

**Background** Total knee and hip arthroplasties are one of the most common and costly surgical procedures. They are performed to relieve pain and improve the patient's quality of life.

**Purpose** To describe the use of prostheses in hip and knee replacement surgery in a 1200-bed hospital.

**Materials and Methods** Descriptive retrospective study of the prostheses used in elective total hip and knee arthroplasties during year 2011.

Surgical orthopaedic interventions records and clinical histories were reviewed. Variables studied: sex, age, number of total hip and knee replacements performed: primary and revision (prosthetic replacement) procedures and reasons for revision surgery.

**Results** 94 total hip arthroplasties were carried out: 80 primary surgical procedures (85.1%) performed on 40 men and 40 women, with a median age of 64 years (20–84), and 14 revision surgical procedures (14.9%) performed on 4 men and 10 women, with a median age of 75 years (46–84). 2 of these patients had undergone primary surgery in the same year.

Reasons for prosthetic replacement were: aseptic loosening: 6 patients (6.4%), dislocation: 4 (4.3%), pain: 3 (3.2%) and infection: (1.1%).

140 total knee replacement procedures were carried out: 125 primary procedures (89.29%) performed on 28 men and 99 women, with a median age of 71 years (42–87), and 15 revision procedures (10.71%) performed on 2 men and 13 women, with a median age of 72 years (65–80).

Etiologic factors of revision were: stiffness: 5 patients (3.6%), instability: 5 (3.6%), pain: 2 (1.4%), aseptic loosening of the prosthesis: 2 (1.4%) and infection: 1 (0.7%).

**Conclusions** In most cases, both procedures are performed in patients younger than 75 years in order to improve their quality of life.

Total knee replacement surgery is more common than hip replacement. It is mainly performed in women and revision surgical procedures are less likely.

Prosthetic infection is the most important complication after surgery, but fortunately, is the least frequent cause of revision surgery.

No conflict of interest.

#### **OHP-044** HOW FAMILIAR ARE JOB ROLES OF HOSPITAL PHARMACISTS TO PHARMACY STUDENTS?

doi:10.1136/ejpharm-2013-000276.418

<sup>1</sup>M Tomic, <sup>2</sup>G Jevtic, <sup>2</sup>D Rajinac, <sup>2</sup>M Kara-Jovanovic, <sup>2</sup>LJ Stojicevic, <sup>2</sup>M Klancnik. <sup>1</sup>Clinical Centre of Serbia, Service for the pharmaceutical business and supply, Belgrade, Serbia; <sup>2</sup>Clinical Centre of Serbia, Emergency Centre, Belgrade, Serbia

**Background** Pharmacists in a Clinical Centre in Serbia are involved in various educational programmes for pharmacy students.

**Purpose** To evaluate how much information pharmacy students had about the activities of pharmacists in hospitals.

**Materials and Methods** A survey containing 32 questions has been conducted among the 58 students of both genders, varying interests and academic achievement in the final year of study. 75% of questions were multiple-choice and the rest were related to specific cases; opinions and suggestions were requested as well.

**Results** 35 of the 58 respondents thought that pharmacists didn't participate in public procurement and 22 thought that pharmacists didn't participate in the supply of medical devices. 39 thought that a pharmacist made a decision on the use of the appropriate drug from a particular pharmacotherapy group, 46 thought that the hospital pharmacist decided on the posology of the appropriate drug, while 56 thought that pharmacists were regularly consulted by the medical staff on the dissolution of certain medicines (antibiotics and cytostatics). The same number also had an opinion that

pharmacists were always consulted about drug interactions. 64% of students believed that they had sufficient knowledge of chemistry, pharmaceutical technology and pharmacotherapy, but insufficient knowledge in certain medical areas – anatomy, pathology and physiology. 78% of students thought that basics of hospital pharmacy should be introduced as an optional subject during undergraduate studies or there should be appropriate specialisation in this field after graduation.

**Conclusions** More than half of the students were not sufficiently informed about hospital pharmacy, but they were eager to learn things that would help them in their future practise. It suggests that fellow practitioners should be actively engaged in continuing education programmes for students, and developing better cooperation with the faculty of pharmacy in order to provide both theoretical and practical knowledge in the field of hospital pharmacy.

No conflict of interest.

#### **OHP-045** IMPACT OF A MULTIDISCIPLINARY STAFF MEETING ON ANTIBIOTIC TREATMENT QUALITY FOR OSTEOARTICULAR INFECTIONS IN AN ORTHOPAEDIC SURGERY CARE UNIT

doi:10.1136/ejpharm-2013-000276.419

<sup>1</sup>S Bauer, <sup>2</sup>MA Bouldouyre, <sup>2</sup>A Oufella, <sup>3</sup>P Palmari, <sup>4</sup>R Bakir, <sup>4</sup>H Gros, <sup>2</sup>A Fabreguettes. <sup>1</sup>Centre Hospitalier General de Perpignan, Pharmacy, Perpignan Cedex 9, France; <sup>2</sup>Centre Hospitalier Intercommunal Robert Ballanger, Pharmacy, Aulnay Sous Bois, France; <sup>3</sup>Centre Hospitalier Intercommunal Robert Ballanger, Orthopaedic Surgery Care Unit, Aulnay Sous Bois, France; <sup>4</sup>Centre Hospitalier Intercommunal Robert Ballanger, Medecine And Infectious Disease Care Unit, Aulnay Sous Bois, France

**Background** Treating osteoarticular infections is difficult.

**Purpose** To evaluate professional practise, we studied the effect of a multidisciplinary staff meeting on the quality of antibiotic treatment in an orthopaedic surgery care unit.

**Materials and Methods** Via the coding process, we retrospectively studied patients hospitalised for osteoarticular infections (diabetic foot excluded) in the orthopaedic care unit of a general hospital in France. We compared antibiotic treatment conformity to good practise (bacteriology, dose, length of treatment, time taken to implementing microbiology report), length of hospitalisation and 6 month-outcome, for patients with osteoarticular infections, before (March 2007 to March 2009) and after (March 2009 to March 2011).implementation of the multidisciplinary staff meeting.

**Results** 85 patients were selected and 77 files were examined. Fifty-five medical records were actively devoted to osteoarticular infection and all of them were analysed: this worked out at 30 patients (32 infections) before the staff meetings and 26 patients (28 infections) after the staff meetings had started. Staff meeting decisions were reported in medical files in 72% of cases. Before staff meetings were instituted, antibiotic treatment was changed in 47% of cases, versus 96% since establishment of the staff meeting ( $p < 0.0001$ ). Dose was optimum in 72% of infections before staff meetings were instituted, versus 89% afterwards ( $P = 0.11$ ) and length of antibiotic treatment conformed to recommendations in 41% of infections before staff meetings, versus 86% after staff meetings had begun ( $P = 0,0005$ ). The average time to respond to an antibiogram decreased from 2 days before staff meetings to 1.7 days after staff meeting ( $P = 0.43$ ), and length of hospitalisation was 19.8 days before staff meetings versus 23.1 days after ( $P = 0.49$ ). Recovery at 6 months accounted for 62% of patients before staff meetings, versus 76% after staff meetings ( $P = 0.35$ ) and failure at 6 months concerned 29% of infections before staff meetings versus 24% after their institution ( $P = 0.75$ ).

**Conclusions** Since the beginning of multidisciplinary staff meeting in our orthopaedic surgery care unit, antibiotic treatment has significantly improved concerning spectrum and duration of