Limited value of current shoulder registries in evidence based shoulder surgery.

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Aim
Current national shoulder registries are used to assess incidence, indication, type of prosthesis and revision, but they seem to lack the information to lead to evidence based shoulder surgery.

Background
There appears to be a large difference in registered parameters and in outcome measurement per country. In this study we investigated existing registries.

Methods
We compared 7 registries with respect to all registered parameters, and we evaluated if implant related, patient specific and surgeon related parameters, proven in literature to influence prosthetic failure, were available in these registries.

Results
A large heterogeneity of registered parameters exists between countries. The majority of parameters shown to be relevant to outcome and failure of shoulder prostheses are not included in the studied registries. Survival of the implant is the primary outcome measurement in the existing registries. Proms are introduced in some, but not obligatory.

Conclusions
If we intend to use the registries to provide us with evidence to improve prosthetic shoulder surgery, we need adjustment of the different parameters to be included. Surgeon derived outcome measurement should be connected with patient derived outcome measures as PROMs to enable us to analyse the relationship and importance of different influencing factors to clinical outcome. These changes in the registries will encourage surgeons to use this instrument because it permits them to measure and thus improve their quality of medical care for the patients, and quality control of the implant. Complete and uniform registries can also aid in ODEP benchmarking of the different shoulder prostheses.