

IRISH NATIONAL ORTHOPAEDIC REGISTER SUMMARY REPORT 2015-2024

This is the second national report from the Irish National Orthopaedic Register (INOR). This report is a significant milestone for the register as it presents 10 years of data, from 2015–2024, about elective hip and knee replacement happening in participating hospitals.

- Over this period, a total of 17 hospitals contributed to INOR, including both public and private hospitals*. These hospitals perform planned, non-emergency joint replacement surgeries.
- There is information collected on 43,291 hip and knee replacement surgeries.

The data provide insights into patient characteristics, processes of care, types of implants used, clinical outcomes and Patient-Reported Outcome Measures (PROMs).



Pre-op assessment

Participation in INOR is voluntary. Your information will be collected for the register during your assessment and treatment.

In hospital

During your care, staff will electronically collect all relevant clinical information required based on your participation in INOR.

Post-op assessment

Participants will receive a schedule of postoperative assessments at 6 months and as required over the lifetime of the implant.

WHAT IS A JOINT REPLACEMENT?

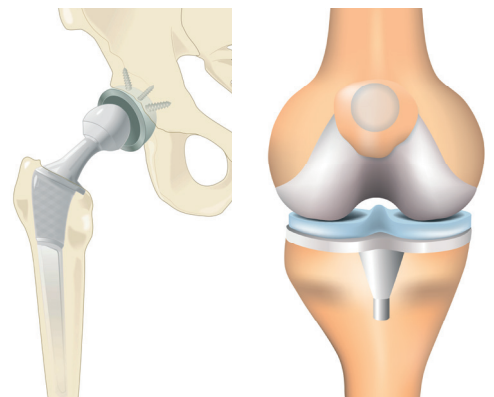
A joint replacement means replacing a joint, a hip or knee, that has been damaged, usually by osteoarthritis, with an artificial joint using implants. Osteoarthritis is a condition that causes joints to become painful and stiff.

A hip replacement can include resurfacing the bones (hip resurfacing) or by using implants to create an artificial joint (hip replacement).

The knee is a joint that functions like a hinge. It is formed by the end of the thigh bone (femur) and the top of the shin bone (tibia) and includes the kneecap (patella).

A knee replacement includes resurfacing the bones at the end of the thigh bone and the top of the shin.

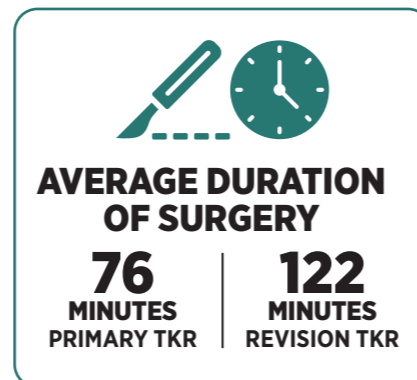
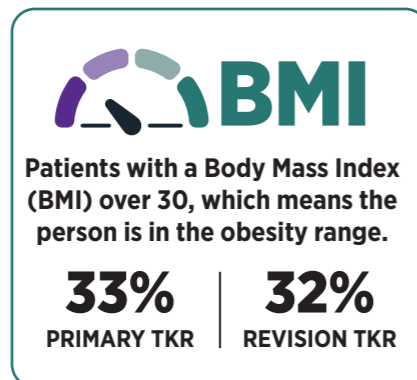
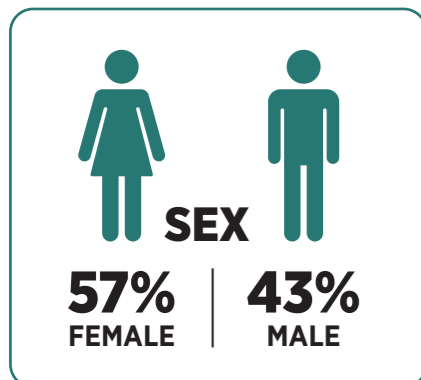
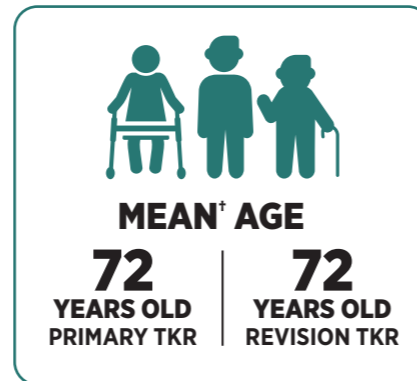
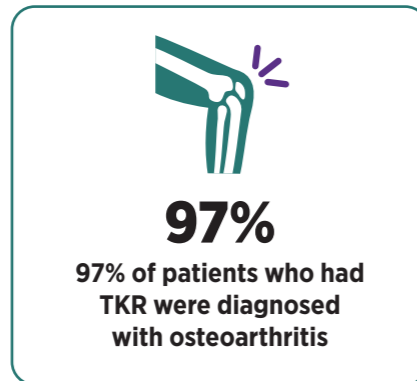
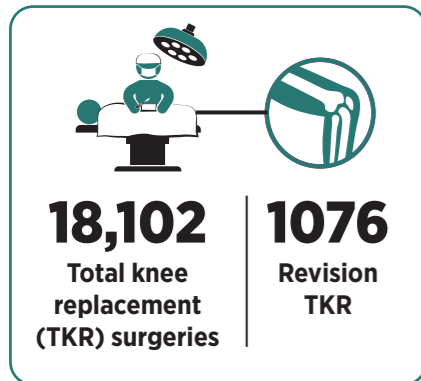
This report also looks at revision joint replacement surgery, which is performed to repair an artificial hip or knee implant that has been damaged over time.



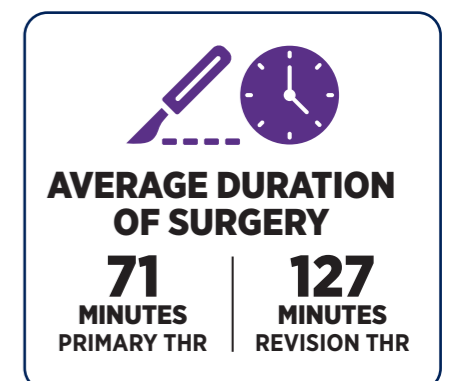
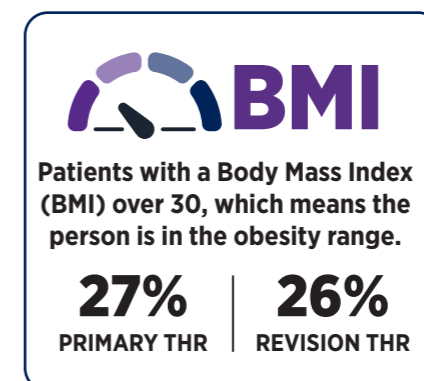
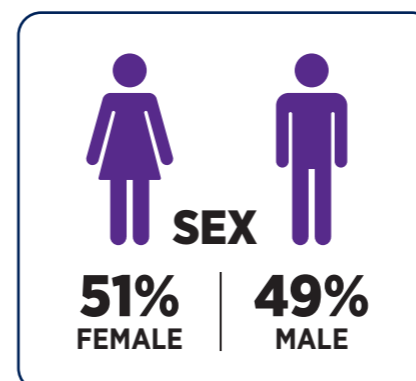
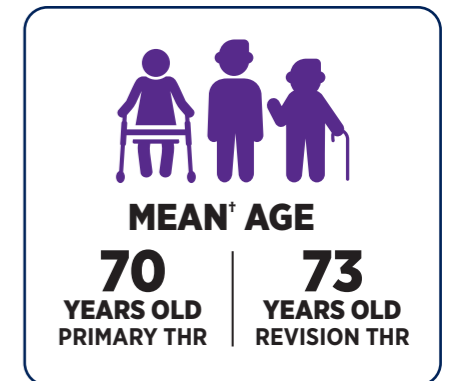
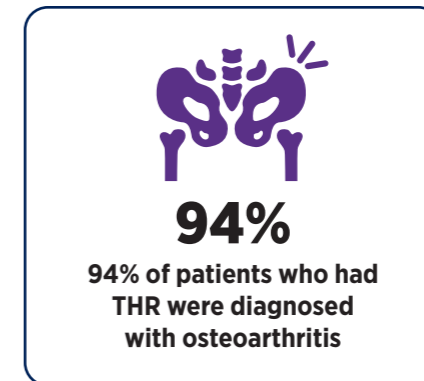
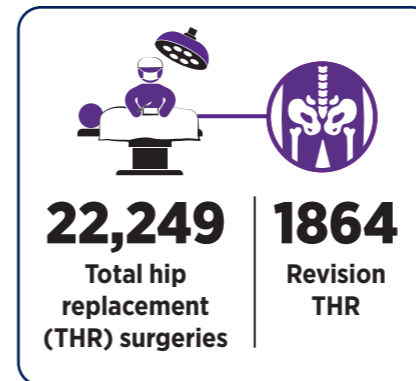
KEY FINDINGS

IRISH NATIONAL ORTHOPAEDIC REGISTER

KNEE FINDINGS

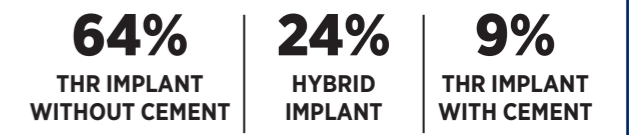


HIP FINDINGS



TYPE OF FIXATION

Type of fixation describes how the artificial hip joint is attached to the bone during hip replacement surgery. Some implants are fixed using bone cement, while others are designed to allow the bone to grow onto the implant over time. In some cases, a hybrid approach which uses both cemented and cementless implants.

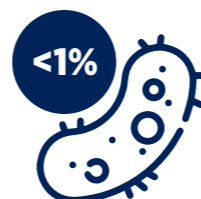


OUTCOMES: All procedures combined

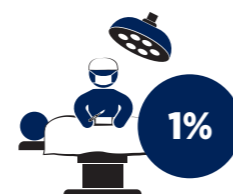
Less than 2% of revision joint replacements had an SSI documented by a doctor within 30 days of surgery.



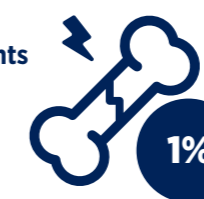
Less than 1% of THR and TKR surgeries had a surgical site infection (SSI) documented by a doctor within 30 days of surgery.



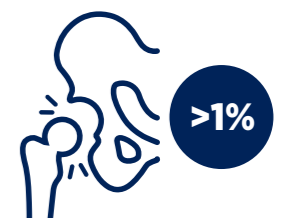
1% of THR and TKR had a revision surgery performed within 1 year after surgery.



Less than 1% of joint replacements had a bone fracture around the implant recorded within 30 days of surgery.



Less than 1% of joint replacements had a dislocation recorded within 30 days of surgery.



Less than 0.1% of primary and revision joint replacement patients died within 30 days of surgery.







Patient Reported Outcome measures, which are tools to measure quality of life, show very significant improvements compared to pre-operative scores, and these improvements are sustained at 2 years following surgery.



† Mean: the average value, found by adding all the numbers together and dividing by the total number of values.

KEY RECOMMENDATIONS

 INOR needs to be implemented to all sites providing surgery for hip, knee and other joint arthroplasty to provide a full national registry of implants to support recall.	
 NOCA will conduct an organisational survey of all participating sites.	

PATIENT AND PUBLIC INTEREST



Arthritis affects over one million people in Ireland and is the most common cause of disability in this country. This report highlights a striking reality: osteoarthritis is the primary reason for elective hip and knee replacements, representing 94% and 97% of these procedures, respectively.

It is hugely encouraging to see INOR strengthening its reporting on clinical outcomes. For people living with arthritis, whose daily lives are shaped by pain, reduced mobility and the constant negotiation of everyday tasks, this level of transparency matters.

As a public and patient representative on the INOR Governance Committee, I believe it is vital that the lived experience of arthritis informs how we interpret and use this data. When surgery is required, hip and knee replacements can be genuinely transformative – restoring independence, reducing pain and giving people back a quality of life they feared was lost. Ensuring

accountability and openness in our health system is central to achieving the best possible outcomes for every patient.

With approximately 400,000 people in Ireland living with osteoarthritis and figures forecast to increase due to an ageing population and a more sedentary lifestyle, it is essential to implement INOR to all sites providing surgery for hip and knee arthroplasty in order to facilitate a full national registry of implants to support recall and ensure patient safety.

For those who require hip or knee surgery, transparency and accountability in our health system are not abstract principles – they are central to improving outcomes and ensuring that every patient receives safe, effective and equitable care.

Tara Regan, Patient and Public Interest Representative, Irish National Orthopaedic Register

PIETER'S STORY

Pieter has always led an active life, but years of injury, osteoarthritis and diving-related caisson disease resulted in severe hip pain that significantly affected his mobility, work and wellbeing. Following hip replacement surgery in Ireland, he experienced a marked improvement in pain and quality of life. He describes the care he received, including the pre-operative Joint School and follow-up through INOR, as informative and reassuring. Scan the QR code to hear Pieter's full story about his experience of surgery and recovery.

SCAN THE QR CODE TO READ PIETER'S STORY ON PAGE 10 OF THE REPORT.



NOCA National Office of
Clinical Audit

4TH FLOOR, 118 ST STEPHEN'S GREEN, DUBLIN 2, D02 X0N1

Tel: +353 1 402 8577

IF YOU WISH TO READ THE
FULL REPORT LOG ONTO

www.noca.ie

IF YOU HAVE ANY QUERIES OR
COMMENTS PLEASE FEEL FREE TO EMAIL

inor@nocai.ie

FOLLOW US ON
OUR SOCIALS

