

# Lessons from the Global Orthopaedic Registry

Release Date: September 2010

Expiration Date: September 30, 2011

Estimated time to complete this activity: 3 hours

## Intended Audience:

This activity was developed for orthopedic surgeons.

## Program Overview/Goal:

Patients undergoing orthopedic surgery are at high risk of surgery-related complications, including venous thromboembolism. In this supplement, the results of the Global Orthopaedic Registry are discussed, providing insight into global surgical and prophylaxis patterns as well as complications and outcomes following orthopedic surgery. Together, these articles add real-world data to the orthopedic surgery literature and will allow physicians to assess the impact of different surgical choices.

## Agenda:

- Overview of the Global Orthopaedic Registry (GLORY)
- Orthopedic Practice in Total Hip Arthroplasty and Total Knee Arthroplasty: Results From the Global Orthopaedic Registry (GLORY)
- Practice Patterns in the Use of Venous Thromboembolism Prophylaxis After Total Joint Arthroplasty—Insights From the Multinational Global Orthopaedic Registry (GLORY)
- Complications and Functional Outcomes After Total Hip Arthroplasty and Total Knee Arthroplasty: Results From the Global Orthopaedic Registry (GLORY)
- Lessons Learned From the Global Orthopaedic Registry (GLORY): Study Design, Current Practice Patterns, and Future Directions

## Educational Objectives:

At the end of the [Lessons from the Global Orthopaedic Registry](#), participants will be able to:

- Explain global surgical practice patterns in orthopedic surgery.
- Describe prevalent global prophylaxis regimens currently used in orthopedic surgery.
- Recognize how these different practice patterns can influence clinical outcomes in orthopedic surgery.
- Identify best practice when designing and running a registry.
- Use best-practice guidelines to help make informed clinical decisions in orthopedic surgery.

## Faculty:

- Richard J. Friedman, MD, FRCS – Chairman, Department of Orthopaedic Surgery, Roper Hospital, Charleston Orthopaedic Associates, Charleston, South Carolina.
- Giancarlo Agnelli, MD – Professor of Internal Medicine, Sezione di Medicina Interna e Cardiovascolare, Dipartimento di Medicina Interna, Università di Perugia, Via Enrico dal Pozzo, Perugia, Italy.
- Frederick A. Anderson, Jr., PhD – Research Professor of Surgery, and Director, Center for Outcomes Research, University of Massachusetts Medical School, Worcester, Massachusetts.
- Fred Cushner, MD – Director, Insall Scott Kelly Institute, New York, New York.
- Gordon FitzGerald, PhD – Assistant Professor, Department of Surgery, University of Massachusetts Medical School, Worcester, Massachusetts.
- Alexander Gallus, MBBS, FRACP, FRCPA, FRCP(C) – Professor of Haematology, Flinders University School of Medicine, Adelaide, Australia.
- Enrique Gil-Garay, MD, PhD – Associate Professor of Orthopaedic Surgery, and Consultant Orthopaedic Surgeon, La Paz University Hospital, Universidad Autónoma, Madrid, Spain.
- Werner Hein, MD – Consultant, Orthopedic Trauma Center, Park-Krankenhaus Leipzig, Leipzig, Germany.
- Kirk Johnson, MD – Associate Professor, Department of Orthopaedics & Rehabilitation, UMass Memorial Medical Center, Worcester, Massachusetts.
- Jens Raabe, MD – Specialist in Orthopedics, Department of Orthopaedics, Martin-Luther-University Halle-Wittenberg, Halle, Germany.
- Flávio Turibio, MD – Head, Service of Orthopedics and Trauma, Hospital School of Santa Marcelina, São Paulo, Brazil.
- James Waddell, MD – A.J. Latner Professor and Chairman, Division of Orthopaedic Surgery, University of Toronto, Toronto, Ontario, Canada.
- David Warwick, MD, FRCS (Orth) – Reader in Orthopaedic Surgery, Southampton University Hospitals, Southampton, Hampshire, United Kingdom.

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Dr. Friedman is a consultant for and receives research support from Boehringer Ingelheim and Astellas; he is a consultant for Johnson & Johnson; and he is on the speaker's bureau for sanofi-aventis. Dr. Anderson is a consultant for sanofi-aventis, GlaxoSmithKline, and Ortho McNeill. Dr. Cushner is a consultant for sanofi-aventis, Bayer, and Astellas. Dr. Gallus is a consultant for sanofi-aventis, Bristol-Myers Squibb, Bayer, Progen, Astellas, and GlaxoSmithKline. Dr. Gil-Garay is on the advisory board for sanofi-aventis. Drs. Agnelli, FitzGerald, Hein, Johnson, Raabe, Turibio, Waddell, and Warwick have no disclosures to report. Dan Bridges, PhD, has no disclosures to report. Robert Reina, MS, MBA, and Tristan Nelsen, MNM, CMP, both at the Elsevier Office of CME, also have no disclosures to report.

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## Acknowledgment of Commercial Supporter:

This activity is supported by an educational grant from sanofi-aventis US Inc.

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## Special Needs:

We encourage participation by all individuals. If you have any special needs, please contact Barbara Ready at 973-206-8971 or [barbara.ready@QHC.com](mailto:barbara.ready@QHC.com) or JoAnn Wahl at 973-206-8989 or [joann.wahl@QHC.com](mailto:joann.wahl@QHC.com).

# CME Test Answer Sheet and Evaluation Form for “Lessons from the Global Orthopaedic Registry”

Release Date of Activity: September 2010  
 Expiration Date of Activity for AMA PRA credit:  
 September 30, 2011  
 Estimated Time to Complete this Activity: 3 hours

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1. In a registry, such as GLORY, what is the study design?
  - a. A randomized clinical trial
  - b. A case series
  - c. A prospective observational multi-site study
  - d. A retrospective patient record analysis
  
2. In total hip arthroplasty patients in GLORY, what was the most common surgical approach utilized?
  - a. Posterior
  - b. Trochanteric
  - c. Anterior lateral
  
3. In total knee arthroplasty patients in GLORY, what was the most common prosthesis fixation method?
  - a. Cemented
  - b. Porous
  - c. Hydroxyapatite
  - d. Other
  
4. Which was the most frequently used form of in-hospital prophylaxis in the GLORY registry?
  - a. Low-molecular-weight heparin
  - b. Elastic stockings
  - c. Warfarin
  - d. Intermittent pneumatic compression
  
5. What was the median in-hospital prophylaxis duration in the GLORY registry?
  - a. 3 days
  - b. 4 days
  - c. 5 days
  - d. 6 days
  
6. More than 75% of THA and TKA patients in GLORY received prophylaxis that was in full compliance with the 2001 ACCP guidelines?
  - a. True
  - b. False
  
7. The incidence of any in-hospital bleeding in THA patients in GLORY was?
  - a. 0.10%
  - b. 0.48%
  - c. 0.68%
  - d. 0.95%

8. What was the most common specified in-hospital complication in TKA patients in GLORY?
  - a. Fracture
  - b. Deep-vein thrombosis
  - c. Cardiac events
  - d. Wound infection
  
9. Which patient group had the highest incidence of deep-vein thrombosis in GLORY?
  - a. Male THA patients
  - b. Female THA patients
  - c. Male TKA patients
  - d. Female TKA patients
  
10. Which was the only recommendation for good registry design that was not followed in the GLORY registry?
  - a. Randomized selection of hospitals/clinics or community-wide collection
  - b. Standardized disease definitions
  - c. IRB review and approval of registry protocol at each participating site
  - d. Reporting of all collected data

Record your answers by circling the appropriate letter:

- |            |             |
|------------|-------------|
| 1. a b c d | 6. a b c d  |
| 2. a b c d | 7. a b c d  |
| 3. a b c d | 8. a b c d  |
| 4. a b c d | 9. a b c d  |
| 5. a b c d | 10. a b c d |

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**Course Evaluation:**

Please evaluate the effectiveness of this activity by circling your choice on a scale of 1 to 5, with 1 the lowest and 5 the highest.

Explain global surgical practice patterns in orthopedic surgery.  
 1    2    3    4    5

Describe prevalent global prophylaxis regimens currently used in orthopedic surgery.  
 1    2    3    4    5

Recognize how these different practice patterns can influence clinical outcomes in orthopedic surgery.  
 1    2    3    4    5

Identify best practice when designing and running a registry.  
 1    2    3    4    5

Use best-practice guidelines to make informed clinical decisions in orthopedic surgery.  
 1    2    3    4    5

How do you rate the overall quality of the activity?  
 1    2    3    4    5

How do you rate the educational content of the activity?  
 1    2    3    4    5

Compared to activities that you have participated in during the past 6 months, how do you rate the overall quality of this activity?  
 1    2    3    4    5

Was the information presented fair, objective, balanced, and free of bias in the discussion of any commercial product or service?

\_\_\_\_ Yes    \_\_\_\_ No

If not, please describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggested topics for future activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Suggested authors/faculty for future activities: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Improvement in Knowledge, Competency, or Practice

**Please indicate if this activity has improved:**

1. \_\_\_\_ Medical knowledge
2. \_\_\_\_ Practice-based learning and improvement
3. \_\_\_\_ Communication & interpersonal skills
4. \_\_\_\_ Professionalism
5. \_\_\_\_ Systems-based practice
6. \_\_\_\_ Patient care

Approximate percentage of patients you manage for the disease addressed by this activity?

\_\_\_\_ 0–20%    \_\_\_\_ 21–40%    \_\_\_\_ 41–60%    \_\_\_\_ 61–80%    \_\_\_\_ >80%

After participation in this activity, have you decided to change one or more aspects of the treatment of your patients?

\_\_\_\_ Yes    \_\_\_\_ No

If yes, what changes will you make?

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If no, please indicate what barriers you might have encountered:

- \_\_\_\_ Already treating this way
- \_\_\_\_ Time
- \_\_\_\_ Patient non-adherence
- \_\_\_\_ Not on formulary
- \_\_\_\_ Not reimbursable by insurance
- \_\_\_\_ Other (please specify): \_\_\_\_\_

**Please indicate:**

How you heard about this activity?    \_\_\_\_ Mail/Print  
 \_\_\_\_ Internet/E-mail    \_\_\_\_ Live Activity

Would you be willing to participate in post-activity follow-up surveys?

\_\_\_\_ Yes    \_\_\_\_ No

Would you be willing to participate in a focus group or teleconference aimed at identifying/creating future educational activities that would improve performance in practice or patient outcomes?

\_\_\_\_ Yes    \_\_\_\_ No

The EOCME thanks you for participation in this CME activity. All information provided improves the scope and purpose of our programs and your patient's care.