

The Swedish Ankle Registry

www.swedankle.se



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Background

Anually about 85 ankles are replaced and 350 ankle arthrodeses performed in Sweden. Only 4 units replace more then 10 ankles but 42 units perform between 1 och 35 arthrodeses.

The Swedish Ankle Registry

One of many nationwide registries supported by the Swedish Association of Local Authorities and Regions. Initiated in 1997 and collects data for primary ankle arthroplasties and ankle arthrodesis. Coverage > 90%. Currently the registry contains extensive patient-specific data on 1150 primary ankle replacements and 1700 primary ankle arthrodesis,

Input

Surgeons fill out report forms containing surgical details and patient-related variables including BMI, ASA-class and smoking habits.

Patients scheduled for surgery fill out questionnaires before surgery, and at set intervals post surgery (6 m, 1y, 2y).

Generic Patient Reported Outcome Measures (PROM): *EQ5D*, *SF36*
Region specific PROM : *SEFAS** (*Self Reported Foot and Ankle Score*)

Output

Aggregation of results in annual reports. Available in Swedish and English at www.swedankle.se/annual-reports.

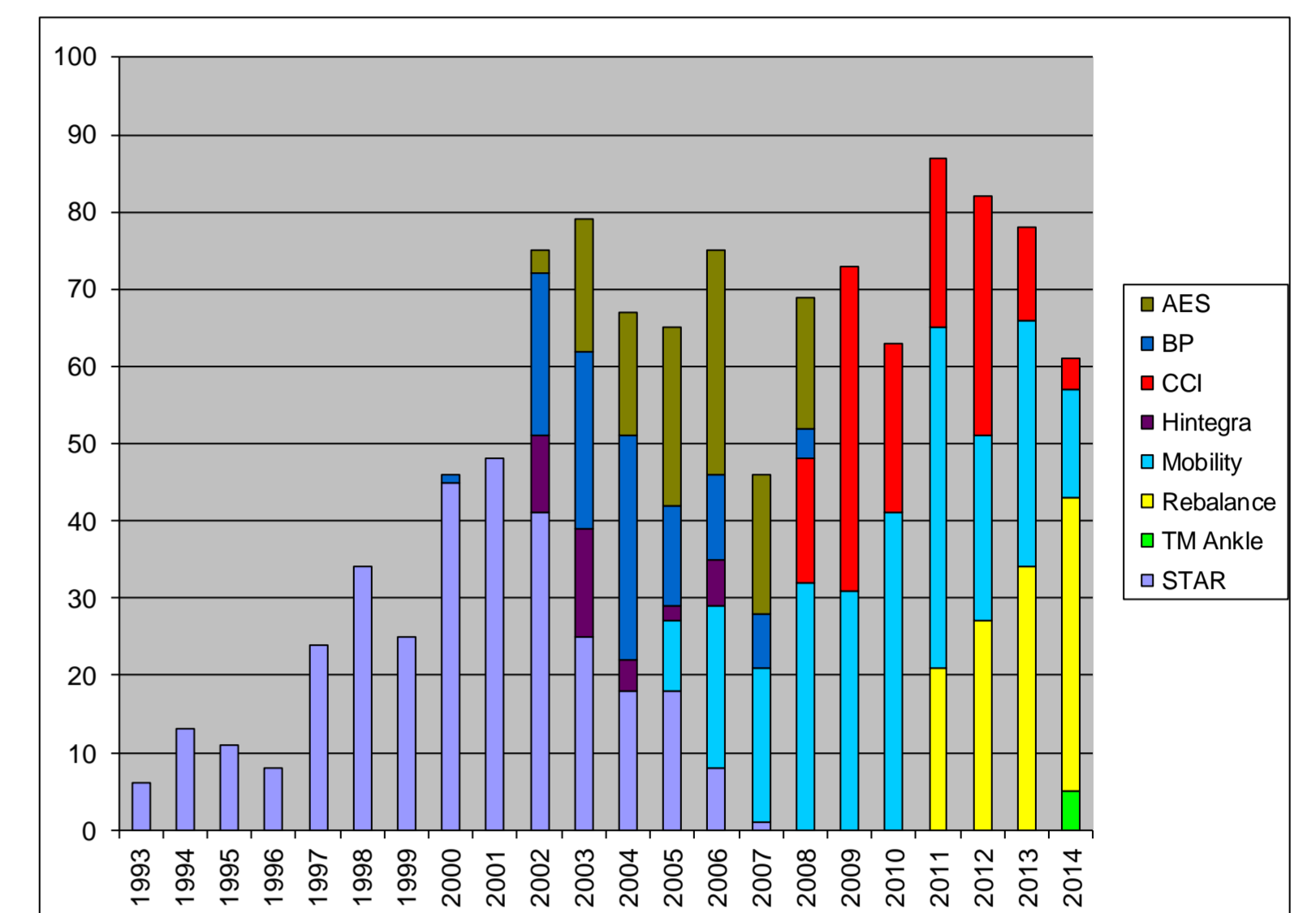
Perspective

Results of surgery need to be constantly superintended to facilitate best practice and best use of resources. In this perspective the usefulness of registries as this cannot be overestimated to establish appropriate and updated treatment protocols.

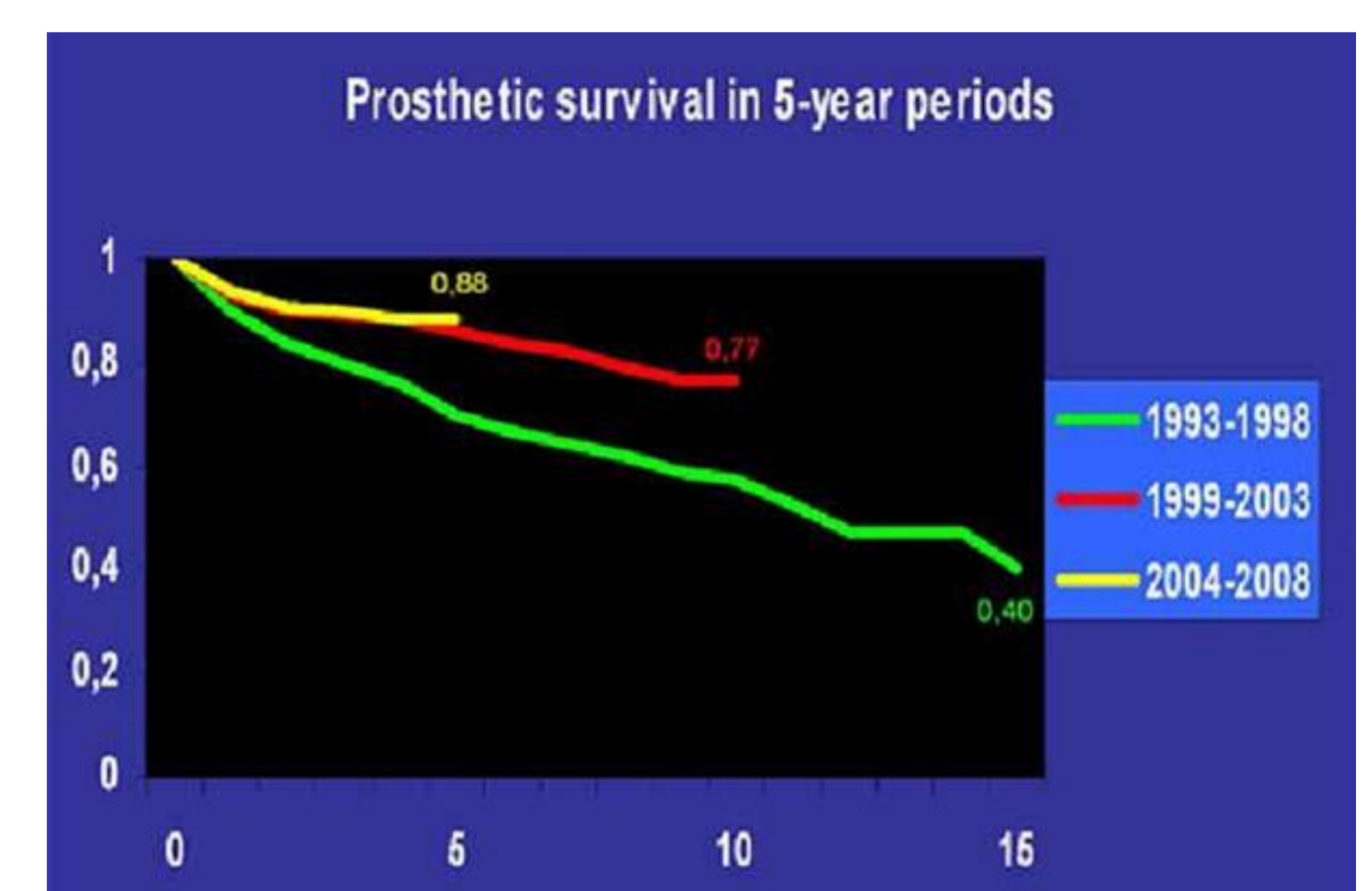
References

Henricson et al: 10-year survival of total ankle arthroplasties. A report on 780 cases. Acta Orthop 2011; 82:655–659

Cöster M et al. Validity, reliability, and responsiveness of a self-reported foot and ankle score (SEFAS). Acta Orthop 2012; 83:197–203



Number inserted per year and type of prosthesis



Prosthetic survival with exchange or removal of components as endpoint

1. How would you describe the pain you usually have from the foot/ankle in question? 4 <input type="checkbox"/> None 3 <input type="checkbox"/> Very mild 2 <input type="checkbox"/> Mild 1 <input type="checkbox"/> Moderate 0 <input type="checkbox"/> Severe	5. How much has the pain from the foot/ankle in question interfered with your usual work including housework and hobbies? 4 <input type="checkbox"/> Not at all 3 <input type="checkbox"/> A bit 2 <input type="checkbox"/> Moderately 1 <input type="checkbox"/> Greatly 0 <input type="checkbox"/> Totally
2. For how long have you been able to walk before severe pain arises from the foot/ankle in question? 4 <input type="checkbox"/> No pain up 30 min. 3 <input type="checkbox"/> 16-30 minutes 2 <input type="checkbox"/> 5-10 minutes 1 <input type="checkbox"/> Around the house only 0 <input type="checkbox"/> Unable to walk at all because of severe pain	6. Have you been limping when walking because of the foot/ankle in question? 4 <input type="checkbox"/> No days 3 <input type="checkbox"/> Only one or two days 2 <input type="checkbox"/> Some days 1 <input type="checkbox"/> Most days 0 <input type="checkbox"/> Every day
3. Have you been able to walk on uneven ground? 4 <input type="checkbox"/> Yes, easily 3 <input type="checkbox"/> With little difficulty 2 <input type="checkbox"/> With moderate difficulty 1 <input type="checkbox"/> With extreme difficulty 0 <input type="checkbox"/> No impossible	7. Have you been able to climb a flight of stairs? 4 <input type="checkbox"/> Yes, easily 3 <input type="checkbox"/> With little difficulty 2 <input type="checkbox"/> With moderate difficulty 1 <input type="checkbox"/> With extreme trouble 0 <input type="checkbox"/> Impossible
4. Have you had to use an orthotic (shoe insert), heel lift or special shoes? 4 <input type="checkbox"/> Never 3 <input type="checkbox"/> Occasionally 2 <input type="checkbox"/> Often 1 <input type="checkbox"/> Most of the time 0 <input type="checkbox"/> Always	8. Have you been troubled by pain from the foot/ankle in question in bed at night? 4 <input type="checkbox"/> No night 3 <input type="checkbox"/> Only one or two nights 2 <input type="checkbox"/> Some nights 1 <input type="checkbox"/> Most nights 0 <input type="checkbox"/> Every night
9. How much has pain from the foot/ankle in question affected your usual recreational activities? 4 <input type="checkbox"/> Not at all 3 <input type="checkbox"/> A bit 2 <input type="checkbox"/> Moderately 1 <input type="checkbox"/> Greatly 0 <input type="checkbox"/> Totally	11. After a meal (sat at a table) how painful has it been for you to stand up from a chair because of the foot/ankle in question? 4 <input type="checkbox"/> Not at all painful 3 <input type="checkbox"/> Slightly painful 2 <input type="checkbox"/> Moderately painful 1 <input type="checkbox"/> Very painful 0 <input type="checkbox"/> Unbearable
10. Have you had swelling of your foot? 4 <input type="checkbox"/> None at all 3 <input type="checkbox"/> Occasionally 2 <input type="checkbox"/> Often 1 <input type="checkbox"/> Most of the time 0 <input type="checkbox"/> All the time	12. Have you had a severe sudden pain shooting, stabbing or spasms from the foot/ankle in question? 4 <input type="checkbox"/> No days 3 <input type="checkbox"/> Only one or two days 2 <input type="checkbox"/> Some day 1 <input type="checkbox"/> Most days 0 <input type="checkbox"/> Every day

The Swedish Foot and Ankle Score (questionnaire)



X-rays of a replaced ankle (Rebalance)