degenerate sacro iliac joint and chronic enthesopathies around pelvis, trochanter and pubic symphysis.

History

I reviewed [REDACTED] in the clinic today following his hip replacement. He was last reviewed on the 17th of June. As anticipated [REDACTED] continues to have pain, this time around his symptoms are largely around the right knee. He has also found his left hip is gradually getting worse.

Examination

On examination he has minimal tenderness in the right groin, he remains tender around the trochanter, sacro iliac joint and over the lower lumbar spine as previously known.

Left hip movements were also painful particularly for abduction with tenderness in the groin.

Right knee movements in isolation sitting at the edge of the bed clearly are painful with significant medial joint line tenderness.

Radiographs

We know from previous x-rays that he has advanced patello-femoral joint arthritis and moderate to severe medial compartmental arthritis.

Continued

Plan & Opinion

The difficulty however is his pain is certainly accentuated by his chronic lower back pain and treatment that he has had in the past. Between the right knee and left hip, the right knee being the worst, the options are somewhat limited which is essentially down to a knee replacement.

My fear is that this is unlikely to meet the expectations that he has given the predisposition to pain, heightened pain response, previous back surgery, nevertheless this is where he is heading even accepting a compromised outcome.

Therefore having discussed the nature of the surgery, length of hospital stay, time to recovery, outcome following surgery and the associated risks and complications such as infection, DVT, pulmonary embolism, neurovascular injury, cardiovascular issues, persistence of pain, chronic pain and stiffness, I have listed him for a right total knee replacement.

TCI: Right total knee replacement.

Oxford knee score: 12.

BMI: 34.5.

Booklet on knee replacement given today.

PS [REDACTED] works for [REDACTED] therefore obviously will need to discuss this with his employers. I have explained to [REDACTED] that 30% of the patients can't kneel after the knee replacement and most patients will have a decreased sensation around the lateral aspect of the scar.

Many thanks.

Yours sincerely

[REDACTED]

GP

PRIVATE & CONFIDENTIAL

[REDACTED]