Waitematā
District Health Board
Best Care for Everyone

Hospital Services
North Shore Hospital Campus
Shakespeare Road, Takapuna
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Telephone: 09 489 0527

30 March 2022

[redacted]

Dear [redacted]

Re: OIA request – Use of cobalt devices for joint replacement surgery

Thank you for your Official Information Act request received on 5 March, seeking information from Waitematā District Health Board (DHB) about the use of cobalt devices in joint replacement surgeries.

Before responding to your specific questions, it may be useful to provide some context about our services.

Waitematā is the largest and one of the most rapidly growing DHBs in the country, serving a population of around 650,000 across the North Shore, Waitakere and Rodney areas. We are the largest employer in the district, employing more than 8,900 people across more than 80 locations.

In addition to providing care to our own resident population, we are the Northern Region provider of forensic mental health services and child rehabilitation services, plus the metro Auckland provider of child community dental services and community alcohol and drug services.

In response to your request, we are able to provide the following information:

1. **Over the last 15 years, have devices with cobalt coatings and/or components been used in hip replacement surgeries?**

At present, the most widely used metals for joint replacements are stainless steels, cobalt-chromium alloys and titanium alloys. These three main alloy groups and combinations of these have a relatively long tradition in joint replacement surgery. Like most orthopaedic centres across the globe, Waitematā DHB has made use of such alloy-based joint replacements for decades (approximately 40 years).

2. **How many surgeries used these devices?**
3. **When did they take place? i.e. year and number per year**

We are providing a combined response to questions 2 and 3. Waitematā DHB completes roughly 2000 joint and joint revision surgeries annually. Due to the long-standing use of these devices and the number of surgeries completed, we are unable to confirm the exact number of surgeries where these devices were used over the past 15 years as it would require the review of individual clinical records of patients.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

4. What follow-up was done on patients who received such devices?
5. How long were patients followed?

We are providing a combined response to questions 4 and 5. All patients who have undergone joint replacement surgery remain in hospital for two-to-four days, depending on their own clinical outcomes/needs. Following discharge, patients are invited to attend a two-week wound check/follow-up clinic and a six-week follow-up clinic. They are all provided with a self-directed call-back card that supports access to a follow-up clinic up to 12 months after their six-week follow-up clinic.

6. Were there any negative outcomes from the use of such devices?
7. If negative outcomes were identified, what information and remedy was offered to patients?

We are providing a combined response to questions 6 and 7. Our incident reporting system has not identified any injury/adverse events relating to implants that contain cobalt. Identifying such instances would require an extensive manual review and collation of clinical reports and would be time and resource prohibitive.

Due to the sensitivity of this information, frontline clinical staff would need to review individual clinical files and it would not be appropriate to use a contractor to review the records. This would take the frontline staff away from their clinical work and prejudice our ability to provide core clinical services.

We have considered whether charging or extending the timeframe for responding to this aspect of your request would assist us in managing this work and have concluded it would not. We have, therefore, determined to refuse this element of your request under Section 18(f) of the Official Information Act due to substantial collation and research.

You have the right to seek an investigation and review by the Ombudsman of the decisions taken in providing this response. Information about how to seek a review is available at www.ombudsman.parliament.nz or freephone 0800 802 602.

However, it should be noted that metal hypersensitivity in patients who undergo a joint replacement surgery is minimal. Such hypersensitivities are usually known/identified prior to surgery and alternative options for joint replacement implants identified.

8. Are these devices still being used in hip replacements surgeries?
9. If number 8 is in the negative when did this decision occur?
10. What data was this decision based on?

Devices with cobalt coatings and/or components are still used in hip replacement surgeries.

I trust that the information we have been able to provide is helpful.

Waitematā DHB supports the open disclosure of information to assist community understanding of how we are delivering publicly funded healthcare. This includes the proactive publication of anonymised Official Information Act responses on our website from 10 working days after they have been released.

If you consider there are good reasons why this response should not be made publicly available, we will be happy to consider your views.

Yours sincerely

Executive Director Hospital Services
Waitematā District Health Board