

Italian Arthroplasty Registry

Addendum to the Annual Report 2020

English version of Tables and Figures

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This summary provides a brief overview of the main findings described in the 2020 RIAP Annual Report and contains the most relevant tables and figures summarizing collected data.

The whole Report is available only in italian (you can find it here).

The Technical Appendix includes an analysis of the most recent national Hospital Discharge Data available (2018 and 2019).

RIAP: the most important things to know

What is RIAP?

The Italian Arthroplasty Registry (Registro Italiano ArtroProtesi, RIAP) was set up in 2006 within the framework of a collaboration between the Italian Ministry of Health, Directorate for Medical Devices and Pharmaceutical Services (Direzione Generale dei Dispositivi Medici e del servizio Farmaceutico, DGDMF), and the Italian National Institute of Health (Istituto Superiore di Sanità, ISS) with the aim of establishing a national data collection system to help monitor the safety and survivorship of joint prostheses.

RIAP is currently the largest database of its kind in Italy. It is one of the four registries currently included in the Italian Implantable Prostheses Registry (Registro nazionale delle protesi impiantabili, RIPI), whose aim is to systematically collect data of all procedures related to the implant of joint prostheses, spinal devices, implantable cardioverter defibrillators, pacemakers and artificial heart valves (Figure 1.1). RIPI was established by Decree DPCM 3/3/2017 at the ISS. As soon as the Regulation foreseen by the DPCM comes into force, data collection will become mandatory at the national level.

What are the goals?

RIAP has been primarily built to reach the following two important objectives: to assess long-term effectiveness and safety of hip, knee, shoulder and ankle joint prostheses, by measuring the implant survival rate, and to support Regions and hospitals in recalling patients in case of a prosthesis-related adverse event. Therefore, patients undergoing surgery in centres participating in RIAP are registered and followed-up over time to detect the eventual failure of the implanted device. Currently, data collected by RIAP allows to perform survival analyses in some participating Regions. In case of recall from the market of a specific device, RIAP can provide the participating Regions with the list of pseudonyms identifying patients operated in the Region and interested by the recall. With its activity, RIPI permits to meet the requirements of the EU Medical Device Regulation (MDR 2017/745, in force since 26 May 2021).

What information is collected?

The information collected includes Hospital Discharge Data (HDD, in Italian: Schede di Dimissione Ospedaliera - SDO) supplemented with an additional Minimum Dataset (MDS) including technical aspects of surgery, operated side and information allowing identification

and description of the implanted device for each of the joints.

All patient personal data are processed and handled by the RIAP in line with General Data Protection Regulation (EU-GDPR 2016/679). Currently, pending the entry into force of the Regulation, the informed consent by the patient is needed. Clinical, health and demographic data are processed in a manner that ensures the highest levels of confidentiality, in compliance with security requirements for digital and paper-based archiving systems.

How is RIAP organised?

RIAP is a federation of regional registries that voluntarily participate in data collection. They are coordinated by the ISS, thus ensuring standard procedures for data collection, submission and processing. Using a web-based data entry interface, the surgeons collect and submit the minimum dataset to the Regional Coordinating Centre, which is responsible for linking MDS to the HDD for each procedure. Once the datasets have been linked, they are submitted to the ISS for research and analysis purposes. Currently, contribution to the Registry is on a voluntary basis, which hampers the achievement of high completeness rates and the record of all prostheses implanted at national level

The RIAP model can be extended to other fields beyond arthroplasty, especially where device implants are mainly carried out in centres of the National Health System that are required to provide HDD.

Why a Registry, and why a National Registry?

Joint replacement is a recognised solution for the treatment of disabling joint diseases. In Italy, like in many other countries, the number of patients undergoing arthroplasty is constantly growing. A national registry allows to assess the outcomes of both primary and revision procedures in order to monitor safety and performance of implants and to collect useful information on type of procedure and features of implanted device. It also allows to recall patients, including those undergoing surgery in a different Region from the one they live in, in case of implant failure or risks. These are some of the reasons why contribution to Registry should be mandatory, thus ensuring a complete national coverage.

How is the implanted device identified and characterised?

The RIAP-DM Dictionary is a database containing information provided by implant manufacturers allowing identification and characterization of each implanted device. Data contained

in the RIAP-DM Dictionary, accessible by all health operators, are regularly updated and validated using the National Database of Medical Devices of the Ministry of Health.

In 2020, the drafting of a collaboration agreement with the National Joint Registry (NJR) was started. Thanks to this collaboration, the RIAP will be enabled to use the NJR component

database and classification system, a large database of joint prostheses that the NJR has already shared with the German Arthroplasty Registry (Endoprothesen Register Deutschland, EPRD). This will improve data comparability across the majority of the registries globally.

Here you can find the Report summaries (Addendum) of years 2014-2019.

RIAP in 2020

Highlights

- As an effect of the COVID-19 pandemic, in March 2020, during the first lockdown, all elective procedures were interrupted. To evaluate the impact of COVID-19 pandemic on the volume of joint replacement procedures, the RIAP team launched a dedicated study in collaboration with 7 Italian Regions. The findings of the study are illustrated in detail in the ISS Covid Report "Impact of COVID-19 pandemic emergency on joint arthroplasties in seven Italian Regions. Version of March 17, 2021." (in Italian).
- Recommendations for patients waiting for surgery were published on the website.
- RIAP, being the major research line of the RIPI, has extended its methodology to other two registries dealing with spinal implants and cardioverter-defibrillators and pacemakers.
- The database of implantable devices, the RIAP-DM Dictionary, was regularly updated thanks to the contribution of implant manufacturers. At the same time, the process to formalise the collaboration with the English NJR was started in order to have access to the technical fea-

- tures of the implanted medical devices, which represent key variables to be used in survival analysis.
- The procedures supporting the automation of the quality control of data were designed (Figure 1.1), technical documents were updated and a working group to perform the first survival analyses on the data of the Autonomous Provinces of Bolzano and Trento was set up.
- The RIAP team supported the Italian Ministry of Health in its activities to update the online data collection platform of the National Registry of Breast Implants (Registro Nazionale delle Protesi Mammarie, RNPM) and the National Medical Device Nomenclature (Classificazione Nazionale dei Dispositivi Medici, CND) with regard to categories of orthopaedic implants.
- RIAP activity results were disseminated and participation in international projects/networks was promoted. Enrollment of missing Regions was continuously encouraged.

Key achievements

The most relevant event in 2020 was the outbreak of the COVID-19 pandemic, which dramatically impacted people's lives on every level and represented a watershed moment for the national healthcare systems that were not adequately prepared to deal with coronavirus pandemic.

The COVID-19 pandemic heavily impacted the RIAP annual work plan. Nevertheless, the team did its utmost to carry on activities with the continued aim of improving safety and clinical outcomes for the benefit of patients and the orthopaedic healthcare sector.

Here is a summary of the main activities and achievements of 2020:

ISS Covid Report "Impact of COVID-19 pandemic emergency on joint arthroplasties in seven Italian Regions. Version of March 17, 2021" and Recommendations for patients. The heavy effect of the COVID-19 pandemic has prompted an unprecedented re-organisation of healthcare services worldwide. Care capacity was prioritised for COVID-19 patients during the peaks of the pandemic. Many non-urgent procedures, including joint replacements, were canceled or postponed, leading to the growing uncertainty for patients waiting their turn. As a consequence, RIAP activities were also reorganised. In March 2020, during the first wave of pandemic, surgical volume significantly dropped. Elective surgeries were interrupted, showing a

decrease in April 2020 by 96.1% compared to years 2018 and 2019. The impact of COVID-19 pandemic on the volume of joint replacement procedures is illustrated in detail in the study resulted from a collaboration between the RIAP team and 7 Italian Regions (Piedmont, Lombardy, Autonomous Province of Bolzano, Autonomous Province of Trento, Tuscany, Apulia and Sicily) and published as ISS Covid Report. In addition, in collaboration with the Italian Society of Orthopaedics and Traumatology (Società Italiana Ortopedia e Traumatologia, SIOT), recommendations were developed for the patients whose operation had been postponed (see the section "Artroprotesi and Covid-19" of the RIAP website, in Italian).

RIAP as a reference to develop other RIPI research lines. In the last two years, the RIAP model has been applied to develop the methodological framework of two other registries included in RIPI: the Italian Spinal Implants Registry (Registro Italiano Dispositivi Impiantabili per chirurgia Spinale, RIDIS) and the Italian Implantable Cardioverter-defibrillator and Pacemaker Registry (Registro Italiano Defibrillatori e Pacemaker, RIDEP). For these registries, the technical committees were set up in order to define i) the model for data collection; ii) the information to be collected in addition to those included in the HDD; iii) the structure

of the specific DM Dictionary. Both minimum datasets were defined and approved by the expert panels and are now ready to be implemented in the future informatic platform.

RIAP Dictionary update and NJR collaboration. The collaboration with industry in activities related to medical devices was further developed, in particular to regularly update, enhance and improve the RIAP-DM Dictionary, which at the end of 2020 included 80.545 product codes provided by 39 manufacturers, of which 44% were bar-coded to improve and facilitate data entry.

The collaboration with the English NJR allowed a comparison between the Italian CND and the English NJR nomenclatures for some joints of interest for RIAP (hip, knee and shoulder) with the aim of developing a harmonised nomenclature. The methodology adopted in the comparison and the results obtained from it were presented to the 2020 National Congress of Bioengineering (Gruppo Nazionale di Bioingegneria, GNB) and to the European Federation of national associations of ORthopaedics and Traumatology (EFORT) Congress 2020 and will provide support to the future development of the RIAP-NJR-EPRD Dictionary. In addition, this comparison represented a first example of a standardised and international nomenclature to be proposed as integration within the European Medical Device Nomenclature (EMDN). The RIAP team, thanks to its long experience in the field of hip, knee, shoulder and ankle arthroplasty, strongly supported the Ministry of Health in its objective to integrate the CND within the EMDN.

Automation of the quality control procedures, updating of technical documents and first survival analyses. Procedures aimed at automating the process of data extraction and quality control were designed. The main aim is to provide quick feedback on data quality to registry participants in order to help them reduce errors and improve quality of data they submit. In addition, some procedures related to data collection, process and submission were further developed and made available on the RIAP website. Although some drawbacks highlighted in previous RIAP reports still remain, in 2020 a slight improvement in data quality was observed.

Thanks to the collaboration of the orthopaedic surgeons from the RIAP Steering Committee, record layouts were simplified and came into effect on 01/01/2021, after getting approval from the whole Steering Committee.

In collaboration with the Autonomous Provinces of Bolzano and Trento, a working group was set up to perform first implant survival analyses on data collected by their registries over a period of 10 years.

Collaboration with the Ministry of Health.

In 2020, the RIAP team continued to collaborate with the Italian Ministry of Health. In particular, the RIAP team contributed to updating the online data collection platform of the National Registry of Breast Implants (Registro Nazionale degli Impianti Protesici Mammari, RNPM), available to users since March 2020, exactly one year after the launch of the pilot platform. This new platform officially marked the beginning of systematic data collection on breast implants (https://www.rnpm.it).

In addition, the RIAP team supported the Ministry of Health in updating the National Medical Device Nomenclature (Classificazione Nazionale dei Dispositivi Medici, CND) with regard to categories of orthopaedic implants, definitively approved on December 2020. On March 2019, the CND was selected as the basis for the future European Medical Device Nomenclature (EMDN), which will support the functioning of the European Medical Device Database (EUDAMED) in accordance with Reg-

ulation (EU) 2017/745 – MDR and Regulation (EU) 2017/746.

Dissemination of the results, participation in the international projects/networks and enrollment of missing Regions. The visibility at the international level was increased thanks to the participation in the ISAR 2020 Annual Congress, held online for the first time, and by strengthening the collaboration with the Network of Orthopaedic Registries of Europe (NORE), aimed at supporting the development of registries in European countries.

In 2020, RIAP became partner of the project "Coordinating Research and Evidence for Medical Devices" (CORE-MD) financed within the HORIZON 2020 Framework Programme with the main aim to review and develop methodologies to improve clinical assessments and evaluate high risk medical device performance in order to support the development of quidelines and regulations at European level.

The RIAP team continued dissemination activities both at national and international levels through traditional means such as RIAP and RIPI project websites; scientific publications, including the RIAP Annual Report; RIAP Steering Committee meetings; participation in scientific conferences and meetings. Since the

outbreak of COVID-19 pandemic, all events were organised and attended in videoconference. The emergency situation hampered the organization of dissemination events, such as a scheduled workshop to present the RIPI, which had to be postponed. Last but not least, the RIAP team focused on online communication skills and tools aimed at different stakeholders, with a particular attention to patient information needs.

The survey launched in 2017 to enquire organizational aspects of regional registries included in the RIAP was concluded, highlighting both strengths to be emphasized and areas for action, in order to make the RIAP a fully functioning national registry, also by adopting a specific Regulation. On the basis of the achieved results, the RIAP team continued to promote enrollment of missing Regions through targeted information and communication activities.

Key findings from the 2020 Annual Report ANALYSIS OF THE RIAP DATA

In 2019, RIAP collected data on 75,682 joint replacement procedures (41,432 hip procedures; 2,984 knee procedures; 1,263 shoulder procedures; 3 ankle procedures) performed in eight Regions (Lombardy, Tuscany, Marche, Abruzzo, Campania, Apulia, Basilicata, Sicily), two Autonomous Provinces (Bolzano, Trento) and four

centres from non-participating Regions ("Policlinico Città di Alessandria" of Alessandria; "PO Universitario Santa Maria della Misericordia" of Udine; "Ospedale San Pietro Fatebenefratelli" e "Casa di Cura San Feliciano" of Rome, ASL 1) (Table 2.1, Figure 1.2).

Overall, compared to 2018, an increase in number of collected data was observed (+7.2%): +5.7% for hip, +8.8% for knee, +20.3% for shoulder. Data on ankle procedures were collected for the first time in one clinic in Campania Region. Basilicata and Abruzzo Regions started data collection for shoulder procedures. In participating Regions, coverage was 62.3% for hip, 65.5% for knee, 48.4% for shoulder. Completeness was 65.2% (65.9% for hip, 65.5% for knee and 45.1% for shoulder) with an overall increasing trend in all participating Regions, except in Campania due probably to the lack of full application of the local legislation making data recording mandatory. An increase in completeness values was observed in the Marche Region, thanks to the introduction of local legislation making participation in the registry mandatory.

Similarly to previous years, both indicators, although showing a slight increase, remained low in the Regions where contribution to the registry is voluntary.

Overall, in 2019 RIAP data accounted for 34.2% of the national volume (35.1% for hip, 37% for knee, 11.5% for shoulder) (Table 2.2).

After quality control (QC), 96.3% of collected data were eligible for procedure analysis and 93% for device analysis. A slight increase can be observed in both values compared to 2018. (Figure 2.1, Figure 2.2). Analyses on devices were performed using CND classification codes describing the implanted device.

Hip: A total of 41,432 procedures were collected, of which 39,779 were eligible for analysis. Total hip replacements represented 73.6% of the recorded cases, partial hip replacements 20.8% and revisions 5.6%. A total of 38,626 (93.2% of interventions recorded) were admitted to device analysis after quality control (fixation type, bearing surface combinations, stem type). (Tables 2.3-2.13, Figures 2.3, 2.4).

Knee: A total of 32,984 procedures were collected, of which 31,833 were eligible for analysis. Of all primary procedures recorded, 83.7% were total knee replacements, while 16.4% were unicondylar knee replacements. A total of 31,168 (94.5% of interventions recorded) were admitted to device analysis after quality control (fixation type, tibial tray type). (Tables 2.14-2.22).

Shoulder: A total of 1,263 procedures were collected, of which 1,246 were eligible for analysis. Primary procedures represents 97.7% of total cases, revisions 2.3%. Of all primary procedures recorded, 91.9% were total knee replacements and 5.2% were partial replacements; for 2.9% of interventions procedure type was not recorded. A total of 606 interventions (48.0% of interventions recorded) were admitted to device analysis after quality control (Tables 2.23-2.30).

Analysis of the data from the national hospital discharge database

It is widely recognized that HDD represents a rich source of information to perform statistical and epidemiological analyses in public health and assess the current RIAP *completeness* at both national and regional level.

To provide the reader with an overview of the volume of arthroplasties performed in Italy, this Annual Report contains a specific section (Appendix 2A) showing data related to hip, knee, shoulder and ankle replacements extracted from most recent HDD available to ISS (2018 and 2019) and broken down, for each of the joints, by Region, operated patient data (sex, age), type of discharge and interregional mobility (the latter is not available for ankle replacements). The Appendix 2A also shows the

temporal trend of the volume of replacements over 19 years of observation (2001-2019).

HDD were browsed using the ICD9-CM procedure codes of interest for RIAP (hip, knee, shoulder and ankle primary and revision procedures) listed in Table 1. All surgery procedures performed during hospitalisation were included. Hip and shoulder replacements were further classified on the basis of the associated diagnosis; emergency surgeries were defined as interventions performed when a fracture is diagnosed (ICD9-CM codes 820.XX and 812. XX). Interregional mobility for each of the joint, except for ankle, was measured using the attraction and escape indices computed considering only the ICD9-CM code registered in the so-called "primary procedure".

Challenges

The RIAP represents a landmark for all parties interested in arthroplasty. Although an increase was observed in the volume of the recorded procedures and in the *completeness* (+ 0.5%) compared to 2018, participation in the Registry on a voluntary basis still hampers the full functioning of the RIAP.

The first goal for the upcoming years is to achieve the enrollment of missing Regions in order to have full collection of data and make RIAP a nationwide and a 100% complete registry. This is of course a challenging task, especially considering that in Italy the Regions and the Autonomous Provinces exercise their autonomy in planning and delivering public health services. The first crucial step to make the RIAP a fully national registry is to develop the Regulation required by the DPCM 3/3/2017 following the example of the RNPM Regulation, in order to define the detailed procedures of feeding the RIAP and other national registries.

Although the Law n.145 of 2018 made it mandatory to participate in the national registries established by the DPCM 3/3/2017, completeness and quality of data vary considerably across Regions participating in the RIAP. The highest levels of completeness are registered where regional regulations made data collection mandatory. Therefore, more efforts should be made at the regional level in order to increase participation in the RIAP.

To be able to recall implanted patients while respecting privacy rules requirements, the RIAP team set a procedure to pseudonymise patient data using their tax code. This procedure has been gradually introduced in all participating Regions, except in Lombardy using a different pseudonymisation system. It is hoped that in

the near future the same procedure to pseudonymise data can be followed in order to allow comparative analysis of data from all Regions.

The simplification and improvement of data entry procedures for both manufacturers and health operators will hopefully result in an overall increase in data *completeness*.

Completeness and pseudonymisation are key elements to perform survival analysis and therefore fulfill the requirements of EU Medical Device Regulation (MDR) 2017/745 to improve health and safety of patients.

Future developments and plans

The activities of the RIAP will continue within the RIPI framework and the extensive experience of the RIAP team will be used to support the ongoing activities of the new registries of spinal devices, pacemakers and defibrillators, and heart valves.

The RIAP team will keep strengthening the collaboration with the Ministry of Health regarding the ongoing common activities within the RNPM and the CND and with the English NJR and implant manufacturers to further improve the RIAP-DM Dictionary through the introduction of more information and missing bar codes.

It is planned for the upcoming years to enhance data collection on ankle replacements, in order to include them in future procedure and device analyses, and to increase the volume of all recorded surgical procedures thanks to the simplification of record layouts. In particular, the possibility for Lombardy region to collect data on shoulder and ankle replacements will be explored given the consistent number of surgical procedures performed in this Region. This will strongly increase the *completeness* of the RIAP data.

The RIAP team will focus on increasing the visibility of activities performed at both national and international level by regularly updating and improving its websites and participating in national and international scientific events.

The RIAP team will continue to raise stake-holder and policy makers awareness about the importance of medical device registries as a powerful tool to identify safety issues associated with the implantable devices. To ensure full application of Medical Device Regulation, all involved parties are required to work together to reach the desired objectives and the highest level of patient safety.

RIPI Platform Hospital Authentication **AmAGeT** GeDI **SOnAR** RaDar Regional MeDIC Coordinating Centre DM RiDi Dictionary International **Databases** Manufacturers

Figure 1.1. Flow diagram of the RIPI data collection model.

The RIPI data collection model is based on the following components: Authentication; AmAGeT (Administration, Authorization and Territorial Management - "Amministrazione, Autorizzazione e Gestione Territoriale"), for managing authorization of operations based on a Role Based Access Control (RBAC) mechanism reflecting the current federated structure of the Italian National Health Service; RaDaR (Hospitalization Data Collection - "Raccolta Dati Ricoveri"), for collecting data of surgeries from participating institutions; SonAR (Automatic Online Synchronization of Hospitalization - "Sincroizzazione Online Automatica Ricoveri"), for allowing clinical data transfer from the Regional Coordination Centers. GeDI (Management of Implantable Devices - "Gestione dei Dispositivi Impiantabili"), for managing the Medical Device Dictionary (DM-Dictionary) using MeDIC (Medical Device Complete Query - "Medical Device Interrogazione Completa") and RiDi (Device Search - "Ricerca Dispositivi") web applications.

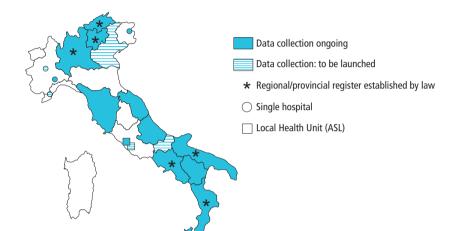


Figure 1.2. Participation in the RIAP (as of 31/12/2020)

Table 2.1. Number of participating hospitals and *coverage* and number of RIAP procedures admitted to quality control and *completeness* by participating institution and by joint (year 2019)

Participating institution	Joint	Participating hospitals	Coverage (*)	RIAP procedures	Completeness (**)
Region		N	%	N	%
Lombardy	Hip	104	97.2	25,508	99.1
tegion ombardy AP Bolzano AP Trento uscany Marche Campania	Knee	105	97.2	21,254	98.5
AP Bolzano	Hip	12	100.0	1,422	98.8
	Knee	12	100.0	931	95.6
	Shoulder	6	75.0	28	42.4
AP Trento	Hip	8	100.0	1,429	98.6
	Knee	8	100.0	771	98.3
Tuscany	Hip	3	6.3	541	5.6
	Knee	3	6.1	310	3.7
Marche	Hip	16	88.9	1,263	49.3
	Knee	14	73.7	1,108	57.9
	Shoulder	9	52.9	61	23.6
Abruzzo	Hip	3	15.0	110	4.3
	Knee	3	15.0	97	4.5
	Shoulder	2	11.1	4	1.4
Campania	Hip	56	71.8	4,777	68.9
	Knee	53	73.6	3,433	73.7
	Shoulder	34	66.7	566	66.7
	Ankle	1	20.0	3	37.5
Apulia	Hip	42	100.0	4,950	99.1
	Knee	40	100.0	3,535	100.0
	Shoulder	33	100.0	539	99.8
Basilicata	Hip	2	100.0	178	33.1
	Knee	2	100.0	160	64.0
	Shoulder	2	100.0	11	37.9
Sicily	Hip	7	9.9	597	9.7
	Knee	7	10.4	820	15.2
	Shoulder	3	5.5	21	3.0
Subtotal (Regions)	Hip	253	62.3	40,775	66.0
	Knee	247	65.5	32,419	65.9
	Shoulder	89	48.4	1,230	44.8
	Ankle	1	n.a.	3	n.a.
					(continued)

(continued)

Table 2.1. (continued)

Participating institution	Joint	Participating hospitals	Coverage (*)	RIAP procedures	Completeness (**)
Single hospital		N	%	N	%
Clinica Città di Alessandria	Нір	1	-	306	63.8
	Knee	1	-	304	51.8
Presidio Ospedaliero Universitario Santa Maria	Нір	1	-	160	100.0
della Misericordia, Udine	Knee	1 - 160 1 - 129 1 - 13 1 - 81 1 - 21 1 - 110 1 - 111 1 - 20	100.0		
	Shoulder	1	-	13	100.0
Ospedale S. Pietro Fatebenefratelli, Rome	Нір	1	-	81	30.0
	Knee	1	-	21	17.2
Casa di cura S. Feliciano, Rome	Нір	1	-	110	47.8
asa di cura 3. Feliciano, Nome	Knee	1	-	111	35.0
	Shoulder	1	-	20	50.0
Subtotal (Hospitals)	Hip	4	-	657	57.6
	Knee	4	-	565	48.9
	Shoulder	2	-	33	62.3
Total number of procedures admitted to quality control		N	%	N	%
	Hip	257	-	41,432	65.9
	Knee	251	-	32,984	65.5
	Shoulder	91	-	1,263	45.1
	Ankle	1	-	3	n.a.
	ALL JOINTS	260		75,682	65.2

^(*) Coverage: ratio between number of hospitals participating in RIAP and number of hospitals performing athroplasties according to HDD (**) Completeness: ratio between number of procedures collected by RIAP and number of procedures recorded in HDD from participating institutions

Table 2.2. RIAP *completeness* (years 2018 and 2019). Comparison with 2018 and 2019 Hospital Discharge Data (HDD) by joint

		2018			2019	
	HDD	RIAP	Completeness (*)	HDD	RIAP	Completeness (*)
Joint	N	N	%	N	N	%
All	211,080	70,584	33.4	221,047	75,682	34.2
Hip	114,260	39,216	34.3	118,673	41,432	34.9
Knee	85,777	30,318	35.3	90,366	32,984	36.5
Shoulder	10,296	1,050	10.2	11,161	1,263	11.3
Ankle	747	0	0.0	847	3	0.4

^(*) Completeness: ratio between number of procedures collected by RIAP and number of procedures recorded in HDD at national level

Table 2.3. Hip. Number of procedures included in procedure analysis and *completeness* by procedure type

	N	%	Completeness (*) %
Procedure type	39,779		65.6
Primary	37,559	94.4	67.0
Total replacement	29,269	73.6	
- elective	25,715	87.9	
- emergency	3,554	12.1	
Partial replacement	8,290	20.8	
Revision	2,220	5.6	48.7
Partial revision (**)	1,529	68.9	
Total revision	246	11.1	
Removal (***)	445	20.0	

^(*) Completeness: ratio between number of procedures collected by RIAP and number of procedures recorded in HDD by participating centres.

^(**) Includes conversion from endoprosthesis to arthroprosthesis

^(***) Includes removal, removal with spacer implantation, spacer replacement

Table 2.4. Hip. Number of procedures by hospital type and by procedure type

	Tot	al repla	cement		Partial		Revision (*)		TOTAL	
	elective		elective emergency re		replacement					
	N	%	N	%	N	%	N	%	N	%
Hospital type	25,715		3,554		8,290		2,220		39,779	
Public hospitals	8,322	32.4	2,803	78.9	6,951	83.8	965	43.5	19,041	47.9
Private hospitals, accredited	17,294	67.3	750	21.1	1,336	16.1	1,246	56.1	20,626	51.9
Private hospitals, not accredited	99	0.4	1	0.0	3	0.0	9	0.4	112	0.3

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.5. Hip. Number of procedures by gender and age group and by procedure type

	To	otal repl	acement		Partial re	placement	Revisio	on (*)	TOT	AL.
	elect	ive	emerge	ency						
	N	%	N	%	N	%	N	%	N	%
Gender	25,715		3,554		8,290		2,220		39,779	
Male	12,037	46.8	1,004	28.2	2,248	27.1	918	41.4	16,207	40.7
Female	13,678	53.2	2,550	71.8	6,042	72.9	1,302	58.6	23,572	59.3
Age group by gender										
Male	12,037		1,004		2,248		918		16,207	
Mean age	64		71		83		69		68	
Standard deviation	12		13		9		13		13	
<45	664	5.5	29	2.9	11	0.5	38	4.1	742	4.6
45 - 54	1,741	14.5	82	8.2	12	0.5	83	9.0	1,918	11.8
55 - 64	2,982	24.8	173	17.2	51	2.3	165	18.0	3,371	20.8
65 - 74	3,851	32.0	273	27.2	184	8.2	265	28.9	4,573	28.2
75 - 84	2,500	20.8	310	30.9	839	37.3	298	32.5	3,947	24.4
≥ 85	299	2.5	137	13.6	1,151	51.2	69	7.5	1,656	10.2
Female	13,678		2,550		6,042		1,302		23,572	
Mean age	69		73		84		73		73	
Standard deviation	11		10		7		11		12	
<45	320	2.3	18	0.7	6	0.1	24	1.8	368	1.6
45 - 54	1,030	7.5	96	3.8	19	0.3	64	4.9	1,209	5.1
55 - 64	2,677	19.6	317	12.4	57	0.9	159	12.2	3,210	13.6
65 - 74	4,671	34.1	864	33.9	349	5.8	368	28.3	6,252	26.5
75 - 84	4,298	31.4	873	34.2	2,409	39.9	517	39.7	8,097	34.4
≥ 85	682	5.0	382	15.0	3,202	53.0	170	13.1	4,436	18.8

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.6. Hip. Number of procedures by side and surgical approach and by procedure type

	To	otal repl	acement		Partia		Revision (*)		TOTAL	
	electi	ve	emerge	ncy	replacer	nent				
	N	%	N	%	N	%	N	%	N	%
Side	25,715		3,554		8,290		2,220		39,779	
Right	13,480	52.4	1,789	50.3	4,158	50.2	1,162	52.3	20,589	51.8
Left	11,281	43.9	1,758	49.5	4,108	49.6	1,051	47.3	18,198	45.7
Bilateral	954	3.7	7	0.2	24	0.3	7	0.3	992	2.5
Surgical approach	25,715		3,554		8,290		2,220		39,779	
Anterior	5,297	20.6	283	8.0	603	7.3	153	6.9	6,336	15.9
Anterolateral	2,486	9.7	655	18.4	1,759	21.2	250	11.3	5,150	12.9
Lateral	4,292	16.7	960	27.0	2,646	31.9	510	23.0	8,408	21.1
Posterolateral	13,079	50.9	1,614	45.4	3,235	39.0	1,291	58.2	19,219	48.3
Other	561	2.2	42	1.2	47	0.6	16	0.7	666	1.7

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.7. Hip. Number of primary procedures by indication for surgery and type of previous surgery and by procedure type

	То	Total replacement					TOTAL		
	electiv	ve	emerg	ency	replacement				
	N	%	N	%	N	%	N	%	
Indication for surgery	25,715		3,554		8,290		37,559		
Primary osteoarthritis	23,037	89.6	0	0.0	133	1.6	23,170	61.7	
Post-traumatic osteoarthritis	426	1.7	0	0.0	28	0.3	454	1.2	
Rheumatoid arthritis	83	0.3	0	0.0	2	0.0	85	0.2	
Neoplasia	33	0.1	0	0.0	35	0.4	68	0.2	
Aseptic necroisis of femoral head	1,072	4.2	0	0.0	12	0.1	1,084	2.9	
Congenital hip dislocation or dysplasia outcomes	563	2.2	0	0.0	5	0.1	568	1.5	
Perthes disease or epiphysiolysis	60	0.2	0	0.0	8	0.1	68	0.2	
Fractured of neck and/or of femur	0	0.0	3,554	100.0	7,981	96.3	11,535	30.7	
Septic coxitis outcomes	8	0.0	0	0.0	0	0.0	8	0.0	
Pseudoarthrosis caused by neck fracture	43	0.2	0	0.0	12	0.1	55	0.1	
Other	390	1.5	0	0.0	74	0.9	464	1.2	
Previous surgery	25,715		3,554		8,290		37,559		
None	23,619	91.8	3,311	93.2	7,608	91.8	34,538	92.0	
Osteosynthesis	306	1.2	53	1.5	63	0.8	422	1.1	
Osteotomy	101	0.4	1	0.0	2	0.0	104	0.3	
Arthrodesis	4	0.0	0	0.0	1	0.0	5	0.0	
Other	1,685	6.6	189	5.3	616	7.4	2,490	6.6	

Table 2.8. Hip. Number of revisions by indication for surgery and type of previous surgery

	Revision (*)	
	N	%
Indication for surgery	2.220	
Pain	102	4.6
Lysis	66	3.0
Wear	192	8.6
Implant fracture	80	3.6
Prosthesis dislocation	326	14.7
Periprosthetic fracture	294	13.2
Infection	250	11.3
Previous prosthesis removal outcomes	30	1.4
Aseptic loosening, cup	380	17.1
Aseptic loosening, stem	220	9.9
Aseptic loosening, total	153	6.9
Disease progression	2	0.1
High concentration of metal ions	1	0.0
Other	124	5.6
Previous surgery	2.220	
Total hip replacement	1,716	77.3
Revision of hip replacement	88	4.0
Spacer implant or prosthesis removal (**)	212	9.5
Partial hip replacement	162	7.3
Other	42	1.9

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

^(**) Includes removal, removal with spacer implant, spacer replacement

Table 2.9. Hip. Number of procedures included in device analysis by procedure type

	N	%
Procedure type	38,626	
Total replacement	28,543	73.9
- elective	25,050	87.8
- emergency	3,493	12.2
Partial replacement	7,880	20.4
Revision	2,203	5.7
Partial revision (*)	1,527	69.3
Total revision	240	10.9
Removal of prosthesis (**)	436	19.8

 $[\]begin{tabular}{ll} (*) Includes conversion from endoprosthesis to arthroprosthesis \\ \end{tabular}$

⁽ **) Includes removal, removal with spacer implantation spacer replacement

Table 2.10. Hip. Number of procedures by fixation and by procedure type

	Total replacement			Partial		Revision (*)		TOTAL		
	electi	ve	emerge	ncy	replacement					
	N	%	N	%	N	%	N	%	N	%
Fixation	25,050		3,493		7,880		2,203		38,626	
Cemented (stem + cup)	1,105	4.4	175	5.0	0	0.0	65	3.0	1,345	3.5
Reverse hybrid (uncemented stem and cemented cup)	313	1.2	136	3.9	0	0.0	106	4.8	555	1.4
Only cemented cup	0	0.0	0	0.0	0	0.0	74	3.4	74	0.2
Hybrid (cemented stem and uncementled cup)	864	3.4	179	5.1	0	0.0	51	2.3	1,094	2.8
Uncemented (stem + cup)	22,768	90.9	3,003	86.0	0	0.0	1,404	63.7	27,175	70.4
Only uncemented cup	0	0.0	0	0.0	0	0.0	196	8.9	196	0.5
Only cemented stem	0	0.0	0	0.0	3,123	39.6	31	1.4	3,154	8.2
Only uncemented stem	0	0.0	0	0.0	4,757	60.4	181	8.2	4,938	12.8
Fixation declared "not applicable" for cup and stem	0	0.0	0	0.0	0	0.0	95	4.3	95	0.2

 $^(*) Total\ or\ partial\ revision, conversion\ to\ endoprosthesis\ to\ arthroprosthesis, removal, removal\ with\ spacer\ implantation,\ spacer\ replacement$

Table 2.11. Hip. Number of total replacement procedures by bearing type and by procedure type

		Total rep	TOTAL			
	elective		emergency			
	N	%	N	%	N	%
Bearing type (head/insert)	25,050		3,493		28,543	
Ceramics-Ceramics	3,677	14.7	239	6.8	3,916	13.7
Ceramics-Metal	196	0.8	36	1.0	232	0.8
Ceramics-Polyethylene	17,116	68.3	2,163	61.9	19,279	67.5
Metal-Ceramics	6	0.0	3	0.1	9	0.0
Metal-Metal	139	0.6	38	1.1	177	0.6
Metal-Polyethylene	1,990	7.9	624	17.9	2,614	9.2
Procedures not reporting the implantation of a head and an insert	1,926	7.7	390	11.2	2,316	8.1

Table 2.12. Hip. Number of revision by bearing type

	Revis	on (*)
	N	%
Bearing type (head/insert)	2,203	
Ceramics-Ceramics	52	2.4
Ceramics-Metal	24	1.1
Ceramics-Polyethylene	756	34.3
Metal-Ceramics	6	0.3
Metal-Metal	48	2.2
Metal-Polyethylene	386	17.5
Procedures not reporting the implantation of a head and an insert	931	42.3

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.13. Hip. Number of total replacements by stem type and by procedure type

		Total rep	TOTAL				
	elec	tive	emer	gency			
	N	%	N	%	N	%	
Stem type	25,050		3,493		28,543		
Uncemented	22,660	90.5	2,958	84.7	25,618	89.8	
Modular	1,058	4.7	389	13.2	1,447	5.6	
Non-modular	21,602	95.3	2,569	86.8	24,171	94.4	
Straight	16,967	78.5	2,416	94.0	19,383	80.2	
Anatomical	683	3.2	67	2.6	750	3.1	
Conservative	3,952	18.3	86	3.3	4,038	16.7	
Cemented	1,010	4.0	347	9.9	1,357	4.8	
Modular	30	3.0	13	3.7	43	3.2	
Non-modular	980	97.0	334	96.3	1,314	96.8	
Straight	924	94.3	317	94.9	1,241	94.4	
Anatomical	43	4.4	15	4.5	58	4.4	
Conservative	13	1.3	2	0.6	15	1.1	
Other stem type / Stem type not reported	1,380	5.5	188	5.4	1,568	5.5	

Table 2.14. Knee. Number of procedures included in procedure analysis and *completeness* by procedure type

	N	%	Completeness (*) (%)
Procedure type	31,833		68,0
Primary	30,016	94,3	69.2
total	25,119	83,7	
unicompartmental	4,897	16,3	
Revision	1,817	5,7	53.1
Partial revision	405	22,3	
Total revision	1,343	73,9	
Prosthesis removal, spacer replacement	44	2,4	
Primary patella implant on existing prosthesis	25	1,4	

 $^{(*) \}textit{Completeness:} \textbf{ ratio between number of procedures collected by RIAP and number of procedures recorded in HDD by participating institutions$

Table 2.15. Knee. Number of procedures by hospital type and by procedure type

	Primary					Revision (*)		TOTAL	
	total		unicompartmental						
	N	%	N	%	N	%	N	%	
Hospital type	25,119		4,897		1,817		31,833		
Public hospitals	7,638	30.4	683	14	424	23.4	8,745	27.4	
Private hospitals, accredited	17,429	69.4	4,208	86	1390	76.5	23,027	72.4	
Private hospitals, not accredited	52	0.2	6	0.1	3	0.2	61	0.2	

^(*) Total or partial revision, primary patella implant on existing prosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.16. Knee. Number of procedures by patient gender and age group and by procedure type

		Pr	imary		Revisi	on (*)	TOTAL	
	to	tal	unicompa	rtmental				
	N	%	N	%	N	%	N	%
Gender	25,119		4,897		1,817		31,833	
Male	8,151	32.4	1,794	36.6	564	31.0	10,509	33.0
Female	16,968	67.6	3,103	63.4	1,253	69.0	21,324	67.0
Age group by gender								
Male	8,151		1,794		564		10,509	
Mean age	69		67		69		69	
Standard deviation	9		9		10		9	
<45	77	0.9	22	1.2	7	1.2	106	1.0
45 - 54	454	5.6	174	9.7	48	8.5	676	6.4
55 - 64	1,607	19.7	475	26.5	115	20.4	2,197	20.9
65 - 74	3,374	41.4	723	40.3	207	36.7	4,304	41.0
75 - 84	2,492	30.6	377	21.0	171	30.3	3,040	28.9
≥85	147	1.8	23	1.3	16	2.8	186	1.8
Female	16,968		3,103		1,253		21,324	
Mean age	71		68		70		70	
Standard deviation	8		9		9		9	
<45	71	0.4	23	0.7	14	1.1	108	0.5
45 - 54	535	3.2	204	6.6	58	4.6	797	3.7
55 - 64	2,657	15.7	734	23.7	217	17.3	3,608	16.9
65 - 74	7,416	43.7	1,265	40.8	503	40.1	9,184	43.1
75 - 84	5,880	34.7	802	25.8	410	32.7	7,092	33.3
≥85	409	2.4	75	2.4	51	4.1	535	2.5

^(*) Total or partial revision, removal, removal with spacer implantation, spacer replacement

Table 2.17. Knee. Number of procedures by side and surgical approach and by procedure type

		Pr	imary		Revisi	on (*)	TOTAL		
	to	tal	unicompa	artmental					
	N	%	N	%	N	%	N	%	
Side	25,119		4,897		1,817		31,833		
Right	13,184	52.5	2,353	48.0	964	53.1	16,501	51.8	
Left	11,479	45.7	2,153	44.0	848	46.7	14,480	45.5	
Bilateral	456	1.8	391	8.0	5	0.3	852	2.7	
Surgical approach	25,119		4,897		1,817		31,833		
Medial parapatellar	21,639	86.1	3,148	64.3	1,507	82.9	26,294	82.6	
Lateral parapatellar	518	2.1	355	7.2	39	2.1	912	2.9	
Mid-vastus	1,632	6.5	589	12.0	172	9.5	2,393	7.5	
Minimally invasive mid-vastus	476	1.9	548	11.2	47	2.6	1,071	3.4	
Quad-sparing	89	0.4	106	2.2	1	0.1	196	0.6	
Sub-vastus	302	1.2	26	0.5	13	0.7	341	1.1	
Minimally invasive sub-vastus	98	0.4	65	1.3	7	0.4	170	0.5	
V Quadriceps	0	0.0	5	0.1	2	0.1	7	0.0	
Tibial tuberosity osteotomy	5	0.0	1	0.0	3	0.2	9	0.0	
Other	360	1.4	54	1.1	26	1.4	440	1.4	

 $^(*) Total\ or\ partial\ revision,\ primary\ patella\ implant\ on\ existing\ prosthesis,\ removal,\ removal\ with\ spacer\ implantation,\ spacer\ replacement$

Table 2.18. Knee. Number of primary procedures by indication for surgery and type of previous surgery and by procedure type

		Prin	nary		TOT	AL
	to	tal	unicompa	rtmental		
	N	%	N	%	N	%
Indication for surgery	25,119		4,897		30,016	
Primary osteoarthritis	23,826	94.9	4,544	92.8	28,370	94.5
Post-traumatic osteoarthritis	409	1.6	49	1.0	458	1.5
Rheumatoid arthritis	127	0.5	2	0.0	129	0.4
Neoplasia	19	0.1	0	0.0	19	0.1
Osteonecrosis	116	0.5	123	2.5	239	0.8
Other	622	2.5	179	3.7	801	2.7
Previous surgery	25,119		4,897		30,016	
None	22,370	89.1	4,479	91.5	26,849	89.4
Arthrodesis	18	0.1	1	0.0	19	0.1
Osteotomy	161	0.6	6	0.1	167	0.6
Arthroscopy	595	2.4	196	4.0	791	2.6
Osteosynthesis	125	0.5	19	0.4	144	0.5
Other	1,850	7.4	196	4.0	2,046	6.8

Table 2.19. Knee. Number of revision by indication for surgery and type of previous surgery

	Revision (*)	
	N	%
Indication for surgery	1.817	
Aseptic loosening of several components	454	25.0
Aseptic loosening of femur	85	4.7
Aseptic loosening of tibia	171	9.4
Aseptic loosening of patella	7	0.4
Wear	34	1.9
Dislocation	31	1.7
Instability	98	5.4
Periprosthetic fracture	31	1.7
Implant fracture	17	0.9
Fractured spacer	1	0.1
Infection	303	16.7
Stiffness	40	2.2
Disease progression	35	1.9
Pain	334	18.4
Other	176	9.7
Previous surgery	1.817	
Primary total	1,121	61.7
Primary unicompartmental	353	19.4
Revision of knee replacement	120	6.6
Spacer	151	8.3
Other	72	4.0

 $^(*) Total \ or \ partial \ revision, \ primary \ patella \ implant \ on \ existing \ prosthesis, \ removal, \ removal \ with \ spacer \ implantation, \ spacer \ replacement$

Table 2.20. Knee. Number of procedures included in device analysis by procedure type

	N	%
Procedure type	31,168	
Primary	29,407	94.3
- total	24,843	84.5
- unicompartmental	4,564	15.5
Revision	1,761	5.7

Table 2.21. Knee. Number of procedures by fixation and by procedure type

			Primary		Revisio	on (*)	TOTA	AL.
	tota	al	unicompa	artmental				
	N	%	N	%	N	%	N	%
Fixation	24,843		4,564		1,761		31,168	
Patella not implanted	22,404	90.2	3,319	72.7	569	32.3	26,292	84.4
Cemented (femoral and tibial components)	15,221	67.9	2,165	65.2	366	64.3	17,752	67.5
Cemented femoral component and uncemented tibial component	760	3.4	201	6.1	52	9.1	1,013	3.9
Only cemented femoral component	0	0.0	0	0.0	14	2.5	14	0.1
Uncemented femoral component and cemented tibial component	1,163	5.2	233	7.0	54	9.5	1,450	5.5
Uncemented	5,260	23.5	720	21.7	16	2.8	5,996	22.8
Only uncemented femoral component	0	0.0	0	0.0	2	0.4	2	0.0
Only cemented tibial component	0	0.0	0	0.0	24	4.2	24	0.1
Only uncemented tibial component	0	0.0	0	0.0	10	1.8	10	0.0
Fixaction declared "not applicable" for both femoral and tibial components	0	0.0	0	0.0	31	5.4	31	0.1
Patella implanted (cemented)	2,054	8.3	210	4.6	405	23.0	2,669	8.6
Cemented (femoral and tibial components)	1,952	95.0	209	99.5	260	64.2	2,421	90.7
Cemented femoral component and uncemented tibial component	23	1.1	0	0.0	4	1.0	27	1.0
Only cemented femoral component	0	0.0	0	0.0	0	0.0	0	0.0
Uncemented femoral component and cemented tibial component	48	2.3	1	0.5	17	4.2	66	2.5
Uncemented	31	1.5	0	0.0	86	21.2	117	4.4
Only uncemented femoral component	0	0.0	0	0.0	0	0.0	0	0.0
Only cemented tibial component	0	0.0	0	0.0	6	1.5	6	0.2
Only uncemented tibial component	0	0.0	0	0.0	0	0.0	0	0.0
Only patella	0	0.0	0	0.0	32	7.9	32	1.2

(continued)

Table 2.21. (continued)

		ı	Primary		Revision (*)		TOTAL	
	tota	ıl	unicompa					
	N	%	N	%	N	%	N	%
Patella implanted (uncemented)	385	1.5	1,035	22.7	787	44.7	2,207	7.1
Cemented (femoral and tibial components)	170	44.2	720	69.6	316	40.2	1,206	54.6
Cemented femoral component and uncemented tibial component	11	2.9	22	2.1	38	4.8	71	3.2
Only cemented femoral component	0	0.0	0	0.0	0	0.0	0	0.0
Uncemented femoral component and cemented tibial component	11	2.9	52	5.0	66	8.4	129	5.8
Uncemented	193	50.1	241	23.3	364	46.3	798	36.2
Only uncemented femoral component	0	0.0	0	0.0	0	0.0	0	0.0
Only cemented tibial component	0	0.0	0	0.0	0	0.0	0	0.0
Only uncemented tibial component	0	0.0	0	0.0	1	0.1	1	0.0
Only patella	0	0.0	0	0.0	2	0.3	2	0.1

 $^(*) Total \ or \ partial \ revision, conversion \ to \ endoprosthesis \ to \ arthroprosthesis, removal, removal \ with \ spacer \ implantation, spacer \ replacement$

Table 2.22. Knee. Number of primary procedures by type of tibial tray

	N	%
Type of tibial tray	24,843	
Mobile bearing	4,950	19.9
Cemented	3,831	77.4
Uncemented	764	15.4
Cementable	355	7.2
Fixed	12,500	50.3
Cemented	11,837	94.7
Uncemented	556	4.4
Cementable	107	0.9
Missing	7,393	29.8

Table 2.23. Shoulder. Number of procedures included in procedure analysis and *completeness* by procedure type

	N	%	Completeness (*) (%)
Procedure type	1,246		22,8
Primary	1,217	97.7	23.0
Total replacement	1,119	91.9	
- elective	761	68.0	
- emergency	358	32.0	
Partial replacement	63	5.2	
Not specified	35	2.9	
Revision (**)	29	2.3	17.2

 $^{(*) \}textit{ Completeness:} \textbf{ ratio between number of procedures collected by RIAP and number of procedures recorded in HDD by participating institutions$

^(**) Includes total or partial revision, removal, removal with spacer implantation, spacer replacement

Table 2.24. Shoulder. Number of total replacements by type of implanted prosthesis

	N	%
Type of prosthesis implanted in the total replacement	1,119	
Elective	761	68.0
- anatomical	31	4.1
- resurfacing	1	0.1
- reverse	637	83.7
- interposition	92	12.1
Emergency	358	32.0
- anatomical	3	0.8
- resurfacing	0	0.0
- reverse	355	99.2
- interposition	0	0.0

Table 2.25. Shoulder. Number of procedures by hospital type and by procedure type

				Pr	imary				Revision (*)		TOTAL	
	То	Total replacement			Partial		Not					
	elec	tive	e emergency		replacement		specified					
	N	%	N	%	N	%	N	%	N	%	N	%
Hospital type	761		358		63		35		29		1,246	
Public hospitals	230	30.3	298	83.2	42	66.6	16	45.7	15	51.7	601	48.2
Private hospitals, accredited	531	69.7	60	16.7	21	33.3	16	45.7	14	48.3	642	51.5
Private hospitals, non-accredited	0	0.0	0	0.0	0	0	3	8.6			3	0.2

^(*) Total or partial revision, conversion to endoprosthesis to arthroprosthesis, removal, removal with spacer implantation, spacer replacement

Table 2.26. Shoulder. Number of procedures by gender and age group and by procedure type

				Prima	ry				Revision (*)		TOTAL	
	To	tal repl	acement		Par		No					
	electi	ve	emerg	ency	replac	ement	speci	ified				
	N	%	N	%	N	%	N	%	N	%	N	%
Gender	761		358		63		35		29		1,246	
Male	236	31.0	60	16.8	17	27.0	16	45.7	13	44.8	342	27.4
Female	525	69.0	298	83.2	46	73.0	19	54.3	16	55.2	904	72.6
Age group by gender												
Male	236		60		17		16		13		342	
Mean age	67		71		60		64		60		67	
Standard deviation	9		10		7		9		17		10	
<45	2	0.8	0	0.0	1	5.9	0	0.0	2	15.4	5	1.5
45 - 54	20	8.5	3	5.0	2	11.8	1	0.0	3	23.1	29	8.5
55 - 64	55	23.3	11	18.3	8	47.1	8	0.0	3	23.1	85	24.9
65 - 74	107	45.3	21	35.0	4	23.5	5	0.0	1	7.7	138	40.4
75 - 84	50	21.2	20	33.3	2	11.8	2	0.0	4	30.8	78	22.8
≥85	2	0.8	5	8.3	0	0.0	0	0.0	0	0.0	7	2.0
Female	525		298		46		19		16		904	
Mean age	72		74		71		71		68		73	
Standard deviation	7		8		10		8		9		8	
<45	1	0.2	0	0.0	1	2.2	0	0.0	0	0.0	2	0.2
45 - 54	5	1.0	1	0.3	1	2.2	0	0.0	0	0.0	7	0.8
55 - 64	65	12.4	32	10.7	6	13.0	4	21.1	7	43.8	114	12.6
65 - 74	254	48.4	107	35.9	23	50.0	8	42.1	4	25.0	396	43.8
75 - 84	180	34.3	131	44.0	12	26.1	6	31.6	5	31.3	334	36.9
≥85	20	3.8	27	9.1	3	6.5	1	5.3	0	0.0	51	5.6

 $^(*) Total\ or\ partial\ revision, conversion\ to\ endoprosthesis\ to\ arthroprosthesis,\ removal,\ removal\ with\ spacer\ implantation,\ spacer\ replacement$

Table 2.27. Shoulder. Number of procedures by side and surgical approach and by procedure type

				Prin	nary				Revisi	on (*)	TOTAL	
	T	otal repl	acemen	t		tial		ot				
	elec	tive	emerg	gency	replac	ement	spec	ified				
	N	%	N	%	N	%	N %		N	%	N	%
Side	761		358		63		35		29		1,246	
Right	497	65.3	219	61.2	37	58.7	17	48.6	18	62.1	788	63.2
Left	264	34.7	138	38.5	26	41.3	18	51.4	11	37.9	457	36.7
Bilateral	0	0.0	1	0.3	0	0.0	0	0.0	0	0.0	1	0.1
Surgical approach	761		358		63		35		29		1,246	
Deltopectoral	562	73.9	307	85.8	62	98.4	33	94.3	27	93.1	991	79.5
Trans-deltoid	85	11.2	9	2.5	0	0.0	0	0.0	0	0.0	94	7.5
Other	17	2.2	3	0.8	1	1.6	2	5.7	1	3.4	24	1.9
Missing	97	12.7	39	10.9	0	0.0	0	0.0	1	3.4	137	11.0

^(*) Includes total or partial revision, removal, removal with spacer implantation, spacer replacement

Table 2.28. Shoulder. Number of primary procedures by indication for surgery and type of previous surgery and by procedure type

				Prima	ry				TOTAL	
	To	tal repla	acement		Par		N			
	electi	ve	e emergency		replacement		specified			
	N	%	N	%	N	%	N	%	N	%
Indication for surgery	761		358		63		35		1,217	
Eccentric osteoarthritis	454	59.7	0	0.0	9	14.3	21	60.0	484	39.8
Concentric osteoarthritis	95	12.5	0	0.0	14	22.2	3	8.6	112	9.2
Rheumatoid arthritis	3	0.4	0	0.0	0	0.0	1	2.9	4	0.3
Neoplasia	0	0.0	0	0.0	1	1.6	0	0.0	1	0.1
Osteonecrosis	9	1.2	0	0.0	2	3.2	2	5.7	13	1.1
Fracture	0	0.0	358	100.0	36	57.1	8	22.9	402	33.0
Previous fracture	29	3.8	0	0.0	0	0.0	0	0.0	29	2.4
Other	171	22.5	0	0.0	1	1.6	0	0.0	172	14.1
Previous surgery	761		358		63		35		1,217	
None	731	96.1	357	99.7	62	98.4	33	94.3	1,183	97.2
Osteosynthesis	11	1.4	0	0.0	0	0.0	2	5.7	13	1.1
Arthrotomy	1	0.1	0	0.0	0	0.0	0	0.0	1	0.1
Arthroscopy	13	1.7	0	0.0	0	0.0	0	0.0	13	1.1
Other	5	0.7	1	0.3	1	1.6	0	0.0	7	0.6

Table 2.29. Shoulder. Number of revision by indication for surgery and type of previous surgery

	Revisio	າ (*)
	N	%
Indication for surgery	29	
Instability	10	34.5
Glenoid erosion	1	3.4
Dislocation	3	10.3
Infection	4	13.8
Prosthesis removal outcomes	1	3.4
Aseptic mobilisation	7	24.1
Other	3	10.3
Previous surgery	29	
Primary	23	79.3
Removal	4	13.8
Shoulder replacement revision	2	6.9
Other	0	0.0

^(*) Includes total or partial revision, removal, removal with spacer implantation, spacer replacement

Table 2.30. Shoulder. Number of procedures included in device analysis by procedure type

N	%
606	
577	95.2
543	94.1
400	73.7
143	26.3
29	5.0
5	0.9
29	4.8
	606 577 543 400 143 29

^(*) Includes total or partial revision, removal, removal with spacer implantation, spacer replacement

Table 2.31. Shoulder. Number of procedures by fixation and by procedure type

									Revision (*)		TOTAL	
	_	Total replace		acement emergency		tial ement	Not specified					
	N	%	N	%	N	%	N	%	N	%	N	%
Fixation	325		110		24		3		19		481	
Cemented (glenoid + stem)	5	1.5	16	14.5	0	0.0	0	0.0	1	5.3	22	4.6
Reverse hybrid (cemented glenoid and uncemented stem)	3	0.9	2	1.8	0	0.0	0	0.0	0	0.0	5	1.0
Only cemented glenoid	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0
Hybrid (uncemented glenoid and cemented stem)	20	6.2	28	25.5	0	0.0	0	0.0	3	15.8	51	10.6
Uncemented (glenoid + stem)	297	91.4	64	58.2	0	0.0	3	100.0	9	47.4	373	77.5
Only uncemented glenoid	0	0.0	0	0.0	0	0.0	0	0.0	3	15.8	3	0.6
Only cemented stem	0	0.0	0	0.0	7	29.2	0	0.0	1	5.3	8	1.7
Only stem uncemented	0	0.0	0	0.0	17	70.8	0	0.0	2	10.5	19	4.0
Not applicable	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0

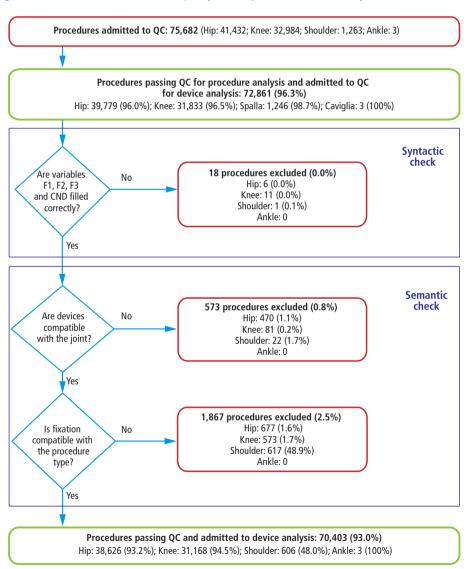
 $^{({}^\}star) \, \text{Total or partial revision, removal of prosthesis, conversion from partial to total prosthesis, spacer revision}$

Procedures admitted to QC: 75,682 (Hip: 41,432; Knee: 32,984; Shoulder: 1,263; Ankle: 3) Syntactic check 1,889 procedures excluded (2.5%) Are the data No Hip: 1,216 (2.9%) on variables Knee: 668 (2.0%) entered Shoulder: 5 (0.4%) correctly? Ankle: 0 Yes Semantic Is the 175 procedures excluded (0.2%) check No diagnosis Hip: 58 (0.1%) compatible with Knee: 113 (0.3%) the procedure Shoulder: 4 (0.3%) type? Ankle: 0 Yes 757 procedures excluded (1.0%) Is the previous Hip: 379 (0.9%) No procedure Knee: 370 (1.1%) compatible with Shoulder: 8 (0.6%) the procedure Ankle: 0 type? Yes

Procedure passing QC and admitted to procedure analysis: **72,861 (96.3%)** Hip: 39,779 (96.0%); Knee: 31,833 (96.5%); Shoulder: 1,246 (98.7%); Ankle: 3 (100%)

Figure 2.1. Flowchart of the RIAP data quality control process: procedures

Figure 2.2. Flowchart of the RIAP data quality control process for device analysis



1%

CoP

CoC

MoP

Other (CoM, MoM, MoC)

Chart Legend:
CoP = Ceramics/Polyethylene, CoC = Ceramic/Ceramic,
MoP = Metal/Polyethylene, MoM = Metal/Metal,
CoM = Ceramic/Metal, MoC = Metal/Ceramic

Figure 2.3. Hip. Types of bearing. Total replacement (elective procedures)

Note: the first component indicates the material of the head, the second the material of the insert.

20%

COP

MoP

CoC

Other (CoM, MoM, MoC)

Chart Legend:
COP = Ceramic/Polyethylene, CoC = Ceramic/Ceramic,
MoP = Metal/Polyethylene, MoM = Metal/Metal,
CoM = Ceramic/Metal, MoC = Metal/Ceramic

Figure 2.4. Hip. Types of bearing. Total replacement (emergency)

Note: the first component indicates the material of the head, the second the material of the insert.

APPENDIX

Table 1. Joint replacements (primary and revision procedures) in Italy. 2001-2019

ICD-9-CM Code	Procedure	2001	2003	2005	2006	2007	2008	2009
	Hip	74,408	80,999	87,499	90,062	91,077	92,217	93,241
81,51	Total hip replacement	46,850	52,541	57,112	59,315	60,425	60,840	61,601
	Total hip replacement (elective)	40.060	44.505	47.908	49.657	50.684	51.110	51.769
81,52	Partial hip replacement	21,394	21,753	23,227	23,286	23,119	23,896	23,393
00,85(*)	Hip resurfacing	0	0	0	0	0	0	293
(**)	Revision of hip replacement	6,164	6,705	7,160	7,461	7,533	7,481	7,954
	Knee	28,693	38,655	47,643	52,322	57,054	59,956	61,079
81,54	Total knee replacement	27,401	36,714	45,116	49,560	53,930	56,525	57,004
(***)	Revision of knee replacement	1,292	1,941	2,527	2,762	3,124	3,431	4,075
	Shoulder	1,559	1,866	2,517	2,888	3,255	3,412	3,783
81,80	Total shoulder replacement	709	948	1,462	1,695	2,048	2,190	2,537
	Total shoulder replacement (elective)	417	644	1.085	1.336	1.629	1.788	2.092
81,81	Partial shoulder replacement	850	918	1,055	1,193	1,207	1,222	1,246
	Ankle	95	147	179	257	268	284	256
81,56	Total ankle replacement	95	147	179	257	268	284	256
	Other joints	736	870	1,668	1,713	1,570	1,315	1,332
81,57	Foot and toe joint replacement	316	414	604	629	692	656	521
81,59	Revision of lower extremity joint replacement	214	173	672	588	365	140	187
81,73	Total wrist replacement	40	44	60	81	66	69	59
81,84	Total elbow replacement	90	162	251	317	314	311	402
81,97	Revision of upper extremity joint replacement	76	77	81	98	133	139	163
	Total	105,491	122,537	139,506	147,242	153,224	157,184	159,691

^(°) Average annual increase

^(*) New code introduced on 1st January 2009

^{(**) 81,53} code and new codes introduced since 1st january 2019: 00,70, 00,71, 00,72, 00,73

^{(***) 81,55} code and new codes introduced since 1st january 2019: 00,80, 00,81, 00,82, 00,83, 00,84

2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	% (°)
95,348	96,125	98,585	100,844	102,652	105,803	108,906	112,375	113,511	117,911	2.6
61,775	62,664	64,503	66,257	68,190	71,178	74,660	77,787	79,288	83,158	3.2
52.187	53.157	54.852	56.598	58.491	60.661	64.102	66.917	68.525	71.626	3.3
24,847	25,091	25,346	25,979	26,141	26,222	25,879	26,101	25,646	25,876	1.1
445	162	96	99	45	107	147	65	251	229	-2.4
8,281	8,208	8,640	8,509	8,276	8,296	8,220	8,422	8,326	8,648	1.9
63,255	63,749	66,007	67,634	70,313	73,191	78,779	81,271	84,582	89,210	6.5
59,081	59,472	61,541	62,910	65,614	68,091	73,394	75,668	78,423	82,815	6.3
4,174	4,277	4,466	4,724	4,699	5,100	5,385	5,603	6,159	6,395	9.3
4,326	4,684	5,143	5,795	6,511	7,145	8,053	9,101	10,125	10,989	11.5
2,990	3,478	3,830	4,441	5,309	5,970	6,892	7,862	8,840	9,767	15.7
2.382	2.815	3.042	3.479	4.085	4.474	5.225	5.921	6.712	7.347	17.3
1,336	1,206	1,313	1,354	1,202	1,175	1,161	1,239	1,285	1,222	2.0
255	298	313	330	387	482	546	600	653	767	12.3
255	298	313	330	387	482	546	600	653	767	12.3
1,302	1,349	1,291	1,300	1,358	1,479	1,444	1,489	1,573	1,568	4.3
557	543	443	440	453	530	481	468	493	415	1.5
128	107	83	96	103	102	74	77	79	63	-6.6
50	68	74	65	49	51	52	37	59	43	0.4
402	434	447	473	491	523	549	608	616	682	11.9
165	197	244	226	262	273	288	299	326	365	9.1
164,486	166,205	171,339	175,903	181,221	188,100	197,728	204,836	210,444	220,445	4.2

Table 2. Hip. Number of primary and revision procedures by region of admission and by procedure type. 2018-2019

Region of admission	Tota	l replacen	nent (elec	tive)	Total	replaceme	nt (emerg	ency)
	20	18	20	19	20	18	20	19
	N	%	N	%	N	%	N	%
Piedmont	6,597	9.6	6,956	9.7	1,060	9.8	1,028	8.9
Aosta Valley	178	0.3	156	0.2	18	0.2	22	0.2
Lombardy	15,963	23.2	16,680	23.2	1,396	13.0	1,630	14.1
AP Bolzano	1,000	1.5	1,013	1.4	120	1.1	105	0.9
AP Trento	904	1.3	970	1.3	89	0.8	94	0.8
Veneto	6,695	9.7	7,276	10.1	788	7.3	802	7.0
Friuli Venezia Giulia	1,768	2.6	1,620	2.3	167	1.6	220	1.9
Liguria	1,199	1.7	1,188	1.7	565	5.2	674	5.8
Emilia-Romagna	8,118	11.8	8,530	11.9	708	6.6	846	7.3
Tuscany	6,130	8.9	6,066	8.4	863	8.0	909	7.9
Umbria	862	1.3	905	1.3	134	1.2	159	1.4
Marche	1,304	1.9	1,418	2.0	433	4.0	401	3.5
Lazio	5,509	8.0	5,637	7.8	1,204	11.2	1,146	9.9
Abruzzi	1,532	2.2	1,577	2.2	261	2.4	274	2.4
Molise	167	0.2	200	0.3	24	0.2	21	0.2
Campania	3,466	5.0	3,750	5.2	984	9.1	1,180	10.2
Apulia	2,535	3.7	2,555	3.6	550	5.1	545	4.7
Basilicata	229	0.3	195	0.3	61	0.6	58	0.5
Calabria	924	1.3	1,050	1.5	279	2.6	262	2.3
Sicily	2,726	4.0	3,191	4.4	888	8.2	926	8.0
Sardinia	963	1.4	920	1.3	179	1.7	237	2.1
Italy	68,769	100	71,853	100	10,771	100	11,539	100
% of national volume	60.6		60.9		9.5		9.8	

	Partial rep	lacement			Revi	sion			To	tal	
20	18	20	19	20	18	20	19	20	18	20	19
N	%	N	%	N	%	N	%	N	%	N	%
1,894	7.4	1,875	7.2	800	9.6	799	9.2	10,351	9.1	10,658	9.0
84	0.3	72	0.3	13	0.2	13	0.2	293	0.3	263	0.2
5,036	19.6	4,968	19.2	1,916	23.0	2,017	23.3	24,311	21.4	25,295	21.5
163	0.6	243	0.9	99	1.2	107	1.2	1,382	1.2	1,468	1.2
310	1.2	307	1.2	112	1.3	137	1.6	1,415	1.2	1,508	1.3
2,232	8.7	2,405	9.3	647	7.8	757	8.8	10,362	9.1	11,240	9.5
821	3.2	809	3.1	195	2.3	204	2.4	2,951	2.6	2,853	2.4
730	2.8	685	2.6	248	3.0	227	2.6	2,742	2.4	2,774	2.4
2,460	9.6	2,457	9.5	1,014	12.2	1,016	11.7	12,300	10.8	12,849	10.9
1,953	7.6	1,972	7.6	734	8.8	729	8.4	9,680	8.5	9,676	8.2
555	2.2	516	2.0	108	1.3	137	1.6	1,659	1.5	1,717	1.5
572	2.2	560	2.2	172	2.1	200	2.3	2,481	2.2	2,579	2.2
2,068	8.1	2,100	8.1	624	7.5	696	8.0	9,405	8.3	9,579	8.1
585	2.3	570	2.2	162	1.9	154	1.8	2,540	2.2	2,575	2.2
158	0.6	142	0.5	12	0.1	10	0.1	361	0.3	373	0.3
1,614	6.3	1,559	6.0	457	5.5	497	5.7	6,521	5.7	6,986	5.9
1,540	6.0	1,592	6.2	349	4.2	301	3.5	4,974	4.4	4,993	4.2
273	1.1	246	1.0	31	0.4	38	0.4	594	0.5	537	0.5
563	2.2	593	2.3	126	1.5	117	1.4	1,892	1.7	2,022	1.7
1,450	5.7	1,608	6.2	400	4.8	425	4.9	5,464	4.8	6,150	5.2
586	2.3	598	2.3	108	1.3	69	0.8	1,836	1.6	1,824	1.5
25,647	100	25,877	100	8,327	100	8,650	100	113,514	100	117,919	100
22.6		21.9		7.3		7.3		100.0		100.0	

Table 3. Hip. Primary total replacement. Number of hospitals performing primary and revision procedures by region of admission and by class of volume. 2018 and 2019

Region of admission			Class of	volume		
	1-	50	51-	100	101-	200
	2018	2019	2018	2019	2018	2019
	N	N	N	N	N	N
Piedmont	12	9	7	9	15	17
Aosta Valley	0	0	1	1	1	1
Lombardy	26	25	30	35	29	23
AP Bolzano	5	4	3	4	3	2
AP Trento	1	1	2	2	4	4
Veneto	11	11	15	16	15	10
Friuli Venezia Giulia	2	1	5	6	7	6
Liguria	5	4	4	2	6	7
Emilia-Romagna	11	14	23	17	20	22
Tuscany	15	15	11	12	10	6
Umbria	3	4	7	3	3	6
Marche	8	8	2	2	7	5
Lazio	41	41	18	23	17	13
Abruzzi	6	7	9	7	3	3
Molise	3	3	2	1	0	1
Campania	51	46	10	14	10	9
Apulia	18	18	14	13	10	9
Basilicata	4	4	1	1	1	1
Calabria	12	11	5	5	3	2
Sicily	43	42	24	24	3	4
Sardinia	13	12	6	7	2	2
Italy	290	280	199	204	169	153
% of national volume	38.7	37.3	26.5	27.2	22.5	20.4

201	200	.2	201-300 >300 Total							
2018	2019	2018	2019	20		20	19			
N	2013 N	2010 N	2013 N	N N	%	N N	%			
7	6	7	8	48	6.4	49	6.5			
0	0	0	0	2	0.3	2	0.3			
8	8	13	15	106	14.1	106	14.1			
1	2	0	0	12	1.6	12	1.6			
1	1	0	0	8	1.1	8	1.1			
7	8	5	7	53	7.1	52	6.9			
0	2	1	0	15	2.0	15	2.0			
1	1	1	1	17	2.3	15	2.0			
8	8	2	5	64	8.5	66	8.8			
7	8	6	7	49	6.5	48	6.4			
0	0	0	0	13	1.7	13	1.7			
1	3	0	0	18	2.4	18	2.4			
2	4	3	3	81	10.8	84	11.2			
2	3	0	0	20	2.7	20	2.7			
0	0	0	0	5	0.7	5	0.7			
5	6	0	1	76	10.1	76	10.1			
0	1	1	1	43	5.7	42	5.6			
0	0	0	0	6	0.8	6	0.8			
1	1	0	1	21	2.8	20	2.7			
0	0	2	2	72	9.6	72	9.6			
0	0	0	0	21	2.8	21	2.8			
51	62	41	51	750	100	750	100			
6.8	8.3	5.5	6.8	100.0	700	100.0	700			

Table 4. Hip. Revision. Number of hospitals performing primary and revision procedures by region of admission and by class of volume. 2018 and 2019

Region of admission	Class of volume											
	1-1	10	11-	25	26-	50	>5	50		Tot	al	
	2018	2019	2018	2019	2018	2019	2018	2019	20	18	201	19
	N	N	N	N	N	N	N	N	N	%	N	%
Piedmont	21	20	19	16	6	10	1	1	47	7.2	47	7.1
Aosta Valley	2	1	0	1	0	0	0	0	2	0.3	2	0.3
Lombardy	43	51	38	33	11	13	7	6	99	15.1	103	15.5
AP Bolzano	7	4	2	4	1	1	0	0	10	1.5	9	1.4
AP Trento	5	5	1	2	0	0	1	1	7	1.1	8	1.2
Veneto	22	24	16	16	8	7	1	2	47	7.2	49	7.4
Friuli Venezia Giulia	6	7	5	5	1	2	1	0	13	2.0	14	2.1
Liguria	6	11	8	4	0	1	1	1	15	2.3	17	2.6
Emilia-Romagna	33	30	18	18	9	8	2	1	62	9.5	57	8.6
Tuscany	19	19	14	11	6	9	3	2	42	6.4	41	6.2
Umbria	7	7	4	4	0	1	0	0	11	1.7	12	1.8
Marche	11	10	5	6	1	1	0	0	17	2.6	17	2.6
Lazio	49	52	10	13	7	3	1	3	67	10.2	71	10.7
Abruzzi	11	11	6	6	0	0	0	0	17	2.6	17	2.6
Molise	3	2	0	0	0	0	0	0	3	0.5	2	0.3
Campania	41	47	10	13	2	2	1	1	54	8.2	63	9.5
Apulia	30	25	7	9	4	1	0	0	41	6.3	35	5.3
Basilicata	4	4	1	2	0	0	0	0	5	0.8	6	0.9
Calabria	15	15	2	1	1	1	0	0	18	2.7	17	2.6
Sicily	50	53	7	7	1	1	1	1	59	9.0	62	9.3
Sardinia	17	16	2	0	0	0	0	0	19	2.9	16	2.4
Italy	402	414	175	171	58	61	20	19	655	100	665	100
% of national volume	61.4	62.3	26.7	25.7	8.9	9.2	3.1	2.9	100.0		100.0	

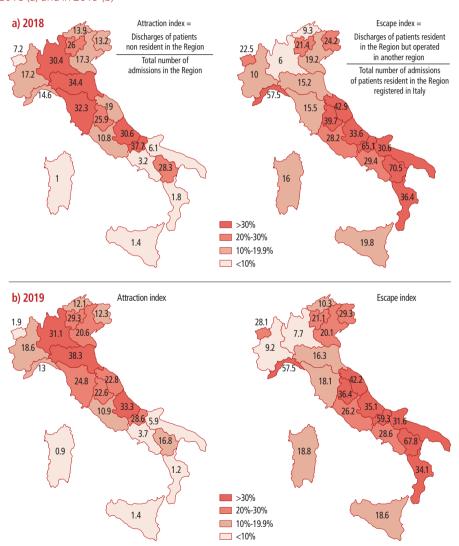
Table 5. Hip. Percent distribution of hospital discharges by patient gender and age group and by procedure type. 2018 and 2019

procedure type. 2010	Tot replace (elect	ement	Tot replace (emerg	ement	Par replac		Revi	Revision		al
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
	%	%	%	%	%	%	%	%	%	%
Gender										
Male	46.7	46.8	27.1	28.1	27.4	28.0	40.3	39.6	40.0	40.3
Female	53.3	53.2	72.9	71.9	72.6	72.0	59.7	60.4	60.0	59.7
Age (male)										
Mean age	65.4	65.5	71.6	71.9	83.5	84.1	69.7	69.9	68.9	69.1
Standard deviation	11.8	11.8	12.1	11.9	8.9	8.0	12.4	12.6	13.2	13.2
Age group										
0-44	4.9	4.7	1.9	2.2	0.6	0.2	3.7	3.6	3.9	3.8
45-54	13.7	13.8	8.6	6.6	0.8	0.6	8.9	9.2	11.1	11.0
55-64	24.6	24.6	15.7	16.0	2.1	1.7	17.6	16.9	20.0	20.0
65-74	32.5	32.5	27.7	28.9	7.1	6.7	29.4	28.5	28.0	28.0
75-84	22.0	21.8	32.7	32.8	37.4	37.5	31.5	32.5	25.8	25.7
85+	2.3	2.6	13.4	13.6	52.0	53.4	8.8	9.2	11.3	11.6
Age (female)										
Mean age	69.8	69.8	73.8	73.6	84.5	84.8	74.4	74.2	74.6	74.6
Standard deviation	10.7	10.7	9.5	9.4	7.1	7.0	10.7	11.0	11.6	11.6
Age group										
0-44	2.1	2.1	0.4	0.4	0.1	0.1	1.1	1.4	1.3	1.3
45-54	7.0	7.0	2.7	3.0	0.3	0.2	4.0	4.8	4.4	4.6
55-64	18.2	18.4	12.4	12.8	0.9	0.8	11.4	11.0	12.3	12.5
65-74	35.3	35.1	34.3	34.6	5.5	5.4	27.2	26.3	26.4	26.5
75-84	32.4	32.8	38.2	37.7	38.9	38.3	40.7	41.4	35.5	35.4
85+	4.9	4.7	12.1	11.5	54.2	55.2	15.6	15.1	20.1	19.8

Table 6. Hip. Percent distribution of hospital discharges by discharge type and by procedure type. 2018 and 2019

Discharge type	Total replacement (elective)		Total replacement (emergency)		Partial replacement		Revision		Total	
	2018	2019	2018	2019	2018	2019	2018	2019	2018	2019
	%	%	%	%	%	%	%	%	%	%
Deceased	0.1	0.1	1.1	0.9	3.0	3.1	1.0	1.1	0.9	0.9
Ordinary discharge	50.1	51.6	51.4	49.9	44.9	42.8	50.2	49.0	49.1	49.3
Discharge to a Residential Care Facility	1.7	1.6	6.1	6.4	10.3	10.9	4.1	4.8	4.3	4.3
Discharge with home health services	0.1	0.2	0.2	0.5	0.3	0.7	0.2	0.6	0.1	0.3
Discharge against medical advice	0.1	0.2	0.4	0.3	0.4	0.3	0.3	0.3	0.2	0.2
Transfer to an acute admission unit of a different hospital	2.2	1.8	5.0	3.5	4.4	3.9	3.1	2.7	3.0	2.5
Transfer in the same hospital	27.4	26.5	11.0	11.5	10.8	10.7	22.2	21.4	21.7	21.2
Transfer to an inpatient rehabilitation facility	17.6	17.2	23.0	24.5	22.6	23.9	17.6	18.0	19.2	19.5
Discharge with integrated home care	0.7	0.8	1.9	2.4	3.3	3.6	1.4	2.0	1.5	1.7

Figure 1. Hip. Elective total replacement. Inter-regional mobility (attraction and escape indices) in 2018 (a) and in 2019 (b)



NOTE: For regions with low number of procedures (i,e Umbria, Molise and Basilicata) inter-regional mobility indices might be biased

Table 7. Knee. Number of procedures by Region of admission and by procedure type. 2018-2019

Region of admission	Total replacement								
-	20	18	2019						
	N	%	N	%					
Piedmont	6,199	7.9	6,665	8.0					
Aosta Valley	138	0.2	170	0.2					
Lombardy	16,462	21.0	18,135	21.9					
AP Bolzano	852	1.1	886	1.1					
AP Trento	749	1.0	749	0.9					
Veneto	8,010	10.2	8,126	9.8					
Friuli Venezia Giulia	1,847	2.4	1,899	2.3					
Liguria	1,453	1.9	1,400	1.7					
Emilia-Romagna	8,270	10.5	9,025	10.9					
Tuscany	7,846	10.0	7,639	9.2					
Umbria	1,471	1.9	1,471	1.8					
Marche	1,909	2.4	1,789	2.2					
Lazio	6,236	7.9	6,585	8.0					
Abruzzi	2,011	2.6	2,031	2.5					
Molise	241	0.3	256	0.3					
Campania	3,849	4.9	4,310	5.2					
Apulia	3,586	4.6	3,370	4.1					
Basilicata	259	0.3	243	0.3					
Calabria	1,551	2.0	1,612	1.9					
Sicily	4,120	5.3	5,079	6.1					
Sardinia	1,401	1.8	1,388	1.7					
Italy	78,460	100	82,828	100					
% of national volume	92.7		92.8						

	Revi	sion		Total					
20	18	20	19	20	2018		19		
N	%	N	%	N	%	N	%		
565	9.2	538	8.4	6,764	8.0	7,203	8.1		
16	0.3	9	0.1	154	0.2	179	0.2		
1,476	24.0	1,598	25.0	17,938	21.2	19,733	22.1		
87	1.4	89	1.4	939	1.1	975	1.1		
42	0.7	40	0.6	791	0.9	789	0.9		
511	8.3	523	8.2	8,521	10.1	8,649	9.7		
121	2.0	108	1.7	1,968	2.3	2,007	2.2		
179	2.9	183	2.9	1,632	1.9	1,583	1.8		
774	12.6	867	13.6	9,044	10.7	9,892	11.1		
748	12.1	713	11.1	8,594	10.2	8,352	9.4		
91	1.5	106	1.7	1,562	1.8	1,577	1.8		
76	1.2	111	1.7	1,985	2.3	1,900	2.1		
452	7.3	415	6.5	6,688	7.9	7,000	7.8		
82	1.3	111	1.7	2,093	2.5	2,142	2.4		
6	0.1	8	0.1	247	0.3	264	0.3		
242	3.9	300	4.7	4,091	4.8	4,610	5.2		
211	3.4	162	2.5	3,797	4.5	3,532	4.0		
17	0.3	7	0.1	276	0.3	250	0.3		
71	1.2	109	1.7	1,622	1.9	1,721	1.9		
324	5.3	327	5.1	4,444	5.3	5,406	6.1		
70	1.1	73	1.1	1,471	1.7	1,461	1.6		
6,161	100	6,397	100	84,621	100	89,225	100		
7.3		7.2		100.0		100.0			

Table 8. Knee. Primary total replacement. Number of hospitals by region of admission and by class of volume. 2018 and 2019

Region of admission			Class of	volume			
	1-	50	51-	100	101-200		
	2018	2019	2018	2019	2018	2019	
	N	N	N	N	N	N	
Piedmont	22	17	12	11	5	6	
Aosta Valley	1	0	1	1	0	1	
Lombardy	41	38	25	27	19	16	
AP Bolzano	6	6	2	2	3	3	
AP Trento	0	1	5	4	3	3	
Veneto	20	21	15	11	7	9	
Friuli Venezia Giulia	6	5	1	3	6	5	
Liguria	10	7	1	0	6	6	
Emilia-Romagna	21	22	17	13	11	11	
Tuscany	17	15	12	14	8	7	
Umbria	1	1	8	7	4	5	
Marche	10	8	4	6	1	1	
Lazio	48	53	13	14	13	11	
Abruzzi	9	9	5	6	3	1	
Molise	4	4	0	0	1	1	
Campania	49	43	9	15	10	7	
Apulia	25	21	6	6	7	10	
Basilicata	4	5	1	0	1	1	
Calabria	12	10	3	2	2	3	
Sicily	41	40	9	10	8	10	
Sardinia	14	13	2	2	1	1	
Italy	361	339	151	154	119	118	
% of national volume	48.8	46.4	20.4	21.1	16.1	16.2	

201-	200	>3	00		To	tal	
2018	2019	2018	2019	20		20	10
2018 N	2019 N	2018 N	2019 N	N	%	N	%
6	4	6	8	51	6.9	46	6.3
0	0	0	0	2	0.3	2	0.3
8	10	15	16	108	14.6	107	14.7
1	10	0	0	12	1.6	12	1.6
0	0	0	0	8	1.1	8	1.1
1	1	9	9	52	7.0	51	7.0
1	1	1	1	15	2.0	15	2.1
1	2	0	0	18	2.4	15	2.1
9	8	5	8	63	8.5	62	8.5
2	3	10	10	49	6.6	49	6.7
1	1	0	0	14	1.9	14	1.9
2	2	1	1	18	2.4	18	2.5
0	2	5	5	79	10.7	85	11.6
1	1	2	3	20	2.7	20	2.7
0	0	0	0	5	0.7	5	0.7
3	5	1	0	72	9.7	70	9.6
4	2	1	1	43	5.8	40	5.5
0	0	0	0	6	0.8	6	0.8
6	6	1	2	20 65	2.7 8.8	18	2.5 9.3
2	2	1	1	20	2.7	19	2.6
50	52	59	67	740	100	730	100
6.8	7.1	8.0	9.2	100.0		100.0	

Table 9. Knee. Revision. Number of hospitals by Region of admission and by class of volume. 2018 and 2019

Region of admission						Class of	volume					
	1-1	10	11-	25	26-	50	>5	50		Tot	al	
	2018	2019	2018	2019	2018	2019	2018	2019	20	18	201	19
	N	N	N	N	N	N	N	N	N	%	N	%
Piedmont	26	24	7	10	9	9	0	0	42	7.3	43	7.5
Aosta Valley	1	1	1	0	0	0	0	0	2	0.3	1	0.2
Lombardy	61	67	17	12	7	7	7	8	92	16.1	94	16.3
AP Bolzano	6	5	4	4	0	0	0	0	10	1.7	9	1.6
AP Trento	7	7	0	1	0	0	0	0	7	1.2	8	1.4
Veneto	32	31	6	10	3	3	2	1	43	7.5	45	7.8
Friuli Venezia Giulia	10	7	1	4	2	0	0	0	13	2.3	11	1.9
Liguria	9	10	4	3	1	1	1	1	15	2.6	15	2.6
Emilia-Romagna	36	33	15	16	4	4	2	4	57	10.0	57	9.9
Tuscany	23	22	8	7	4	6	5	3	40	7.0	38	6.6
Umbria	10	11	1	1	1	1	0	0	12	2.1	13	2.3
Marche	14	9	1	3	0	1	0	0	15	2.6	13	2.3
Lazio	45	43	6	6	4	3	1	1	56	9.8	53	9.2
Abruzzi	11	10	3	4	0	0	0	0	14	2.4	14	2.4
Molise	3	3	0	0	0	0	0	0	3	0.5	3	0.5
Campania	39	39	6	7	0	1	0	0	45	7.9	47	8.1
Apulia	24	29	6	4	0	0	0	0	30	5.2	33	5.7
Basilicata	4	2	0	0	0	0	0	0	4	0.7	2	0.3
Calabria	13	10	1	5	0	0	0	0	14	2.4	15	2.6
Sicily	35	40	6	9	2	1	0	0	43	7.5	50	8.7
Sardinia	14	11	1	2	0	0	0	0	15	2.6	13	2.3
Italy	423	414	94	108	37	37	18	18	572	100	577	100
% of national volume	74.0	71.8	16.4	18.7	6.5	6.4	3.1	3.1	100.0		100.0	

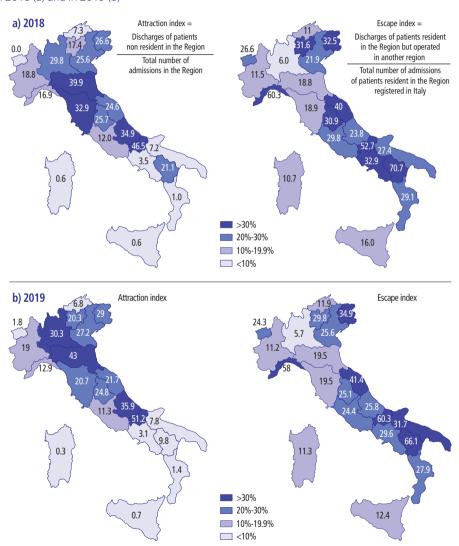
Table 10. Knee. Percent distribution of hospital discharges by patient gender and age group and by procedure type. 2018 and 2019

	Total rep	lacement	Revi	sion	То	tal
	2018	2019	2018	2019	2018	2019
	%	%	%	%	%	%
Gender						•
Male	33.3	33.7	32.6	33.4	33.2	33.7
Female	66.7	66.3	67.4	66.6	66.8	66.3
Age (male)						•
Mean age	69.4	69.5	69.2	68.9	69.4	69.5
Standard deviation	9.1	10.8	10.8	11.2	9.3	10.9
Age group						•
0-44	1.1	1.0	2.8	2.9	1.2	1.1
45-54	5.2	5.6	7.2	6.8	5.3	5.6
55-64	19.9	20.1	16.1	18.7	19.7	20.0
65-74	42.2	41.1	38.7	37.9	41.9	40.9
75-84	30.0	30.3	32.6	30.8	30.2	30.3
85+	1.7	1.9	2.5	3.0	1.7	2.0
Age (female)						
Mean age	70.8	70.8	70.8	70.8	70.8	70.8
Standard deviation	8.2	8.2	9.0	9.3	8.3	8.3
Age group						
0-44	0.4	0.4	0.8	1.0	0.4	0.4
45-54	3.4	3.4	4.0	4.1	3.4	3.4
55-64	16.5	16.7	16.1	16.8	16.5	16.7
65-74	44.1	43.7	42.3	41.1	43.9	43.6
75-84	33.6	33.6	33.3	33.0	33.6	33.6
85+	2.0	2.2	3.6	3.9	2.1	2.3

Table 11. Knee. Percent distribution of hospital discharges by discharge type and by procedure type. 2018 and 2019

Discharge type	Total replacement (elective)		Revi	sion	Total		
	2018	2019	2018	2019	2018	2019	
	%	%	%	%	%	%	
Deceased	0.0	0.0	0.2	0.2	0.0	0.0	
Ordinary discharge	48.5	49.0	50.0	50.2	48.6	49.1	
Discharge to a Residential Care Facility	1.2	1.3	1.4	1.1	1.2	1.3	
Discharge with home health services	0.0	0.1	0.1	0.2	0.0	0.1	
Discharge against medical advice	0.1	0.1	0.1	0.1	0.1	0.1	
Transfer to an acute admission unit of a different hospital	2.0	1.6	2.2	1.7	2.0	1.6	
Transfer in the same hospital	30.6	30.8	29.9	30.2	30.5	30.8	
Transfer to an inpatient rehabilitation facility	17.0	16.4	15.5	15.6	16.9	16.3	
Discharge with integrated home care	0.6	0.6	0.6	0.8	0.6	0.6	

Figure 2. Knee. Total replacement. Inter-regional mobility (attraction and escape indices) in 2018 (a) and in 2019 (b)



NOTE: For regions with low number of procedures (i.e Umbria, Molise and Basilicata) inter-regional mobility indices might be biased

Table 12. Shoulder. Number of procedures by Region of admission and by procedure type. 2018-2019

Region of admission	Tota	l replacem	ent (electiv	e)	Total replacement (emergency)				
	2018	3	20	19	20	18	20	19	
	N	%	N	%	N	%	N	%	
Piedmont	669	10.0	744	10.1	162	7.6	176	7.3	
Aosta Valley	6	0.1	6	0.1	0	0.0	1	0.0	
Lombardy	1,291	19.2	1,208	16.4	436	20.5	465	19.2	
AP Bolzano	45	0.7	37	0.5	13	0.6	11	0.5	
AP Trento	37	0.6	46	0.6	34	1.6	28	1.2	
Veneto	509	7.6	666	9.1	190	8.9	219	9.0	
Friuli Venezia Giulia	135	2.0	130	1.8	35	1.6	51	2.1	
Liguria	64	1.0	92	1.3	20	0.9	29	1.2	
Emilia-Romagna	965	14.4	1,031	14.0	186	8.7	224	9.3	
Tuscany	708	10.5	723	9.8	97	4.6	103	4.3	
Umbria	98	1.5	106	1.4	36	1.7	40	1.7	
Marche	146	2.2	151	2.1	67	3.1	95	3.9	
Lazio	750	11.2	803	10.9	242	11.4	246	10.2	
Abruzzi	176	2.6	215	2.9	57	2.7	55	2.3	
Molise	6	0.1	10	0.1	9	0.4	6	0.2	
Campania	396	5.9	511	7.0	124	5.8	178	7.4	
Apulia	245	3.6	293	4.0	178	8.4	191	7.9	
Basilicata	15	0.2	11	0.1	4	0.2	17	0.7	
Calabria	89	1.3	71	1.0	44	2.1	32	1.3	
Sicily	322	4.8	452	6.2	161	7.6	222	9.2	
Sardinia	43	0.6	43	0.6	33	1.6	31	1.3	
Italy	6,715	100	7,349	100	2,128	100	2,420	100	
% of national volume	66.2		66.7		21.0		22.0		

	Partial rep	lacement		Total					
20	18	20	19	20	18	20	19		
N	%	N	%	N	%	N	%		
42	3.2	41	3.3	873	8.6	961	8.7		
0	0.0	0	0.0	6	0.1	7	0.1		
146	11.2	107	8.6	1,873	18.5	1,780	16.2		
13	1.0	13	1.0	71	0.7	61	0.6		
17	1.3	12	1.0	88	0.9	86	0.8		
396	30.5	394	31.6	1,095	10.8	1,279	11.6		
27	2.1	49	3.9	197	1.9	230	2.1		
6	0.5	1	0.1	90	0.9	122	1.1		
100	7.7	82	6.6	1,251	12.3	1,337	12.1		
62	4.8	67	5.4	867	8.5	893	8.1		
83	6.4	79	6.3	217	2.1	225	2.0		
46	3.5	21	1.7	259	2.6	267	2.4		
96	7.4	91	7.3	1,088	10.7	1,140	10.4		
20	1.5	24	1.9	253	2.5	294	2.7		
4	0.3	6	0.5	19	0.2	22	0.2		
121	9.3	151	12.1	641	6.3	840	7.6		
73	5.6	56	4.5	496	4.9	540	4.9		
1	0.1	1	0.1	20	0.2	29	0.3		
5	0.4	4	0.3	138	1.4	107	1.0		
25	1.9	36	2.9	508	5.0	710	6.4		
17	1.3	10	0.8	93	0.9	84	0.8		
1,300	100	1,245	100	10,143	100	11,014	100		
12.8		11.3		100.0		100.0			

Table 13. Shoulder. Total replacement. Number of hospitals by Region of admission and by class of volume. 2018 and 2019

Region of admission			Class of	lass of volume				
	1-	4	5-	9	10-	14		
	2018	2019	2018	2019	2018	2019		
	N	N	N	N	N	N		
Piedmont	10	7	7	10	7	8		
Aosta Valley	2	2	0	0	0	0		
Lombardy	21	25	30	29	14	10		
AP Bolzano	4	3	1	4	1	0		
AP Trento	3	3	2	2	0	1		
Veneto	9	6	6	9	12	10		
Friuli Venezia Giulia	1	4	5	2	2	3		
Liguria	5	7	6	5	0	1		
Emilia-Romagna	12	15	16	13	6	8		
Tuscany	16	12	5	10	3	2		
Umbria	3	3	3	4	2	1		
Marche	5	4	6	7	1	1		
Lazio	26	35	14	16	6	7		
Abruzzi	5	5	6	3	3	5		
Molise	1	0	2	1	0	1		
Campania	17	21	10	12	5	1		
Apulia	14	7	7	9	5	1		
Basilicata	2	0	1	3	1	1		
Calabria	4	5	6	6	4	1		
Sicily	25	22	13	14	3	9		
Sardinia	8	4	1	4	1	0		
Italy	193	190	147	163	76	71		
% of national volume	32.8	30.9	25.0	26.5	12.9	11.6		

15-		>2			Tot		
2018	2019	2018	2019	20		20	
N	N	N	N	N	%	N	%
10	9	8	8	42	7.1	42	6.8
0	0	0	0	2	0.3	2	0.3
13	16	18	19	96	16.3	99	16.1
2	1	0	0	8	1.4	8	1.3
3	1	0	1	8	1.4	8	1.3
13	10	7	13	47	8.0	48	7.8
2	4	2	1	12	2.0	14	2.3
2	1	0	1	13	2.2	15	2.4
7	6	16	15	57	9.7	57	9.3
3	3	10	11	37	6.3	38	6.2
3	2	1	2	12	2.0	12	2.0
4	3	1	2	17	2.9	17	2.8
6	5	9	11	61	10.4	74	12.1
0	1	4	4	18	3.1	18	2.9
0	0	0	0	3	0.5	2	0.3
5	3	6	11	43	7.3	48	7.8
2	10	6	3	34	5.8	30	4.9
0	0	0	0	4	0.7	4	0.7
1	2	1	0	16	2.7	14	2.3
2	2	4	8	47	8.0	55	9.0
0	0	1	1	11	1.9	9	1.5
78	79	94	111	588	100	614	100
13.3	12.9	16.0	18.1	100.0		100.0	

Table 14. Shoulder. Partial replacement. Number of hospitals by Region of admission and by class of volume. 2018 and 2019

Region of admission			Class of	volume		
	1-	4	5-	.9	10-	14
	2018	2019	2018	2019	2018	2019
	N	N	N	N	N	N
Piedmont	13	14	3	1	0	1
Aosta Valley	0	0	0	0	0	0
Lombardy	31	34	5	3	1	2
AP Bolzano	6	5	0	0	0	0
AP Trento	3	5	1	0	0	0
Veneto	15	15	7	11	2	6
Friuli Venezia Giulia	5	6	3	5	0	0
Liguria	0	1	1	0	0	0
Emilia-Romagna	15	24	3	3	1	2
Tuscany	15	9	2	3	0	0
Umbria	4	4	1	1	1	0
Marche	5	4	2	0	2	1
Lazio	23	21	5	3	0	1
Abruzzi	9	7	1	1	0	0
Molise	3	2	0	0	0	0
Campania	16	17	6	1	0	1
Apulia	13	13	3	0	1	1
Basilicata	1	1	0	0	0	0
Calabria	4	2	0	0	0	0
Sicily	15	18	0	1	0	0
Sardinia	6	7	1	0	0	0
Italy	202	209	44	33	8	15
% of national volume	74.0	77.1	16.1	12.2	2.9	5.5

15-	.24		24		To	tal	
2018	2019	2018	2019	20		20	19
N	N	N	N	N	%	N N	%
0	0	0	0	16	5.9	16	5.9
0	0	0	0	0	0.0	0	0.0
0	0	1	0	38	13.9	39	14.4
0	0	0	0	6	2.2	5	1.8
0	0	0	0	4	1.5	5	1.8
3	2	6	3	33	12.1	37	13.7
0	0	0	0	8	2.9	11	4.1
0	0	0	0	1	0.4	1	0.4
1	0	1	0	21	7.7	29	10.7
0	0	1	1	18	6.6	13	4.8
1	2	1	1	8	2.9	8	3.0
0	0	0	0	9	3.3	5	1.8
1	1	0	0	29	10.6	26	9.6
0	0	0	0	10	3.7	8	3.0
0	0	0	0	3	1.1	2	0.7
1	2	1	1	24	8.8	22	8.1
1	1	0	0	18	6.6	15	5.5
0	0	0	0	1	0.4	1	0.4
0	0	0	0	4	1.5	2	0.7
0	0	0	0	15	5.5	19	7.0
0	0	0	0	7	2.6	7	2.6
8	8	11	6	273	100	271	100
2.9	3.0	4.0	2.2	100.0		100.0	

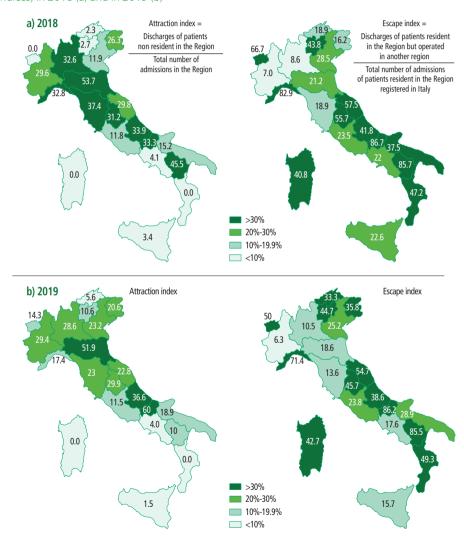
Table 15. Shoulder. Percent distribution of hospital discharges by patient gender and age group and by procedure type. 2018 and 2019

	Total repl (elec		Total repl (emerg		Partial rep	lacement	Total		
	2018	2019	2018	2019	2018	2019	2018	2019	
	%	%	%	%	%	%	%	%	
Gender									
Male	30.7	31.2	17.7	16.4	47.1	45.9	30.1	29.6	
Female	69.3	68.8	82.3	83.6	52.9	54.1	69.9	70.4	
Age (male)									
Mean age	69.1	68.8	72.2	72.6	63.4	63.0	68.3	68.3	
Standard deviation	9.8	9.5	9.9	9.2	12.3	11.9	10.7	10.3	
Age group									
0-44	1.9	2.1	1.1	0.3	6.0	6.5	2.6	2.6	
45-54	6.0	6.1	4.3	3.0	16.2	13.7	7.8	7.0	
55-64	17.1	20.0	13.6	15.9	31.9	30.8	19.7	21.4	
65-74	44.3	41.8	37.3	32.8	32.5	32.7	41.1	39.1	
75-84	29.6	28.8	37.6	41.2	12.6	14.9	27.2	27.9	
85+	1.1	1.3	6.1	6.8	0.8	1.4	1.6	2.0	
Age (female)									
Mean age	72.8	73.1	75.0	75.1	70.5	68.9	73.1	73.3	
Standard deviation	7.5	7.2	7.3	7.1	10.7	10.8	8.0	7.7	
Age group									
0-44	0.3	0.3	0.1	0.0	1.6	1.5	0.4	0.3	
45-54	1.6	1.4	0.5	0.4	7.3	7.9	1.8	1.7	
55-64	8.9	9.4	6.9	7.8	25.0	22.9	9.9	10.2	
65-74	44.6	43.6	39.1	35.2	31.4	35.1	42.0	40.7	
75-84	42.3	42.7	45.5	48.8	31.5	27.4	42.1	42.9	
85+	2.4	2.6	8.0	7.8	3.2	5.2	3.8	4.2	

Table 16. Shoulder. Percent distribution of hospital discharges by discharge type and by procedure type. 2018 and 2019

Discharge type		Total replacement (elective)		Total replacement (emergency)		tial ement	To	tal
	2018	2019	2018	2019	2018	2019	2018	2019
	%	%	%	%	%	%	%	%
Deceased	0.0	0.0	0.4	0.2	0.0	0.1	0.1	0.1
Ordinary discharge	94.6	95.5	91.2	89.9	95.8	94.4	94.0	94.2
Discharge to a Residential Care Facility	0.3	0.3	1.6	2.1	0.7	0.8	0.6	0.7
Discharge with home health services	0.0	0.4	0.1	1.8	0.0	0.6	0.0	0.8
Discharge against medical advice	0.2	0.2	0.3	0.2	0.5	0.3	0.3	0.2
Transfer to an acute admission unit of a different hospital	0.3	0.2	0.9	0.8	0.6	0.7	0.4	0.4
Transfer in the same hospital	3.3	1.7	1.9	1.7	0.9	1.4	2.7	1.7
Transfer to an inpatient rehabilitation facility	1.3	1.3	2.8	2.3	0.9	1.4	1.5	1.6
Discharge with integrated home care	0.0	0.1	0.7	1.1	0.5	0.2	0.2	0.4

Figure 3. Shoulder. Elective total replacement. Inter-regional mobility (attraction and escape indices) in 2018 (a) and in 2019 (b)



NOTE: For regions with low number of procedures (i,e Umbria, Molise and Basilicata) inter-regional mobility indices might be biased

Table 17. Ankle. Total replacement. Number of procedures by Region of admission and by procedure type. 2018-2019

Region of admission	Total replacement				
	20	2018		2019	
	N	%	N	%	
Piedmont	33	5.0	34	4.4	
Aosta Valley	0	0.0	0	0.0	
Lombardy	254	38.8	310	40.4	
AP Bolzano	2	0.3	2	0.3	
AP Trento	13	2.0	16	2.1	
Veneto	49	7.5	67	8.7	
Friuli Venezia Giulia	2	0.3	2	0.3	
Liguria	5	0.8	5	0.7	
Emilia-Romagna	159	24.3	195	25.4	
Tuscany	72	11.0	17	2.2	
Umbria	0	0.0	1	0.1	
Marche	3	0.5	6	0.8	
Lazio	38	5.8	70	9.1	
Abruzzi	1	0.2	3	0.4	
Molise	0	0.0	1	0.1	
Campania	12	1.8	8	1.0	
Apulia	3	0.5	11	1.4	
Basilicata	0	0.0	0	0.0	
Calabria	2	0.3	3	0.4	
Sicily	7	1.1	16	2.1	
Sardinia	0	0.0	0	0.0	
Italy	655	100	767	100	
% of national volume	100		100		

Table 18. Ankle. Total replacement. Number of hospitals by Region of admission and by class of volume. 2018 and 2019

Region of admission	Class of volume				
	1-	1-2		3-4	
	2018	2019	2018	2019	
	N	N	N	N	
Piedmont	5	6	3	0	
Aosta Valley	0	0	0	0	
Lombardy	17	13	5	5	
AP Bolzano	1	2	0	0	
AP Trento	2	1	0	0	
Veneto	4	3	2	2	
Friuli Venezia Giulia	1	2	0	0	
Liguria	0	1	0	1	
Emilia-Romagna	9	12	1	3	
Tuscany	5	6	1	3	
Umbria	0	1	0	0	
Marche	3	1	0	0	
Lazio	13	14	3	4	
Abruzzi	1	2	0	0	
Molise	0	1	0	0	
Campania	6	4	1	1	
Apulia	0	4	1	0	
Basilicata	0	0	0	0	
Calabria	2	0	0	1	
Sicily	2	2	1	2	
Sardinia	0	0	0	0	
Italy	71	75	18	22	
% of national volume	65.7	62.0	16.7	18.2	

> 2040	1	Total			40
2018	2019		18	20	
N	N	N	%	N	%
1	2	9	8.3	8	6.6
0	0	0	0.0	0	0.0
4	7	26	24.1	25	20.7
0	0	1	0.9	2	1.7
1	1	3	2.8	2	1.7
4	5	10	9.3	10	8.3
0	0	1	0.9	2	1.7
1	0	1	0.9	2	1.7
5	4	15	13.9	19	15.7
2	0	8	7.4	9	7.4
0	0	0	0.0	1	0.8
0	1	3	2.8	2	1.7
1	2	17	15.7	20	16.5
0	0	1	0.9	2	1.7
0	0	0	0.0	1	0.8
0	0	7	6.5	5	4.1
0	1	1	0.9	5	4.1
0	0	0	0.0	0	0.0
0	0	2	1.9	1	0.8
0	1	3	2.8	5	4.1
0	0	0	0.0	0	0.0
19	24	108	100	121	100
17.6	19.8	100		100	

Table 19. Ankle. Total replacement. Percent distribution of hospital discharges by patient gender and age group and by procedure type. 2018 and 2019

	Total replacen	nent (elective)
	2018	2019
	%	%
Gender		
Male	56.9	57.2
Female	43.1	42.8
Age (male)		
Mean age	53.5	56.2
Standard deviation	15.0	14.1
Age group		
0-19	1.6	0.9
20-39	15.6	10.3
40-49	21.0	21.2
50-59	26.3	21.9
60-69	19.1	26.4
70-79	14.0	17.1
80+	2.4	2.3
Age (female)		
Mean age	56.6	57.6
Standard deviation	14.8	14.4
Age group		
0-19	2.8	2.7
20-39	8.5	9.5
40-49	17.0	11.0
50-59	29.1	27.1
60-69	23.0	30.8
70-79	16.7	16.8
80+	2.8	2.1

Table 20. Ankle. Total replacement. Percent distribution of hospital discharges by discharge type and by procedure type. 2018 and 2019

Discharge type	Total replacement (elective)	
	2018	2019
	%	%
Deceased	0.0	0.0
Ordinary discharge	98.5	96.3
Discharge to a Residential Care Facility	0.0	0.4
Discharge with home health services	0.0	0.1
Discharge against medical advice	0.0	0.5
Transfer to an acute admission unit of a different hospital	0.2	0.1
Transfer in the same hospital	0.8	1.3
Transfer to an inpatient rehabilitation facility	0.6	1.2
Discharge with integrated home care	0.0	0.0