

# Wasting everyone's time?

## Current practice after injections

NHS

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### Introduction

Injection treatments are commonly offered to help musculoskeletal conditions. The majority are corticosteroid injections.

In Foot & Ankle surgery injections are a useful tool to clarify site of pathology and manage symptoms.

Inflammatory arthritis, osteoarthritis and tendinopathies are the most common indications.

Pain relief is difficult to predict in terms of both efficacy & longevity. The initial response (local anaesthetic) helps to confirm the diagnosis. The duration of pain relief (steroid) is unpredictable.

### Aim

To understand current practice among foot & ankle surgeons & other clinicians as a prelude to improving efficiency.

### Method

An online questionnaire was administered to clinicians who treat patients with injections, including a survey of the BOFAS membership.

### Results

271 responses; 146 Foot & Ankle (F&A) colleagues

124 Others: 80 Other T&O Consultants; 33 Registrars, 4 Pain specialists, 8 other specialists

Most clinicians give up to 5 injections/week

Follow-up is routinely arranged for:

- **82% of first injections (F&A)** 79% other clinicians (Figure 1.1)
- **44% of subsequent injections (F&A)** 51% other clinicians (Figure 1.2)

Remainder of patients offered SOS appointment or discharged to GP.

At follow-up, majority of injections still working (Figure 2).

Follow-up was mostly at the 6 to 12 week point (Figure 3).

Figure 1.1. After FIRST injections how often do you arrange routine follow-up appointments: FOOT & ANKLE

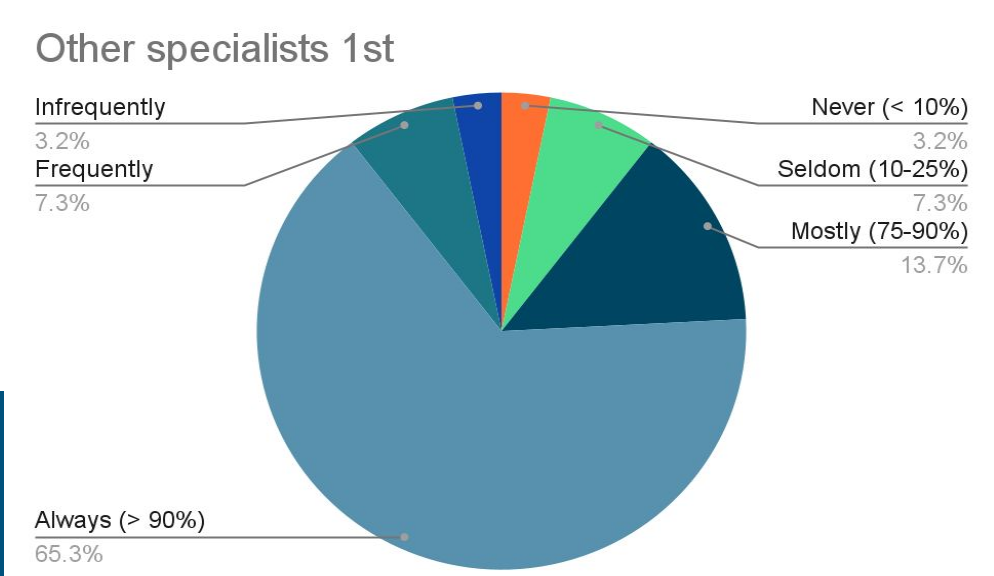
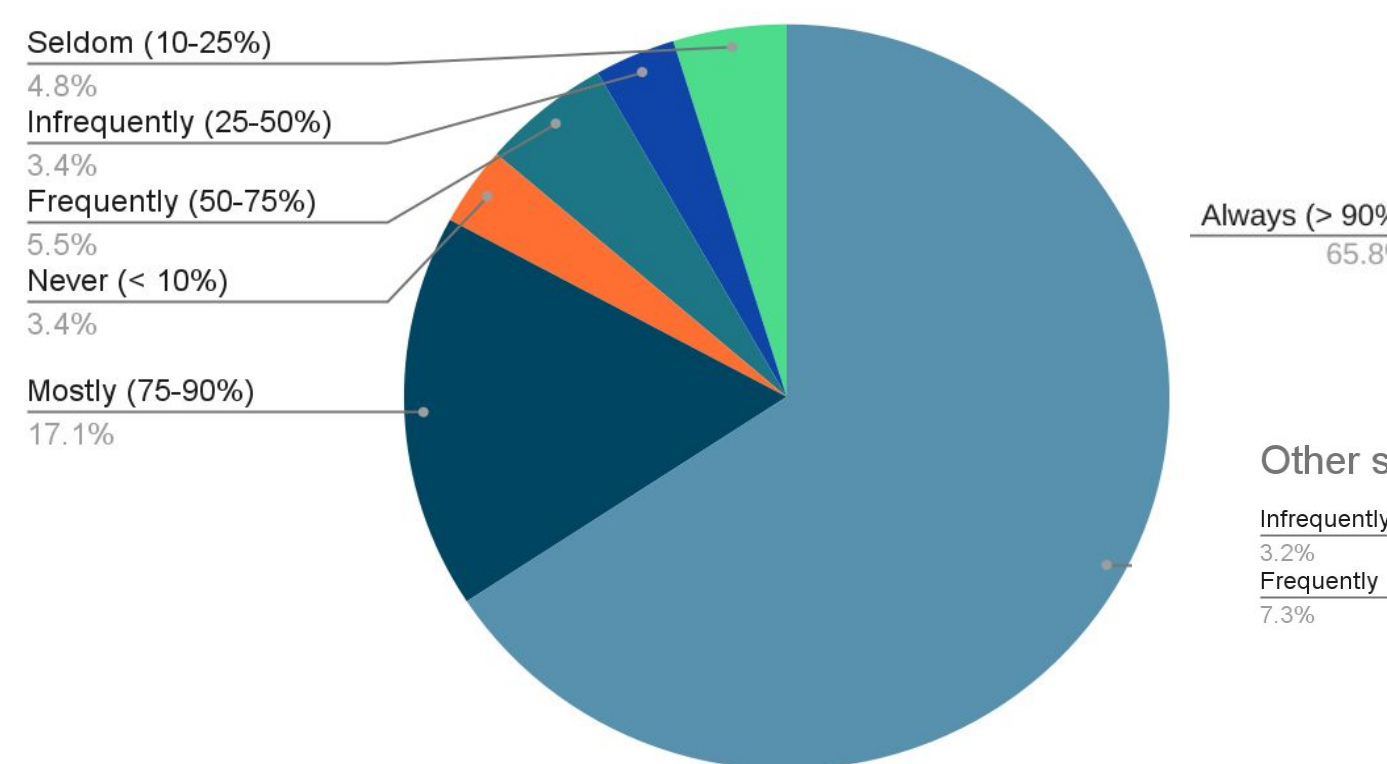


Figure 1.2. After subsequent injections how often do you arrange follow-up appointments: FOOT & ANKLE

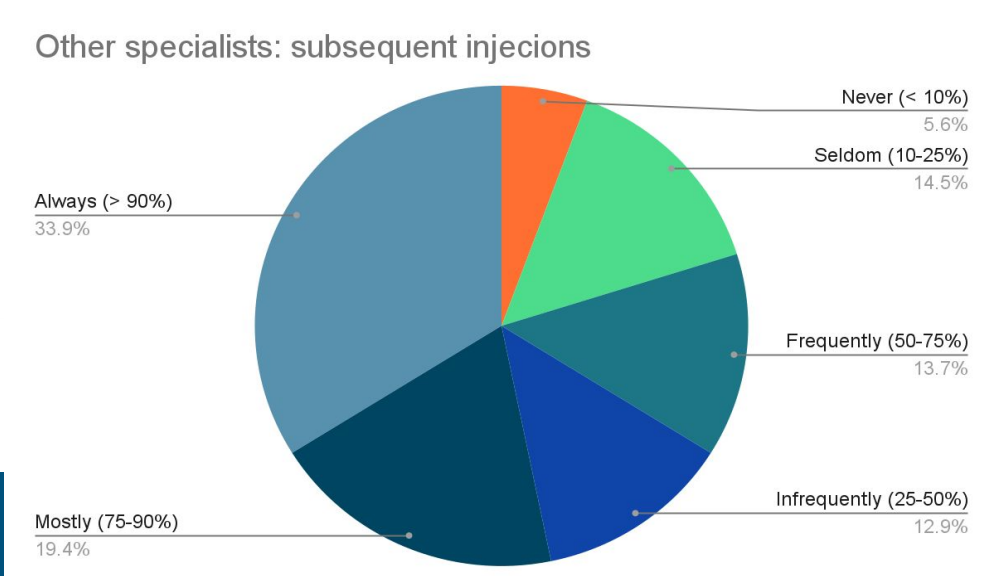
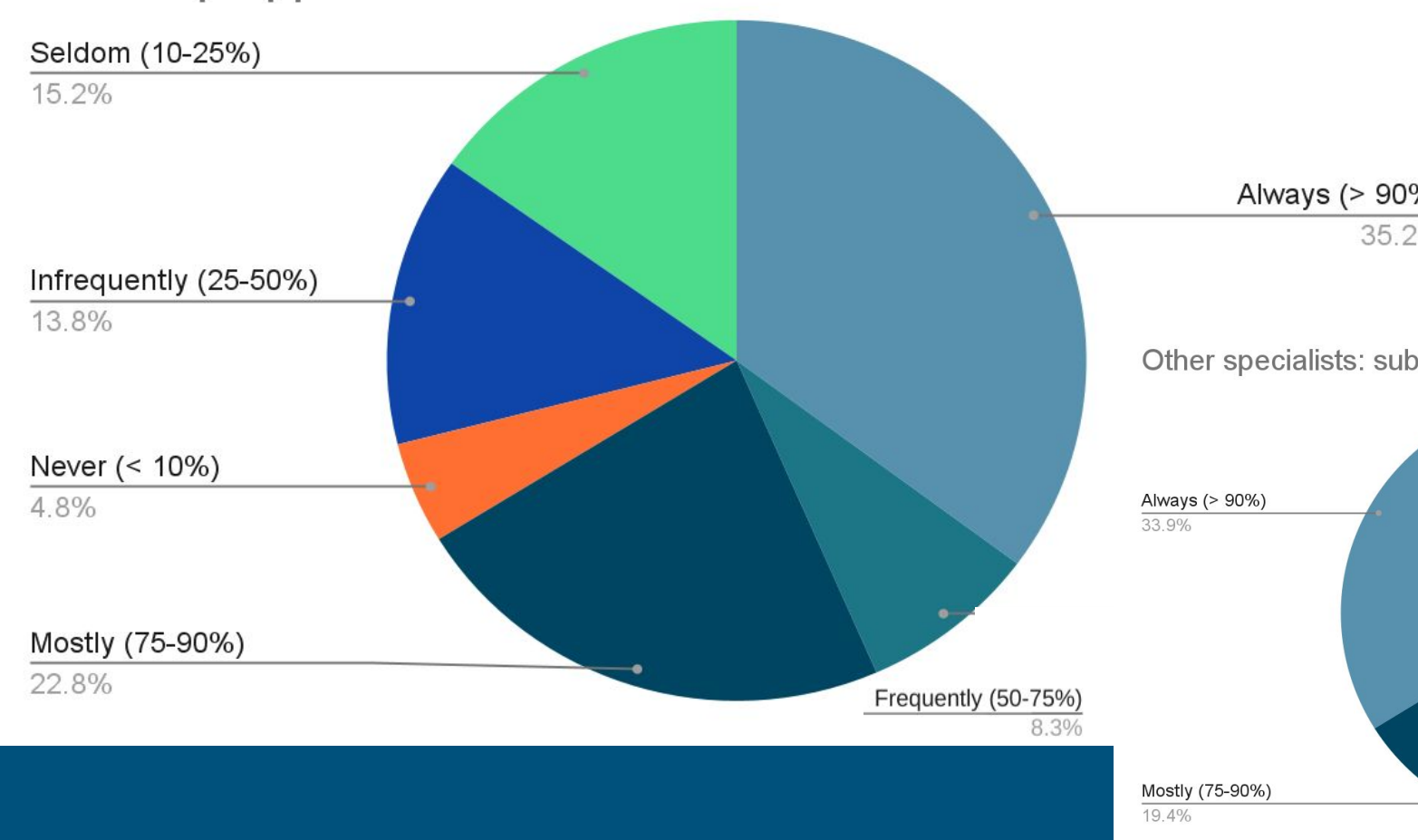
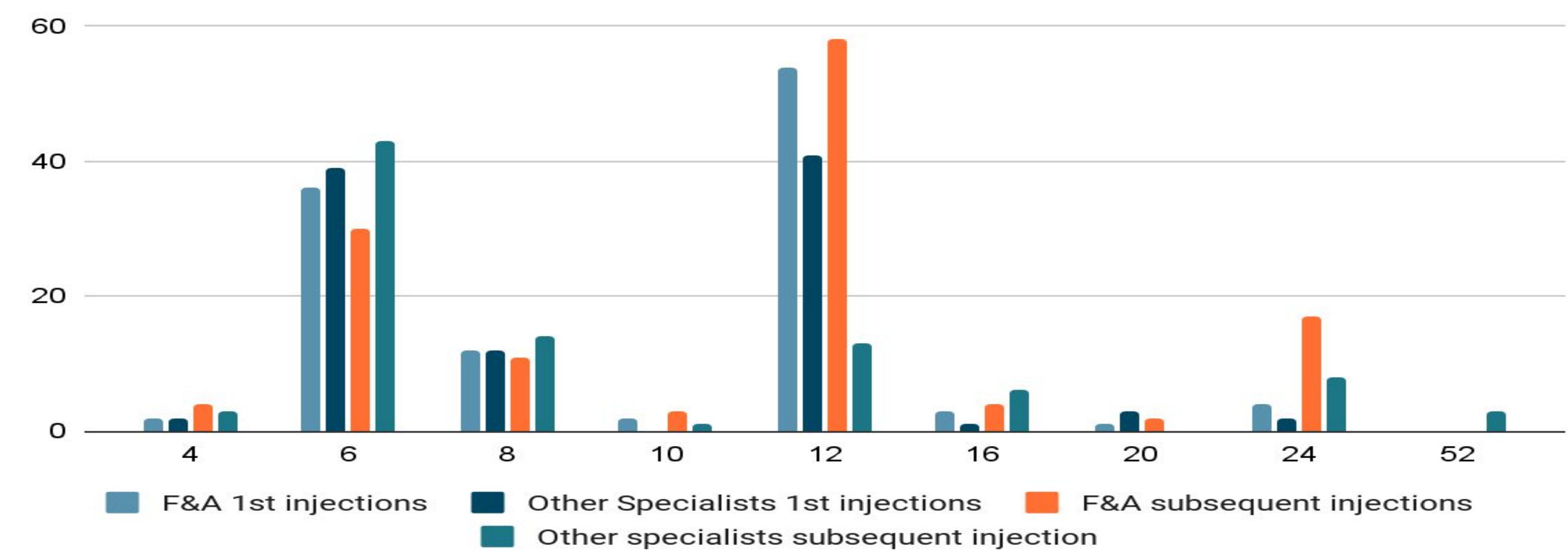


Figure 2. Patient reported outcome of injection in Foot & Ankle patients



Figure 3. Weeks to follow up appointment



### Discussion

Foot & Ankle surgeons mostly delivered injections in the operating theatre (40%), with 35% by a radiologist and only 25% given in OPD.

- Other clinicians gave most (56%) in OPD with only 15% referred to radiology
- Likely reflects diagnostic intent & anatomical complexity in F&A

85% of clinicians frequently or always arrange routine follow-up.

The traditional Orthopaedic 6 - 12 week follow-up appointment was given in nearly all cases, irrespective of clinical improvement.

Very few clinicians ask patients to use a pain diary.

At routine follow-up the injection was still working for the majority of patients.

A few had little or no benefit. Some were not able to recall if there was initial benefit.

**Follow-up appointments are only needed:**

- once the benefits have worn off
- if there was never any improvement

***Routine appointments at 6 – 12 weeks are not useful.***

### Conclusion

This study shows that routine follow-up appointments after injection are widely used, but are wasteful and inefficient.

***Current practice is inefficient***

Strategies to record pain scores and use patient initiated follow up, when the benefits of injection have failed/faded, could save millions of pounds.