



Annual Registry Report for 2025

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Abstract

The outcomes captured, completeness and validation processes are presented for the JointCare Arthroplasty Registry from South Africa, with the aim of facilitating research collaboration. The target audiences for this document are other arthroplasty registries, and all other researchers involved in studies aiming to improve the outcomes for individuals receiving joint replacement surgery worldwide.

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1 Definitions

A revision of a joint is defined as, any procedure where the implant for that joint has one or more components removed from it, and/or has one or more components re-positioned/refixedated, and/or has one or more components added to it. JointCare's revision definition is based on the UK NJR's, and the UK NJR's Minimum Data Set version 8 (MDSv8).

A Debridement And Implant Retention (DAIR) with modular exchange counts as a revision, while a DAIR without module exchange counts as a re-operation only. If it is unknown if a modular exchange was done as part of the DAIR, the procedure is counted as a revision. JointCare's Annual reports before 2025 counted all DAIRs on JointCare's registry as revisions as per UK NJR's

MDSv7. From the report for 2025 onwards, DAIRs with no modular exchange were re-classified as re-operations only.

A two stage treatment of an infection counts as one revision, and one re-operation event. The first stage counts as a revision since it entails the removal of the implant, and replacement with a cement spacer. The second stage, which entails the removal of the spacer and the insertion of a new implant, does not count a revision since there is no implant at the joint beforehand.

A procedure to resurface a patella following a total knee arthroplasty is considered a revision. The reasoning being that the patella component is considered part of the total knee arthroplasty implant (even though it is often not inserted) and as such re-surfacing the patella is adding a component to the implant.

Definitions vary. To accommodate for this variance and allow for research collaboration, the procedure's anonymised details may be provided. Specifically, details for the revisions and Clavien-Dindo grade IIIa or higher therapies are captured on the JointCare registry. These details can then be used to re-classify the event as per definitions used in the study at hand.

2 Data Captured

Primary hip and knee arthroplasties and the associated revisions and re-operations are captured.

The patient demographic data and operative parameters captured by the JointCare Registry are similar to that of several registries that are members of the International Society of Arthroplasty Registries (ISAR). Additionally, the JointCare Registry captures radiographic measurements from pre- and post-operative radiographs. These radiographic parameters are used for Jointcare's Peer Review Program. Patient reported outcome measures (PROMs) are captured pre- and post-operatively too. Prior to 2026, the PROMs instruments were the Hip disability and Osteoarthritis Outcome Score (HOOS) and Knee injury and Osteoarthritis Outcome Score (KOOS) for hips and knees respectively. In 2026 the JointCare registry switched to PROMIS based PROM questionnaire.

Only the first re-operation (which includes revisions) for the primary arthroplasties done through the JointCare Network are captured. A description of the re-operation is captured, the indication and the x-ray radiographs if available. A boolean variable is also captured to record if the re-operation is believed to be definitely unrelated to the primary surgery or implant, for example in consequence to a re-operation due to the trauma of a car crash.

2.1 Primary Arthroplasty Survivorship

Survivorship data is obtained by

1. Patient follow-up: Done for every primary. Patients and/or family members contacted via email, text messages and phone calls. Follow-up done at 1, 2, 3, 5, and 7 years. At each interval, follow-up ends for that primary if, the patient can not be contacted, requests not to be contacted, does not respond if year 2 or greater, is deceased, or required a revision or a re-operation. Revision-required, re-operation required, and deaths are therefore captured, together with feedback that none of the afore mentioned events has occurred.

Patient are also asked if a complication occurred after completing their patient reported outcome measures (PROMs) questionnaire (*added in 2024*).

2. The JointCare Peer Review Program, either via post-operative complication reports completed by the surgeon or by follow-up x-rays, both at around 6 weeks. Almost every primary arthroplasty under goes radiographic review (99%+) as per JointCare's Managed Care Protocol. Arthroplasties are excluded when no post-op x-rays could be obtained due to reasons such as the Patient becoming uncontactable.

3. Cross-validation with revision claims made to medical issuers, although done historically, does not currently take place.

The completeness of the revision survivorship follow-up for arthroplasties done before 2026 is

Survivorship data completeness			
	Completeness (values available)		
Primary	1 year	3 year	5 year
Total Hip	88% (5 855)	55% (2 223)	50% (1 088)
Total Knee	87% (7 150)	46% (1 807)	46% (761)
Uni Knee	87% (839)	47% (220)	47% (83)

Short-term complication reports also record if a revision was required, and if other events such a pulmonary embolism or deep vein thrombosis occurred. Complication reports are completed by the surgeon at their follow-up examinations, which happen at various follow-up intervals, with normally the 6 week follow-up being captured. The completeness for complications reports from the start of 2019 to the end of 2025 is

Complication data completeness				
	Completeness (values available)			
	2 weeks	4 weeks	6 weeks	8 weeks
Complication data up to	92% (11 833)	73% (9 388)	54% (7 021)	18% (2 388)

2.2 Patient Demographics

Patient parameters	
Parameter	Description
Gender	Patient sex (source surgeon ¹)
Age	Patient age (source surgeon)
Mass	Patient mass at time of surgery (source anaesthetist ²)
Height	Patient height (source anaesthetist)
Comorbidity Codes	ICD-10 codes. Before 2022 a checklist of comorbid categories was used. (source anaesthetist)
ASA grade	ASA Physical Status Classification. Introduced 2022. (source anaesthetist)

¹ Either by the surgeon or their practice
² Entered by anaesthetist, their practice, or their billings service

Patient parameter completeness			
Parameter	Completeness (values available)		
	2015 or later	2020 to 2025	only 2025
Gender	100% (19 626)	100% (16 728)	100% (3 798)
Age	100% (19 628)	100% (16 728)	100% (3 798)
Mass	98% (19 188)	100% (16 728)	100% (3 798)
Height	98% (19 188)	100% (16 728)	100% (3 798)
Comorbidity Codes	73% (14 290)	85% (14 290)	100% (3 798)
ASA grade	73% (14 290)	85% (14 290)	100% (3 798)

2.3 **Operative - General**

The general operative parameters captured for primary hip and knee arthroplasties are as follows

Operative general parameter descriptions	
Parameter	Description
Surgery Date	Date of surgery (source surgeon)
Side	Operative side (source surgeon)
Diagnostic Code	Primary ICD-10 code (source surgeon)
Hospital Codes	Primary ICD-10 code (source hospital bill)
Prosthesis components	manufacturer codes and descriptions for the implant components (source implant invoice)
Prosthesis component lot numbers	lot or batch numbers for implant components (source implant invoice)
Cement	cement used in implant fixation. Lot number not captured. (source hospital bill or implant invoice)
Antibiotic	Antibiotic name, brand & dosage (source hospital bill)

Operative general parameter completeness			
Parameter	Completeness (values available)		
	2015 or later	2020 to 2025	only 2025
Surgery Date	100% (19 628)	100% (16 728)	100% (3 798)
Side	100% (19 628)	100% (16 728)	100% (3 798)
Diagnostic Code	100% (19 628)	100% (16 728)	100% (3 798)
Hospital Codes	97% (19 122)	100% (16 728)	100% (3 798)
Prosthesis components	97% (19 122)	100% (16 728)	100% (3 798)
Prosthesis component lot numbers	97% (19 122)	100% (16 728)	100% (3 798)

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Operative general parameter completeness (Continued)

	Completeness (values available)		
	95% (9 978)	95% (8 783)	95% (2 050)
Cement			
Antibiotic	97% (19 122)	100% (16 728)	100% (3 798)

2.4 Hip Arthroplasties

Two different PROM questionnaires have been used. From March 2017 up until the end of 2021 the pain and functionally questions from the 42 question HOOS was used (HOOS-pf). Thereafter the HOOS-12 PROM questionnaire was used. The completeness and number of data points are as follows

PROMS Total Hip Replacement			
PROM	time point	Completeness (values available)	
		2017 to 2021	2022 to 2025
HOOS-pf	pre-op	53% (1 212)	
	6 month	32% (735)	
	1 year	22% (510)	
	2 year	16% (368)	
HOOS-12	pre-op		66% (3 461)
	6 month		37% (1 949)
	1 year		25% (1 258)
	2 year		18% (631)

Pre- and post-op x-rays are captured with the following measurements recorded

Hip x-ray parameter descriptions	
Parameter	Description
LLD_{post}	Leg-length discrepancy after surgery
LLD_{pre}	Leg-length discrepancy before surgery
$medialisation_{post}$	Medialisation after surgery. Difference of femoral-head-pelvis-centre distance between operative and non-operative sides along the transverse axis.
$medialisation_{pre}$	Medialisation before surgery.
$proximalisation_{post}$	Proximalisation after surgery. Difference of femoral-head-pelvis-centre distance between operative and non-operative sides along the longitudinal axis.
$proximalisation_{pre}$	Proximalisation before surgery.
cup inclination	Radiographic inclination: angle between the face of the cup and the transverse axis.

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Hip x-ray parameter descriptions (Continued)

Parameter	Description
anteversion	Radiographic anteversion: calculated from the ratio of the major & minor diameters of the ellipse formed by the rim of the cup as projected onto the coronal plane
penetration of ilioischial line	Whether or not ilioischial line was penetrated by arthroplasty
global offset	femoral offset medialisation + rotational centre medialisation. Where femoral offset medialisation = femoral offset non operated_side - femoral offset operated side, and rotational centre medialisation = medial offset non operated_side - medial offset of operated side, using the tear drop landmarks.

Hip x-ray parameter completeness

Parameter	Completeness (values available)		
	2015 or later	2020 to 2025	only 2025
LLD _{post}	90% (7 178)	99% (6 337)	99% (1 338)
LLD _{pre}	88% (7 071)	98% (6 241)	98% (1 321)
medialisation _{post}	90% (7 178)	99% (6 337)	99% (1 338)
medialisation _{pre}	88% (7 071)	98% (6 241)	98% (1 321)
proximalisation _{post}	90% (7 178)	99% (6 337)	99% (1 338)
proximalisation _{pre}	88% (7 071)	98% (6 241)	98% (1 321)
cup inclination	90% (7 178)	99% (6 337)	99% (1 338)
anteversion	90% (7 178)	99% (6 337)	99% (1 338)
penetration of ilioischial line	90% (7 178)	99% (6 337)	99% (1 338)
global offset	1% (89)	1% (89)	7% (88)

2.5 Total Knee Arthroplasties

Similarly to hip, changed from KOOS-pf to KOOS-12 at the start of 2022

PROMS Total Knee Replacement

PROM	time point	Completeness (values available)	
		2017 to 2021	2022 to 2025
KOOS-pf	pre-op	56% (1 151)	
	6 month	33% (688)	
	1 year	23% (482)	
	2 year	16% (325)	
KOOS-12	pre-op		66% (5 337)

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PROMS Total Knee Replacement (Continued)

	Completeness (values available)
6 month	35% (2 852)
1 year	23% (1 749)
2 year	16% (842)

Various pre- and post-op x-rays are captured with the following measurements recorded

Total Knee x-ray parameter descriptions

Parameter	Description
medial slant	tibial component's varus slant relative to the tibial centre line in the post-op AP view
MPTA	medial proximal tibial angle (MPTA) on the post-op hip-knee-ankle AP view
LDFA	lateral distal femoral angle (LDFA) on the post-op hip-knee-ankle AP view
MPTA pre-op	medial proximal tibial angle (MPTA) on the pre-op hip-knee-ankle AP view
LDFA pre-op	lateral distal femoral angle (LDFA) on the pre-op hip-knee-ankle AP view
posterior slant	tibial component's posterioral slant
PTS change	change in tibial slant (PTS). Post-op minus pre-op
femur medial slant error	measures the angle between the femoral contact line's medial slant (relative to the tibial contact inserts contact line) and subtracts that from the expected value for the implant
notching	femoral notching (+ cortex removal, - implant tip proud)
angle femur tibia centre lines	angle between femoral and tibial centre lines in the post-op AP close up view. (- is valgus rotation)
HKA varus pre-op	hip-knee-ankle varus rotation in hip-knee-ankle AP pre-op x-ray
HKA varus post-op	hip-knee-ankle varus rotation in hip-knee-ankle AP post-op x-ray
HKA varus shift	HKA varus post-op - HKA varus pre-op. So + indicates more bowlegged, while - indicates more knocked

Total Knee x-ray parameter completeness

	Completeness (values available)		
Parameter	2015 or later	2020 to 2025	only 2025
medial slant	87% (9 049)	98% (9 049)	100% (2 227)
MPTA	19% (1 972)	21% (1 972)	24% (541)

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Total Knee x-ray parameter completeness (Continued)			
	Completeness (values available)		
LDFA	19% (1 972)	21% (1 972)	24% (541)
MPTA pre-op	8% (871)	9% (871)	21% (478)
LDFA pre-op	8% (871)	9% (871)	21% (478)
posterior slant	87% (9 047)	98% (9 047)	100% (2 227)
PTS change	68% (7 055)	76% (7 055)	97% (2 163)
femur medial slant error	87% (9 049)	98% (9 049)	100% (2 227)
notching	43% (4 486)	48% (4 486)	100% (2 227)
angle femur tibia centre lines	87% (9 049)	98% (9 049)	100% (2 227)
HKA varus pre-op	17% (1 757)	19% (1 757)	21% (478)
HKA varus post-op	20% (2 048)	22% (2 048)	24% (541)
HKA varus shift	10% (996)	11% (996)	13% (285)

2.6 Uni Knee Arthroplasties

The completeness for uni-compartmental knee patient questionnaires is

PROMS Uni Knee Replacement			
PROM	time point	Completeness (values available)	
		2017 to 2021	2022 to 2025
KOOS-pf	pre-op	55% (140)	
	6 month	38% (97)	
	1 year	28% (72)	
	2 year	23% (58)	
KOOS-12	pre-op		68% (619)
	6 month		40% (367)
	1 year		27% (229)
	2 year		20% (124)

The uni-compartmental x-ray parameters recorded are

Medial uni knee x-ray parameter descriptions	
Parameter	Description
femoral comp varus rotation 1	femoral component varus rotation relative to the femoral centre line (- is valgus rotation)
femoral comp varus rotation 2	femoral component varus rotation relative to the tibial centre line (- is valgus rotation)

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Medial uni knee x-ray parameter descriptions (Continued)

Parameter	Description
femoral comp varus rotation 3	femoral component varus rotation relative to the tibial component (- is valgus rotation)
tibial comp medial overhang	tibial component medial overhang (+ indicates the prosthesis edge extends over the bone edge)
tibial comp varus rotation	tibial component varus rotation relative to the tibial centre line (- is valgus rotation)
tibial comp posteroinferior tilt	posteroinferior tilt from Lat x-ray (+ indicates an anterior tilt)
femoral comp flexion-ext angle	femoral comp flexion-ext angle (if Restoris MCK, value offset by 23.7 deg to be comparable to Oxford)
tibial comp anterior overhang	tibial comp anterior overhang in post-op Lat x-ray
tibial comp posterior overhang	tibial comp posterior overhang in post-op Lat x-ray
femoral comp posterior overhang	femoral comp posterior overhang in post-op Lat x-ray

Medial uni knee x-ray parameter completeness

Parameter	Completeness (values available)		
	2015 or later	2020 to 2025	only 2025
femoral comp varus rotation 1	96% (1 143)	99% (1 064)	99% (224)
femoral comp varus rotation 2	96% (1 143)	99% (1 064)	99% (224)
femoral comp varus rotation 3	96% (1 143)	99% (1 064)	99% (224)
tibial comp medial overhang	96% (1 143)	99% (1 064)	99% (224)
tibial comp varus rotation	96% (1 143)	99% (1 064)	99% (224)
tibial comp posteroinferior tilt	96% (1 143)	99% (1 064)	99% (224)
femoral comp flexion-ext angle	96% (1 143)	99% (1 064)	99% (224)
tibial comp anterior overhang	96% (1 143)	99% (1 064)	99% (224)
tibial comp posterior overhang	96% (1 143)	99% (1 064)	99% (224)
femoral comp posterior overhang	96% (1 143)	99% (1 064)	99% (224)

3 Data Validation

The process begins with the creation of a new patient record on the JointCare system. The JointCare-partnered orthopaedic surgeon captures the patient data. Use may be made of a lookup facility based on the medical aid number to automatically complete some of the details. This lookup facility interfaces with the medical aid database, and was originally purposed to verify the medical aid details are associated with the correct patient, but acts as a validation of patient age. The case record is then populated by the JointCare-partnered orthopaedic surgeon. This includes the type

and proposed date of operation, medical team, hospital and prosthesis supplier. The diagnostic and procedural codes are also added by the orthopaedic surgeon.

Following the operation, the surgeon and anaesthetist submit their reports which are added to the case record. There is a specific section to disclose operative and post-operative complications up to 6 weeks after surgery. This may report the necessity for a revision along with the indication for such. There is a degree of validation built into the JointCare system, for example if a height or mass is outside a normative range this is flagged for investigation. The prosthesis supplier's invoice is used to add prosthesis details to the case record. Diagnostic and procedural codes are derived from the hospital invoice. Antibiotic data is derived from the hospital pharmacy invoice.

The orthopaedic surgeon or an outsourced JointCare processor uploads the pre- and post-operative x-rays onto the system. In the latter case, the processor accesses the x-ray online through the x-ray department's picture archiving and communication system (PACS). The x-rays are then processed by a measurer to extract the radiographic parameters, followed by a reviewer who checks the work of the measurer. The reviewer is also responsible for flagging a revision as described in the complications report. Anomalous radiographic-derived parameters that the system deems statistical outliers are flagged by the system, thus bringing to the reviewer's attention for specific scrutiny.

The de-identified case data is then submitted to the JointCare registry. For the purposes of survivorship analysis, the patient or relative is contacted at specified time periods to determine the status of their implant. If a revision has taken place, the date and indication is recorded. A death may be reported at this stage and the date of such is recorded. If the patient cannot be contacted, a loss-to-followup censoring event is noted. Revision claim data is also requested by JointCare from the respective medical insurance companies. Should the subsequent cross-validation reveal revisions that were missed, the missed revision events are recorded on the JointCare registry.

There are some shortcomings in the data capture process. In terms of radiographic parameters there is a level of subjectivity and errors do occur due to inappropriate patient positioning. The measurement method is standardised (a manual is available) and measurers are trained. However there is no mandatory requirement for surgeons to submit specific x-ray types, thus the completeness of parameters varies on a case-by-case basis. Hospital coding in regard to diagnosis and procedure is somewhat unreliable. Smoking status is not recorded and diabetes is only revealed if the corresponding ICD code is used. Revision and death reporting has its limitations. Generally this information is provided by the patient which may be unreliable. There is no automated linkage of revision or death events as in the case of registries based on national health data.

4 Representativeness of Data

For the year 2024, it was estimated that around 14% of the primary hip and knee arthroplasties funded by private medical insurance (open and restricted schemes) were captured in the JointCare registry. The proportion of South African arthroplasties captured is unknown since there is no mandatory reporting of arthroplasties in South Africa, so the actual number of primary arthroplasties performed nationally is unknown. The 3 840 procedures captured by JointCare in 2024 were done by 153 surgeons operating from 83 hospitals, located in 8 out of the 9 provinces of South Africa.

5 Collaboration

We welcome requests for anonymised data from researchers, which will be considered on a case-by-case basis. Applicants will need to provide a detailed study proposal. Please email registry@joint-care.co.za with your requests.