# Orthopaedic Quality Improvement Activity

## Case 1: Spinal

45 year old male patient had been suffering from back pain and severe right sided sciatica for 4 months. Patient had been attending private physiotherapy. He had a five year history of intermittent back pain and sciatic.

Physio relieved the back pain only.

In May his condition deteriorated and the sciatic and femoral pain in the right leg intensified in severity and necessitated multiple analgesics. In May he was referred for private MRI scan.

MRI on 29/5/12 reported all lumbar disks to be degenerate and dehydrated.

At L4/5 there was large broad based posterior disk bulge causing severe bilateral exit foramen stenosis.

At L5/S1 small posterior bulge with central and left para-central protrusion. This was causing severe left and minor right exit foramen stenosis.

19/6/12 he was seen by orthopaedic surgeon who decided that he required a right L4/5 microdiscectomy.

20/6/12 patient admitted for surgery

7/8/12 reviewed at clinic – marked reduction in right sciatica since operation.

## Case 2: Spinal

67 year old male patient attended surgery complaining of severe pain in left hip which disturbed sleep at night. The pain radiated from the buttock down the posterior leg. He also suffered from back pain.

Patient had a slipped femoral epiphysis of left hip in 1959 and underwent subtrochanteric osteotomy. He felt that the pain was going to be due to arthritis of this hip point. Pelvic xray did not demonstrate any significant osteoarthritis to the left hip joint.

Examination revealed restricted lumbar flexion. Straight leg raising was reduced on the left to 60 degrees. SLR was normal on right. Power was normal in both legs.

26/11/12 referred for NHS MRI scan

13/12/12/ MRI reported reduction in disc heights at all levels below L2.

At L3/4 mild lateral disc bulge into left nerve root canal impinging in left L3 nerve root.

At L4/5 there is reduction in disc height together with broad based disc prolapse into right nerve root canal impinging on right L4 nerve root.

Early Jan 2013 patient referred to spinal surgeons.

## CASE 3: Knee

13 September 2102, 37 year old patient attended surgery complaining that right knee was constantly giving way. He had sustained a twisting injury to the fright knee when playing football 2 years previously. He denied any problem when ascending or descending stairs. Sometimes when the knee gave way it appeared to lock.

On examination he had good quadriceps muscles and moderate knee effusion. There was considerable soft tissue swelling on medial aspect of the knee. Negative grind test. Anterior cruciate appeared intact.

13/9/12 referred for MRI to investigate possible meniscal injury.

27/10/12 MRI reports complete rupture of anterior cruciate ligament. Tear in posterior aspect of medial meniscus. Inflammation of medial collateral ligament. Small joint effusion.

21/11/12 patient referred to orthopaedic clinic urgently, not yet seen.