Record Status
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Citation

Authors' objectives
The primary objective of this first annual report is to present the results of the data sent to the RACat during the 2005-2008 period regarding the characteristics of implanted arthroplasties and prostheses.

The specific objectives are:
1) To describe the general characteristics of hip and knee arthroplasties sent to the RACat during this time period.
2) To describe the RACat's data in terms of the completeness and quality of the information.
3) To describe prostheses types, models and other characteristics (fixation techniques and friction devices). The primary objective of this first annual report is to present the results of the data sent to the RACat during the 2005-2008 period regarding the characteristics of implanted arthroplasties and prostheses.

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Authors' conclusions
The results yielded by the RACat have enabled a description of the primary types of hip and knee arthroplasties, with a gradual increase of the number of arthroplasties sent.

The quality of the data sent to the RACat is expected to improve soon as a result of increased communication and feedback with the centres, and also due to the execution of specialised care objectives in the field of orthopedic surgery and traumatology. Four indicators for the fulfillment of hospital quality objectives have been defined, based on the annual periodicity of data sending, the completeness of the information and data quality provided to the RACat.

Differences have been observed in the patterns of use of the different types of arthroplasties in primary hip and knee arthroplasties in Catalonia. Other variables related with patient characteristics such as as reason for surgery, severity of the disease, body mass index or others which might have influenced the variability observed should be more throughly examined in order to gain a deeper understanding of the causes of these differences.

In regards to the different prostheses models, a wide variability of models is observed, especially for total hip and knee arthroplasties, which are the most frequent in the RACat. There seems to be less variability in other arthroplasties such as unipolar partial arthroplasties and surface hip arthroplasties or femorotibial unicompartmental knee arthroplasties.

In order to ensure the mid- and long-term continuity of the RACat, and to properly interpret the outcomes of the arthroplasties and surgical techniques presenting the highest survival, involvement of all health care centres, more comprehensive data and systematically improved data quality are required.

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