

British Hip Society Response

Press Articles in the Daily Telegraph and Daily Mail



RE: Toxic NHS hip implants blamed for more than 40 deaths

The evidence that the safe use of bone cement confers clinical advantage for the outcome of hip surgery after fracture of the hip is overwhelming. Following the publication in 2009, by the now defunct National Patient Safety Agency raising potential concerns of the use of cement in this frail population, the National Institute for Health and Clinical Excellence (NICE) were tasked with reviewing the evidence. In the 2013 Guidance on the management of hip fractures in adults NICE recommended the use of cement due to both improve clinical outcomes and reduced mortality at 30 days. (guidance.nice.org.uk/cg124)¹. The UK has the largest National Hip Fracture Database in the world and publishes its results annually on the web, including mortality figures². In a publication this year, the thirty-day mortality was significantly higher in patients receiving uncemented prostheses compared with cemented prostheses³. This study of 65,000 UK patients is significantly larger than the surveillance study by Imperial College quoted in the article. In a study of 25,000 patients on the National Joint Registry in Australia, statisticians found that cemented fixation carried a reduced risk of mortality at all time periods after the first day.

Sir Liam Donaldson, who was chief medical officer from 1990 to 2010, is quoted in your article as stating: "The orthopaedic surgery community seems to have concluded that the benefits of cement outweigh the risks". Nationwide data is prospectively reviewed through the National Hip Fracture Database and the results continue to support the NICE recommendations.

Patients undergoing surgery following fracture are often ill and frail and the Profession continues to teach on the details of safe surgery. Patients can be reassured that the NHS does not use toxic implants, and initiatives started by the Profession have led to year-on-year reduction in mortality after fractured neck of femur and our National Hip Fracture Database demonstrates that the standards of care of these patients in the UK are amongst the best in the world. We are fortunate to have the largest database in the world to record adverse events for the whole population studied and to protect patients from the inaccuracies of voluntary reporting systems.

A handwritten signature in black ink, appearing to read "John Skinner".

John Skinner
BHS President

1. publications.nice.org.uk/hip-fracture-cg124/guidance

2. The National Hip Fracture Database. National Report 2013.
[http://www.nhfd.co.uk/20/hipfractureR.nsf/0/CA920122A244F2ED802579C900553993/\\$file/NHFD%20Report%202013.pdf](http://www.nhfd.co.uk/20/hipfractureR.nsf/0/CA920122A244F2ED802579C900553993/$file/NHFD%20Report%202013.pdf)

3. White SM, Moppett IK and Griffiths R. Outcome by mode of anaesthesia for hip fracture surgery. An observational audit of 65 535 patients in a national dataset. *Anaesthesia* 2014; **69**: 224-30.