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# The Impact Of Introducing An Acute Knee Trauma Service In The Belfast Trust: Reduced Waiting Times And Improved Rates Of Meniscal Repair

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# Faculty Disclosure Information

- Nothing to disclose.



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# Introduction

Given the implications of ACL injury, the British Association of Knee Surgeons (BASK) recommends that patients presenting to the Emergency Department with acute knee trauma, haemarthrosis or suspected intra-articular pathology should be seen by a knee-injury specialist within 2 weeks.

An Acute Knee Trauma (AKT) clinic was established in the Belfast Trust in 2018. This consultant-led service rapidly triaged knee injuries and could identify patients who would benefit from timely ACL reconstruction.



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# Aim

To establish if introduction of the AKT clinic improved time to surgery, and, if this translated into a reduction in irreparable meniscal tears and preservation of articular cartilage.

We hypothesised that patients waiting longer for surgery would experience more instability episodes with potential for additional intra-articular injury.



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# Methods

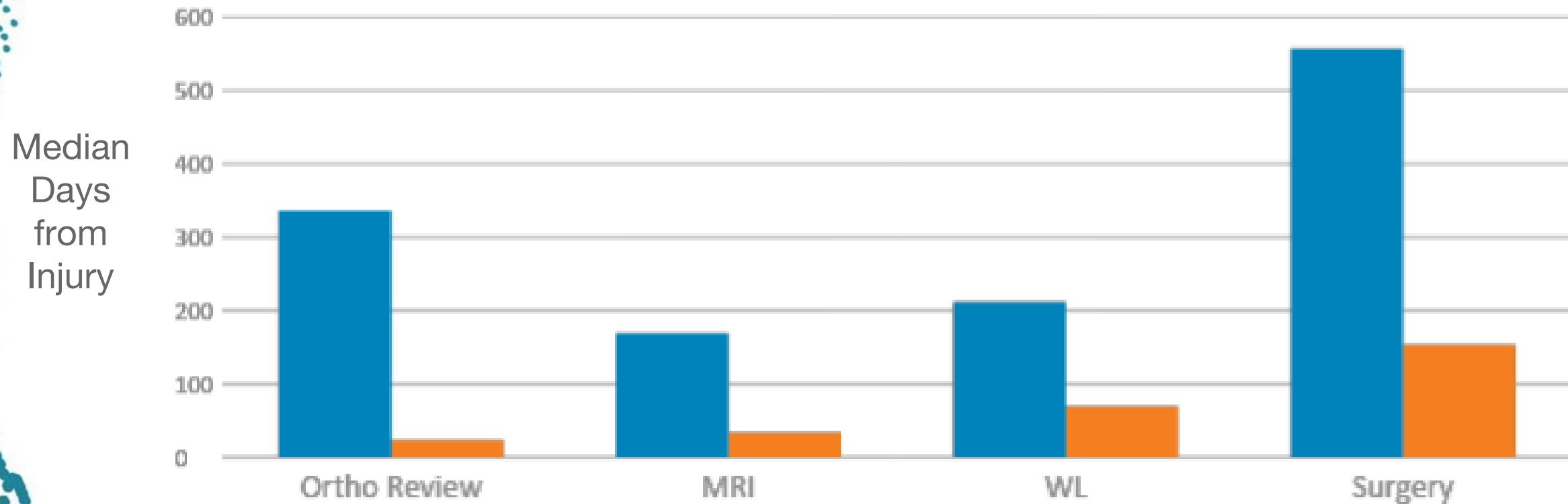
A matched cohort study of 89 consecutive patients undergoing ACL reconstruction pre (2016) and post (2023) the introduction of the AKT clinic was conducted using electronic records, imaging systems and theatre management records.

Patient demographics, date and mechanism of injury, initial review date by a consultant knee surgeon, time to MRI scan, and time to theatre were recorded. Arthroscopic intervention for meniscal pathology and articular cartilage health on direct visualisation was also recorded.

Revision ACL procedures and skeletally immature patients were excluded.

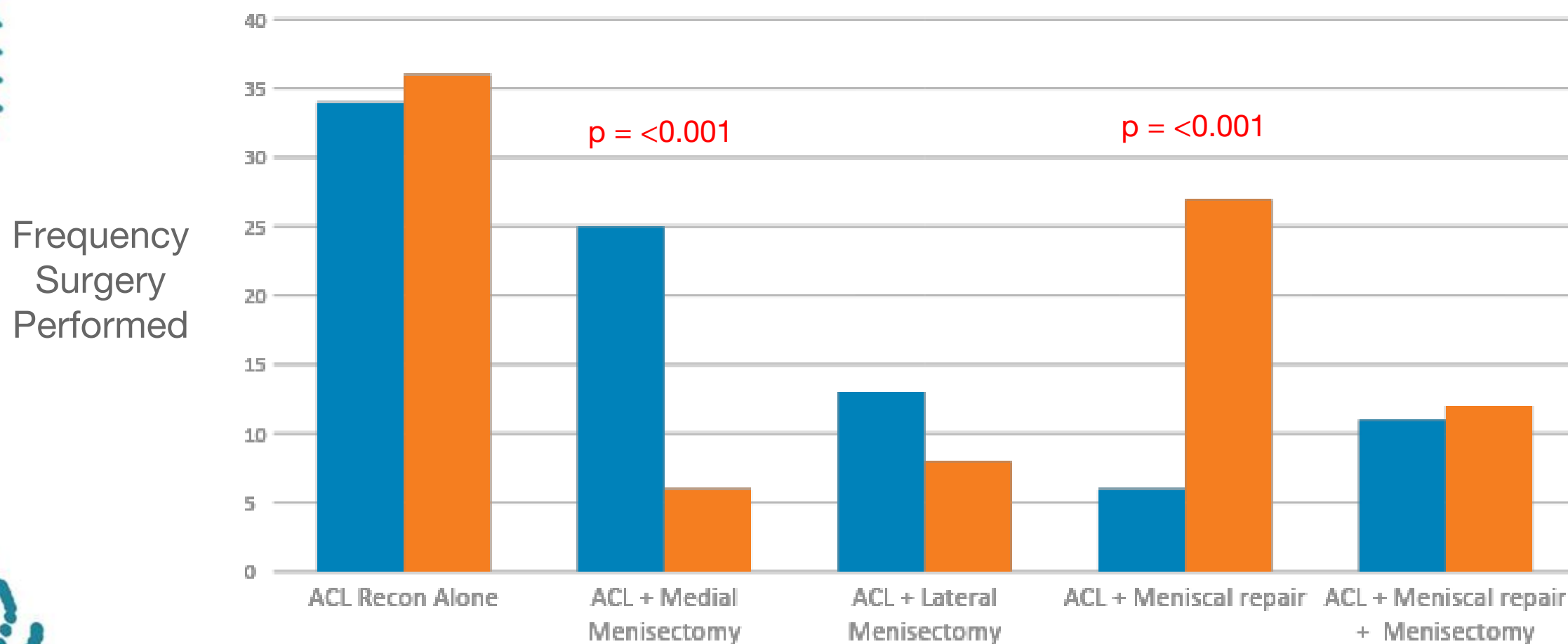
# Results

Time from injury to specialised orthopaedic assessment, injury to MRI, and injury to surgery were significantly reduced, as was time until addition to the waiting list.



# Results

Fewer medial meniscectomies and more meniscus repairs were performed following introduction of the AKT clinic.



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2016 2023



# Results

Evaluation of chondral damage did not demonstrate any significant difference (medial  $p=0.087$ , lateral  $p = 0.962$ ).

There were no significant differences in the age and sex composition of the groups.

ACL reconstruction with hamstring remains the mainstay of treatment, being carried out for 87 (98%) and 81 (91%) patients in 2016 and 2023 respectively.



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# Conclusions

The introduction of a dedicated consultant-led knee trauma clinic in the Belfast Trust has dramatically reduced the diagnostic and treatment waiting times for patients with ACL injury.

While the suitability of a meniscal tear for repair is multifactorial, we have observed a statistically significant increase in the number of meniscal tears deemed suitable for repair.

Reduced waiting times has not impacted on the incidence nor severity of chondral lesions.



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