

## **Surgical Waiting Times**

Out of all the medical specialties in Canada's hard-pressed health-care system, patients have to wait the longest for orthopaedic surgery. A patient, depending on his or her place of residence, may have to wait many months for an initial specialist appointment following referral. Waiting times between an initial specialist appointment and surgery for orthopaedic procedure such as hip and knee replacement can range from four months in some areas to well over a year in others.

Objective and subjective clinical evaluations confirm that lengthy waiting times have a negative impact on patients' general health — particularly patients who are immobilized by severe chronic pain and joint dysfunction. Lengthy waiting times also have a broad negative impact to society when pain renders patients unable to work or care for their families or themselves.

Arthroscopic joint surgery and total joint replacement of hips and knees are the most commonly performed orthopaedic procedures in Canada and, as a result, are associated with some of the lengthiest waiting times. The same also holds true for other less common but much-needed surgical procedures to restore function to the spine, shoulders, ankles, hands and feet. Orthopaedic patients can be young or old, but typically patients are aged 55 or more. Demand already exceeds the public health-system's capacity to deliver these services. And given Canada's rapidly aging population, the need for orthopaedic surgery will surely increase. Thus, the backlog seems more intractable with each passing year.

All levels of government agree that reducing waiting times for medical services is a top priority in health-care reform not only because long waiting times contribute to ill-health but also because they undermine Canadians' confidence in public medicine. This is of particular concern to orthopaedic patients who must wait the longest of all the medical specialties for surgical treatment. And while under-funding does contribute to excessive waiting times, there are many other factors at play as well.

Increased funding for purchasing orthopaedic implants aside, any effective long-term solution will need to address such issues as training and hiring more surgeons, anesthiologists and orthopaedic nurses; re-opening closed operating rooms; dedicating a percentage of operating rooms to elective surgery; improving medical-school curricula in orthopaedics and the musculoskeletal system for primary-care and emergency doctors; and developing provincial orthopaedic-care networks.

<u>October 2006 Update:</u> Recent data from the Canadian Institute for Health Information indicate that the demand for hip and knee replacements has increased almost 90% in the past decade, notably among people between the ages of 45 and 54, where the demand has almost doubled for hips and quadrupled for knees. According to the Canadian Joint Replacement Registry, waits for a knee replacement are longer than for a hip replacement, with half of all patients undergoing surgery within seven months for knees and four-and-a-half months for hips. However, 10% of knee replacement patients wait 21 months or more, and 10% of hip replacement patients wait 15 months or more. And while there is progress in these areas, there is some evidence suggesting wait times for a first appointment with a surgeon are getting longer. Moreover, the emphasis on hips and knees may have unintentionally caused longer wait times for other types of orthopaedic surgery.



The Canadian Orthopaedic Foundation believes that patients should receive orthopaedic treatment within a clinically reasonable timeframe, since many studies show overly long waiting times have a detrimental impact on patients. Society also feels the impact when Canadians are unable to contribute through their usual work, care-providing, or level of self-sufficiency. The Foundation intends to assist provincial and federal governments to address the complex factors that slow delivery of orthopaedic services in Canada and to find solutions to effect timely access to quality orthopaedic care.